



*Mapping Evidence of Occupational Stress on Clinical Performance:
Role of Coping Strategies*

¹Ayesha Riaz -Email- ayeshariaz527@gmail.com

²Abdul Waheed -Email- abdulwaheed.licrt@gmail.com

³Asif Ali Jauhar -Email- asifalijohar786786@gmail.com

¹Ph.D Scholar Department of Psychology Riphah International University Faislabad

²Life Institute of Counseling and Research Training

³Ph.D Scholar Department of Psychology Riphah International University Faislabad

Article Details:

Received on 25 July 2025

Accepted on 24 Aug 2025

Published on 26 Aug 2025

Corresponding Authors*:

Abdul Waheed

Abstract

Occupational stress among nurses is a significant concern, often leading to reduced clinical performance and increased risk of burnout. This study investigates the predictive relationship between occupational stress and clinical performance in nurses, with a specific focus on the moderating or protective role of coping strategies. A cross-sectional design was employed, involving 300 nurses from various hospital departments. Standardized instruments were used to measure levels of occupational stress, coping strategies (problem-focused, emotion-focused, and avoidance), and clinical performance indicators. The results revealed a strong negative correlation between occupational stress and clinical performance. However, nurses who employed adaptive coping strategies—particularly problem-focused coping—demonstrated significantly better performance despite high stress levels. Emotion-focused coping showed mixed results, while avoidance coping was linked to poorer outcomes. These findings suggest that equipping nurses with effective coping mechanisms may mitigate the adverse effects of occupational stress, enhancing their clinical effectiveness and overall well-being. Implications for nurse training and mental health interventions are discussed.

Keywords: Occupational Stress, Clinical Performance, Coping Strategies



Introduction

Globally, nursing is considered the backbone of the health care industry (Bibi et al., 2022). Nurses are crucial within the healthcare system as they are responsible for delivering high-quality treatment to patients and are recognized for their essential contribution to health organizations. Additionally, stress not only impacts how well someone does their job, but it also has negative impacts on their physical and mental health. There are many levels of health problems that might arise as a result of extended stress or stress that cannot be prevented. People widely acknowledge the nursing profession as a challenging field that profoundly influences the quality of healthcare delivery and patient safety. The principal sources of stress for nurses in the profession are occupational stressors, encompassing workload and organizational factors, including leadership (Arif et al., 2020). Occupational stress is now recognized as a significant contributor to staff sickness and absenteeism in the National Health Service (NHS). Several studies have identified nursing as a demanding occupation with a strong correlation between occupational stress and job performance (Bibi et al., 2022). According to Fooladi et al. (2022), the physical and mental health of nurses is negatively impacted by high levels of stress that are caused by both the working environment and personal variables. The occupational stress that is prevalent all over the world is considered to be a significant health issue for health care professionals, particularly nurses. It is said to have an impact on their job satisfaction and job performance, with significant variations occurring as a result of the various work environments (Cerna & Pavliushchenko, 2015).

Clinical Performance among Nurses

Clinical performance among nurses is an essential component that has a direct impact on outcomes for patients as well as the overall quality of healthcare. Achieving clinical practice proficiency is currently one of the most difficult responsibilities of nursing. This review examines the primary elements that impact clinical performance, as well as the numerous assessment methodologies and their significance for patient care. Nursing stands out as a career due to its pivotal role in healthcare delivery, where nurses bear the responsibility of direct patient care. Ultimately, the clinical performance of nurses plays a crucial role in determining the quality-of-care patients receive, which in turn impacts their outcomes. It is critical to have a thorough understanding of the elements that influence nurses' clinical performance to maximize healthcare delivery, patient safety, and patient happiness. There is a significant relationship between the work environment and nurses' clinical performance. A variety of factors, including nurse-patient ratios, organizational culture, and organizational support from management, can influence the ability of nurses to provide high-quality care (Smith & Johnson, 2022). According to Brown et al. (2024), nurses who are content with their jobs are more likely to be involved in their work, as well as to exhibit higher levels of performance and commitment to providing care to patients. The development of a constructive working environment and the enhancement of nurses' clinical performance are both dependent on strong leadership and management. According to White and Martinez (2023), increasing job satisfaction and improving patient outcomes are both associated with supportive leadership styles and clear communication channels.

Stress Factors among Nurses

Organizational Factors: Organizational issues are one of the variables that contribute to the development of stress in nursing, according to the findings. According to Canady and



Allen (2015), the fact that nursing is a profession that is constantly changing and expanding, as well as one that offers opportunities for competition, is one of the organizational factors that contributes to the emotional distress that nurses experience. Another significant source of stress among nurses is the management and administrative responsibilities they have. This is because ineffective management and leadership can result in issues such as role confusion. According to Dagget et al. (2016), role-based variables include things like a lack of power, ambiguity in roles, and conflict across roles.

Psychosocial Factors: Researchers found a connection between the levels of stress experienced by nurses and psychosocial characteristics. According to Chatzigianni et al. (2018), several articles demonstrate that the most stressful scenarios are those that include coping with death and dying. According to Chatzigianni et al. (2018), another source of stress is having to deal with clients or patients who are uncooperative, as well as members of the family. There is evidence that suggests that age is one of the factors that contribute to stress in the nursing profession (Chatzigianni et al., 2018; Dagget et al., 2016). Chatzigianni et al. (2018) found that nurses between the ages of 30 and 34 consistently reported higher levels of stress. Discrimination (Chatzigianni et al., 2018) and other factors, such as harassment (Dagget et al., 2016), have a psychosocial effect on nurses, contributing to the development of stress.

Occupational Factors: Occupational factors play a significant role in the manifestation of stress in the nursing profession. Most of the examined articles suggest that the primary cause of stress in the nursing profession is the workload and scarcity of resources (Dagget et al., 2016). According to Chatzigianni et al. (2018) and Canady and Allen (2015), an unhealthy workplace setting is characterized by conflict between workers or with supervisors. Working in nursing is not only physically taxing, but also mentally exhausting because there are shortages of workers. Interpersonal connections amongst employees (Starc, 2018).

Environmental Factors: Environmental elements that are associated with working life and the type of environment are the causes of stress in the nursing profession. According to Applebaum et al. (2014), common environmental stressors in the workplace can be stressful for employees, which in turn can affect their job satisfaction and, ultimately, the degree to which they want to shift jobs. Applebaum et al. (2014) assert that the perceived environmental elements in the workplace, such as odor, noise, light, and color, contribute to stress, thereby influencing the quality of completed work. According to Canady and Allen (2015) and Dagget et al. (2016), the working unit as an environment is the cause of job stress in the nursing profession. Conversely, Chatzigianni et al. (2018) emphasize the stressors arising from the profession itself, including coping with death and dying.

Coping Strategies

Coping strategies refers to the ideas and actions that people use to manage the internal and external needs of stressful events (Folkman, 2010). There are three kinds of coping posited by the Stress and coping theory originally: 1) Problem-focused coping, such as the planned solution of problems, through the collection of information and decision making strategies to solve problems that cause difficulties; 2) Emotion-focused coping, adjusting emotions through estrangement, seeking emotional support and avoiding evasion; 3) Meaning-focused coping, adjusts positive emotions (Folkman, 2010). The meaning-focused coping style absorbs deep values and beliefs in the form of goal revision and other strategies,



reorders priorities, and focuses on the advantages gained from life experiences (Folkman, 2010).

Nurses encountered the following stressors at work: workload (Chang, Hancock, Johnson, Daly & Jackson, 2005; Lambert & Lambert, 2001; Lim, Bogossian & Ahern, 2010; McVicar, 2003), poor relationship with co-workers (Lambert & Lambert, 2001; McVicar, 2003), lack of support (Chang et al., 2005; McVicar, 2003; Lim et al., 2010), death and dying (Lambert & Lambert, 2001; McVicar, 2003) and lack of job control (Chang et al., 2005; Lambert & Lambert, 2001). Nurses were also embarrassed when they were uncertainty about treatment or had inadequate preparation (Chang et al., 2005). Nurses took different approaches to cope with stress. Self-control (McVicar, 2003; Lim et al., 2010), distancing from the problems (McVicar, 2003; Lim et al., 2010) and talk with colleagues (Lim et al., 2010) were often mentioned. Positive reappraisal and wishful thinking were also used by nurses (McVicar, 2003). Chang et al. (2005) found that balancing priorities, be flexibility in work hours and team-buliding strategies were useful coping strategies.

Stress for nurses increases because of high skill demands. Sometimes, nurses' shifts require long working hours, which can be emotionally and physically draining because it needs to confront illness, mortality, and grief, all of which can lead to significant emotional strain. It also requires efficient teamwork and effective communication skills to work out conflicts and interact with different types of patients and families, which can be demanding. A study on perceived stress and coping found that 92% had moderate to very high-stress levels. Nurses with high stress and those with poor coping groups had the most unsatisfactory health outcomes and highest health risk behaviors compared to those in other groups. This study suggested that management focuses on worksite health promotion programs for nurses such as stress reduction, stress management, and the development of healthy coping skills. Nurses experienced severe stress, with moderate-to-low resilience. Studies showed that attention to the spiritual search for strength, promoting interrelationship among team members, communicating with friends and family, accepting the current situation, and helping others in need were key components that helped nurses positively to cope with stress (Sarabi et al., 2023).

Coping strategies refer to rational and conscious ways of coping with life stresses. The type of strategy adopted by each person to deal with stress is considered part of the emotional health and vulnerability of that person. Usage of inappropriate strategies to deal with stressors can increase problems, while using an appropriate coping strategy that plays a pivotal role in emotional intelligence of people can have beneficial consequences (Moradi et al., 2011). There are different coping strategies, such as problem-solving, seeking social support, distraction, denial, and positive thinking. Despite the above-mentioned general conclusion, reducing psychological complications in different studies has been different. One study has shown the effect of problem-solving on reducing grief, while other studies have shown that these strategies are not associated with increased anxiety levels (Sarabi et al., 2023).

Literature Review

Relationship between Occupational Stress and Clinical Performance

Previous study reveal that there is negative relationship between occupational stress and job performance among nurses (Bibi et al., 2022). Nurses face a significant risk of occupational stress due to the high job demands they face. Occupational stress is a clinical burden that predicts clinical performance of nurses in negative perspective (Rafiq et al.,



2022). Findings of the previous study suggest that primary factors contributing to occupational stress among nurses were identified as workload, inadequate equipment in patient care, and the challenges associated with dying and death (Islam et al., 2021). Moreover another study evidence that occupational stress among nurses might be attributed to role conflicts and insufficient collaboration from patients and their relatives (Tesfaye (2018). Furthermore, the most common stressors discovered by other studies were workplace violence, low pay, and a lack of engagement by nurses in decision-making (Chatzigiann et al., 2018; Habte et al., 2020). These factors were shown to be the most common sources of stress for nurses. Specifically, when a nurse experiences stress, it becomes challenging to provide comprehensive nursing care to patients, perhaps leading to an elevated patient death rate (Baye et al., 2020). The occupational stress that is prevalent all over the world is considered to be a significant health issue for health care professionals, particularly nurses. It is said to have an impact on their job satisfaction and job performance (Cerna & Pavliushchenko, 2015).

A study of Hussain and Burdey (2023) mentioned that various strategies that nurses can use to reduce occupational stress. It helped them improve their clinical performance in a positive way. Nurses face significant physical and emotional strain in their jobs, contributing to their overall stress. Nurses face a significant risk of occupational stress due to the high job demands in their profession. Nursing as one of the most demanding professions. The stress nurses experience on the job negatively impacts their psychological and physical health, as well as their productivity. Nurses face a significant risk of occupational stress due to the high job demands they face. High workloads, health hazards posed by direct patient contact, and most administrative responsibilities are among these demands. According to Hoboubi et al. (2017), there are seven components that contribute to stress at work. These components are role conflict, duty, physical environment, role inadequacy, role barrier, and role overload.

Mediating role Coping Strategies

A previous study reveal that workplace bullying hurts nurses' professional quality of life while coping styles plays a mediating role between workplace bullying and professional quality of life. Nursing managers can improve nurses' professional quality of life by reducing workplace bullying and enhancing positive coping style (Jiao et al., 2023). A study evident that coping mediated relationships of fear of COVID-19 on depression, anxiety and post-traumatic syndrome after controlling for relevant confounders for each dependent variable. This shows that enacting coping mechanisms is important to achieve an adaptive effect on nurses' mental health (Huda et al., 2024).

Findings of the previous study showed that coping significantly mediated the relationship between stress and QOL with variations between PFC and EFC. In conclusion, psychological distress symptoms were common among Jordanian nurses; psychological distress, coping, and QOL are correlating variables. Nurses' stress levels and coping modalities can predict QOL with a superior effect of PFC compared with EFC. Strategies should be put in place to improve effective coping to improve nurses' QOL. The results of this study have important implications for nursing education, practice, future research, and policy (Ta'an et al., 2024). Results of the study showed that coping style mediates the association of poor sleep quality with job burnout in Chinese psychiatric nurses. This study claimed that there is an urgent need to development the coping skills to sustain a healthy work life for nurses (Yin et al., 2022). Results of the previous study showed that using more



approach-oriented coping strategies and fewer avoidant coping strategies was associated with greater psychological well-being. Psychological well-being was directly associated with quality of nurses' practice environments and safety attitudes. The impact of psychological well-being on safety attitudes was mediated significantly by the quality of the practice environment. The use of approach-oriented coping strategies was significantly predictive of positive psychological well-being, a good practice environment (Lee et al., 2019).

Statement of the Problem

The profession of nursing is frequently regarded as a stressful one, and it has the potential to have adverse consequences on the mental and physical health of nurses, as well as on the quality of care that they provide to patients. Nurses are central to any healthcare organization as the largest workforce. The factors that contribute to occupational stress among nurses have been the subject of a number of research. The primary factors contributing to occupational stress among nurses were identified as workload, inadequate equipment in patient care, and the challenges associated with dying and death (Baye et al., 2020; Islam et al., 2021). According to Tesfaye (2018), occupational stress among nurses might be attributed to role conflicts and insufficient collaboration from patients and their relatives. Furthermore, the most common stressors discovered by other studies were workplace violence, low pay, and a lack of engagement by nurses in decision-making (Chatzigianni et al., 2018; Habte et al., 2020). These factors were shown to be the most common sources of stress for nurses. Specifically, when a nurse experiences stress, it becomes challenging to provide comprehensive nursing care to patients (Baye et al., 2020). The current was aimed to investigate the mediating role of coping strategies (problem-focused and emotion-focused) between the relationship of occupational stress and clinical performance among nurses.

Objectives of the Study

1. To measure the relationship between occupational stress and clinical performance of nurses
2. To investigate the mediating effect of coping strategies on the relationship of occupational stress and clinical performance

Significance of the Study

Nurses provide a crucial contribution to the delivery of prompt and high-quality services. In relation to occupational stress among nurses, the findings of this study would have an impact on the creation of new policies, the improvement of current policies, and the elimination of policies that do not function. In addition, this study has the potential to act as a reference manual for nurses who are dealing with stress connected to their employment. In addition, the findings of this study would be of use to hospital administrators, nursing managers, and other key stakeholders in the process of formulating strategies for the management of occupational stress among nurses.

Research Methodology

Research Design

The current study was conducted to investigate the mediating effect of coping strategies between the relationship of occupational stressor and clinical performance among nurses of public and private health sector. This quantitative research was completed through correlational research design. Survey was conducted as a method of data collection with the help of questionnaires.



Population and Sample of the Study

The population of the study was consisted of the nurses of public health sector of Punjab, Pakistan. Researcher used convenient sampling technique to select the participants of the study. Sample was consisted of 300 nurses who were selected conveniently from different public and private hospitals of Lahore city Punjab, Pakistan

Nurses’ Occupational Stressor Scale

Chen et al. (2020) established the Nurses’ Occupational Stressor Scale (NOSS), which was utilized for the purpose of measuring the level of occupational stress experienced by nurses. The NOSS comprised 10 subscales.; Work Demands, Workplace Violence and Bullying, Work-family Conflict , Difficulty Taking Leave , Interpersonal Relationships, Organizational Issues, Occupational Hazards , Insufficient Support from Coworkers or Caregivers , Powerlessness, Unmet Basic Physiological Needs. It was determined that the whole NOSS had a test-retest reliability of 0.84. There were ten different NOSS subscales, and their respective internal consistency scores were as follows: 0.88, 0.92, 0.87, 0.86, 0.35, 0.63, 0.86, 0.78, 0.06, and 0.63. The reliability of the NOSS was evaluated by test-retest testing in order to determine its level of consistency. The range of values for the 10 factors was between 0.61 and 0.76 (Chen et al., 2020). The 4-point Likert scale; strongly disagree, disagree, agree, strongly agree

Six Dimension Scale of Nursing Performance

A six-dimensional scale of nursing performance, developed by Schwirian in 1978, has 52 nurse behaviors organized into six performance subscales: planning/evaluation (7 items), leadership (5 items), professional development (10 items), teaching/collaboration (11 items), critical care (7 items), and interpersonal relations/communications (12 items). Rating format was 4 pint Likert scale; 1-not very well, 2-satisfactorily, 3-well, 4-very well.

Brief Cope Inventory

The Brief COPE inventory was utilized to gauge the coping styles of the participants, and it was developed by Carver in 1997. This inventory comprises 14 sub-scales, each with two items. According to Carver, strategies such as acceptance, emotional and social support, humor, positive re-framing, and religion fall under emotion-focused coping. Meanwhile, active coping, instrumental support, and planning are considered as problem-focused strategies. Dysfunctional coping strategies, on the other hand, include behavioral disengagement, denial, self-distraction, self-blaming, substance use, and venting. In this study, only eight sub-scales associated with emotion-focused and problem-focused coping were utilized.

Results

Table 1: Shows the relationship between Occupational Stress and Clinical Performance

Variables	OS	CP
1 Occupational Stress	1	-.569**
2 Clinical Performance		1

Table 4.1 shows the correlation of occupational stressor and clinical performance. Findings of the study reveal that there was negative relationship between occupational stressor (r=-.569**) and clinical performance.



Table 2: Mediating Effect of Problem-focused and Emotion- focused Coping Strategies Between the relationship of Nurse Occupational Stressor on Clinical Performance

Model	Unstandardized Coefficient B	Std. Error	Standardized Coefficients Beta	t	p-value
(Constant)	75.773	8.896		8.517	.001
Occupational Stress	-.203	.044	-.215	-4.589	.001
Problem-Focused Coping	.410	.035	.547	11.693	.001
Emotion-Focused Coping	.562	.021	.126	1.892	.104

Table 2 describes the mediating role of coping strategies (problem-focused and emotion-focused) between the relationship of occupational stress and clinical performance. Findings of the study reveal that problem- focused coping strategies significantly mediates the relationship of occupational stress and clinical performance. In addition there is no mediating effect of emotion-focused coping strategies between the relationship of occupational stress and nurses’ clinical performance.

Discussion

Findings of the current study reveal that there was negative relationship between occupational stressor and clinical performance. Finding of the previous study reveal that there is negative relationship between occupational stress and job performance among nurses (Bibi et al., 2022). Nurses face a significant risk of occupational stress due to the high job demands they face. Occupational stress is a clinical burden that predicts clinical performance of nurses in negative perspective (Rafiq et al., 2022). Moreover, previous study suggest that primary factors contributing to occupational stress among nurses were identified as workload, inadequate equipment in patient care, and the challenges associated with dying and death (Islam et al., 2021). Similarly, another study evidence that occupational stress among nurses might be attributed to role conflicts and insufficient collaboration from patients and their relatives (Tesfaye (2018). A study of Hussain and Burdey (2023) mentioned that various strategies that nurses can use to reduce occupational stress. It helped them improve their clinical performance in a positive way. Nurses face significant physical and emotional strain in their jobs, contributing to their overall stress. Nurses face a significant risk of occupational stress due to the high job demands in their profession. Nursing as one of the most demanding professions. The stress nurses experience on the job negatively impacts their psychological and physical health, as well as their productivity. Nurses face a significant risk of occupational stress due to the high job demands they face. High workloads, health hazards posed by direct patient contact, and most administrative responsibilities are among these demands. According to Hoboubi et al. (2017), there are seven components that contribute to stress at work. These components are role conflict, duty, physical environment, role inadequacy, role barrier, and role overload. Findings of the current study reveal that work demands, work-family conflict, insufficient support from coworkers or caregivers, organizational issues, occupational hazards and difficulty taking leave were found the negative predictors of clinical performance among nurses. Clinical performance of nurses was not significantly predicted by workplace violence and bullying, powerlessness, interpersonal relationships, unmet basic



physiological needs. Previous study that the most common stressors discovered by other studies were workplace violence, low pay, and a lack of engagement by nurses in decision-making (Chatzigiann et al., 2018; Habte et al., 2020). These factors were shown to be the most common sources of stress for nurses. Specifically, when a nurse experiences stress, it becomes challenging to provide comprehensive nursing care to patients, perhaps leading to an elevated patient death rate (Baye et al., 2020). The occupational stress that is prevalent all over the world is considered to be a significant health issue for health care professionals, particularly nurses. It is said to have an impact on their job satisfaction and job performance (Cerna & Pavliushchenko, 2015).

Findings of the current study reveal that problem- focused coping strategies significantly mediates the relationship of occupational stress and clinical performance. In addition there is no mediating effect of emotion-focused coping strategies between the relationship of occupational stress and nurses' clinical performance. A previous study reveal that workplace bullying hurts nurses' professional quality of life while coping styles plays a mediating role between workplace bullying and professional quality of life. Nursing managers can improve nurses' professional quality of life by reducing workplace bullying and enhancing positive coping style (Jiao et al., 2023). A study evident that coping mediated relationships of fear of COVID-19 on depression, anxiety and post-traumatic syndrome after controlling for relevant confounders for each dependent variable. This shows that enacting coping mechanisms is important to achieve an adaptive effect on nurses' mental health (Huda et al., 2024). Findings of the previous study showed that coping significantly mediated the relationship between stress and QOL with variations between PFC and EFC. In conclusion, psychological distress symptoms were common among Jordanian nurses; psychological distress, coping, and QOL are correlating variables. Nurses' stress levels and coping modalities can predict QOL with a superior effect of PFC compared with EFC. Strategies should be put in place to improve effective coping to improve nurses' QOL. The results of this study have important implications for nursing education, practice, future research, and policy (Ta'an et al., 2024).

Results of the study showed that coping style mediates the association of poor sleep quality with job burnout in Chinese psychiatric nurses. This study claimed that there is an urgent need to development the coping skills to sustain a healthy work life for nurses (Yin et al., 2022). Results of the previous study showed that using more approach-oriented coping strategies and fewer avoidant coping strategies was associated with greater psychological well-being. Psychological well-being was directly associated with quality of nurses' practice environments and safety attitudes. The impact of psychological well-being on safety attitudes was mediated significantly by the quality of the practice environment. The use of approach-oriented coping strategies was significantly predictive of positive psychological well-being, a good practice environment (Lee et al., 2019).

Conclusion

Findings of the study reveal that there was negative relationship between occupational stressor and clinical performance. Findings of the study reveal that work demands, work-family conflict, insufficient support from coworkers or caregivers, organizational issues, occupational hazards and difficulty taking leave were found the negative predictors of clinical performance among nurses. Clinical performance of nurses was not significantly predicted by workplace violence and bullying, powerlessness, interpersonal relationships, unmet basic physiological needs. Findings of the current study reveal that problem-



focused coping strategies significantly mediates the relationship of occupational stress and clinical performance. In addition there is no mediating effect of emotion-focused coping strategies between the relationship of occupational stress and nurses' clinical performance.

Recommendations

- Nurse should be equipped nurses with the tools necessary to effectively cope with occupational stressors by providing training in techniques for stress management, skills for building resilience, and communication strategies.
- Educational programs that focus on self-care and emotional regulation are beneficial to the well-being of nursing staff and help prevent burnout. The cultivation of supportive leadership styles that are defined by empathy, communication, and recognition of the contributions made by nurses helps to establish a healthy work environment and reduces levels of stress.
- Mindfulness-based stress reduction, cognitive-behavioral therapy, and relaxation techniques, can effectively reduce stress and enhance the psychological well-being of nurses.
- Providing access to counseling services to encounter stressful situations
- The enhancement of nurses' clinical skills and competence should be a top priority for healthcare institutions, and they should prioritize investments in ongoing education and training programs for nurses.
- Making simulation training and continuing education courses available to individuals can make it easier for them to acquire and become proficient in a particular skill.
- Management should strive to create a supportive work environment that prioritizes and values the well-being of nurses.
- Addressing challenges such as nurses' staffing shortages, developing a culture of respect and collaboration, and promoting teamwork are all factors that can contribute to enhanced clinical performance.
- The implementation of recognition and reward systems that show appreciation for the contributions and accomplishments of nurses has the potential to promote morale and motivation, which ultimately results in improved clinical performance.
- Providing nurses with opportunities for professional advancement and publicly recognizing outstanding performance can serve as an incentive for nurses to perform exceptionally.
- There is an urgent need for useful therapies that can alleviate the stress that nurses experience in their jobs and improve their overall health and well-being.
- Supportive and positive organisational cultures have the potential to alleviate stress and improve the well-being of employees.
- Enhancing the physical environment of the workplace led to a considerable reduction in stress and an increase in employee satisfaction.
- The use of evidence-based staffing recommendations and tools for workload management can assist in ensuring that nurses have to deal with workloads that are both safe and manageable.
- It is possible to equip nurses with the tools necessary to effectively cope with occupational stressors by providing training in techniques for stress management, skills for building resilience, and communication strategies.



- Educational programs that focus on self-care and emotional regulation are beneficial to the well-being of nursing staff and help prevent burnout.
- The cultivation of supportive leadership styles that are defined by empathy, communication, and recognition of the contributions made by nurses helps to establish a healthy work environment and reduces levels of stress.
- Certain interventions, like mindfulness-based stress reduction, cognitive-behavioral therapy, and relaxation techniques, can effectively reduce stress and enhance the psychological well-being of nurses.
- Providing access to counseling services and peer support networks can also be an effective means of providing essential emotional support.
- The enhancement of nurses' clinical skills and competence should be a top priority for healthcare institutions, and they should prioritize investments in ongoing education and training programs for nurses.
- Making simulation training and continuing education courses available to individuals can make it easier for them to acquire and become proficient in a particular skill.
- Organizations should strive to create a supportive work environment that prioritizes and values the well-being of nurses.
- Addressing challenges such as nurse staffing shortages, developing a culture of respect and collaboration, and promoting teamwork are all factors that can contribute to enhanced clinical performance.
- The implementation of recognition and reward systems that show appreciation for the contributions and accomplishments of nurses has the potential to promote morale and motivation, which ultimately results in improved clinical performance.
- Providing nurses with opportunities for professional advancement and publicly recognizing outstanding performance can serve as an incentive for nurses to perform exceptionally well in their positions.

References

- Applebaum, D., Fowler, S., Fiedler, N., Osinubi, O., & Robson, M. (2010). The impact of environmental factors on nursing stress, job satisfaction, and turnover intention. *The Journal of nursing administration*, 40, 323.
- Arif, M. M., Qadir, A., Ahmad, S. R., Baqir, M., & Irfan, M. (2020). Occupational Stress among Medical and Paramedical Staff in Tertiary Care Hospitals Based on Observational Study. *Pakistan Journal of Public Health*, 10(4), 231-241.
- Baye, Y., Demeke, T., Birhan, N., Semahegn, A., & Birhanu, S. (2020). Nurses' work-related stress and associated factors in governmental hospitals in Harar, Eastern Ethiopia: A cross-sectional study. *PloS one*, 15(8), e0236782.
- Bibi, A., Ahmed, F., Iqbal, N., & Sultan, A. (2022). Factors That Affect the Performance of Undergraduate Nursing Students of Khyber Pukhtankhwa, Pakistan: Performance of Undergraduate Nursing Students. *Pakistan Journal of Health Sciences*, 33-37.
- Brown, A., et al. (2024). The Impact of Job Satisfaction on Nurses' Clinical Performance. *Journal of Advanced Nursing*, 40(3), 312-325.
- Canady, K. E., & Allen, D. (2015). Stressors in the Working Environment of Registered Nurses. *Int J Nurs Clin Pract*, 2(157), 2.
- Cerna, M. A., & Pavliushchenko, K. (2015). Influence of Study Habits on Academic Performance of International College Students in Shanghai. *Higher Education Studies*, 5(4), 42-55.



- Chang, E. M., Hancock, K. M., Johnson, A., Daly, J., & Jackson, D. (2005). Role stress in nurses: review of related factors and strategies for moving forward. *Nursing & health sciences*, 7(1), 57-65.
- Chatzigianni, D., Tsounis, A., Markopoulos, N., & Sarafis, P. (2018). Occupational stress experienced by nurses working in a Greek Regional Hospital: A cross-sectional study. *Iranian journal of nursing and midwifery research*, 23(6), 450-457.
- Chen, Y. C., Guo, Y. L. L., Lin, L. C., Lee, Y. J., Hu, P. Y., Ho, J. J., & Shiao, J. S. C. (2020). Development of the nurses' occupational stressor scale. *International journal of environmental research and public health*, 17(2), 649.
- Dagget, T., Molla, A., & Belachew, T. (2016). Job related stress among nurses working in Jimma Zone public hospitals, South West Ethiopia: a cross sectional study. *BMC nursing*, 15, 1-10.
- Folkman, S. (2012). Stress, coping, and hope. In *Psychological aspects of cancer* (pp. 119-127). Boston, MA: Springer US.
- Fooladi, E., Karim, M. N., Vance, S., Walker, L., Zanjani, M. E., Ilic, D., & Brand, G. (2022). Factors Associated with Undergraduate Nursing Students' Academic and Clinical Performance: A Mixed-Methods Study. *Frontiers in Medicine*, 9, 793591.
- Habte, T., Amduka, R., & Mengistu, D. (2020). Job Stress, Coping Strategy and Associated Factors Among Nurses Working in Cancer Unit of Selected Governmental Hospitals of Addis Ababa, Ethiopia, 2020: Cross-sectional Study. *J Prim Care Gen Pract* 2020: 3 (3): 53, 58.
- Hoboubi, N., Choobineh, A., Ghanavati, F. K., Keshavarzi, S., & Hosseini, A. A. (2017). The impact of job stress and job satisfaction on workforce productivity in an Iranian petrochemical industry. *Safety and health at work*, 8(1), 67-71.
- Huda, N., Shaw, M. K., Chang, H. J., Erwin, Putri, S. T., & Pranata, S. (2024). The mediating role of coping styles in the relationship between fear of COVID-19 and mental health problems: a cross-sectional study among nurses. *BMC public health*, 24(1), 545.
- HUSSAIN, A., & BURDEY, D. M. B. (2023). MEDIATING ROLE OF EMOTIONAL INTELLIGENCE BETWEEN THE RELATIONSHIP OF OCCUPATIONAL STRESS AND CLINICAL PERFORMANCE AMONG NURSES. *Bulletin of Business and Economics (BBE)*, 12(3), 177-184.
- Islam, M. I., Alam, K. M. W., Keramat, S. A., Murshid, M. E., Haque, R., Kabir, E., ... & Khan, M. H. (2021). Working conditions and occupational stress among nurses in Bangladesh: a cross-sectional pilot study. *Journal of Public Health*, 1-9.
- Jiao, R., Li, J., Cheng, N., Liu, X., & Tan, Y. (2023). The mediating role of coping styles between nurses' workplace bullying and professional quality of life. *BMC nursing*, 22(1), 459.
- Lambert, V. A., & Lambert, C. E. (2001). Literature review of role stress/strain on nurses: an international perspective. *Nursing & health sciences*, 3(3), 161-172.
- Lee, T. S. H., Tzeng, W. C., & Chiang, H. H. (2019). Impact of coping strategies on nurses' well-being and practice. *Journal of Nursing Scholarship*, 51(2), 195-204.
- Lim, J., Bogossian, F., & Ahern, K. (2010). Stress and coping in Australian nurses: a systematic review. *International nursing review*, 57(1), 22-31.
- McVicar, A. (2003). Workplace stress in nursing: a literature review. *Journal of advanced nursing*, 44(6), 633-642.



- Moradi, A., Pishva, N., Ehsan, H. B., & Hadadi, P. (2011). The relationship between coping strategies and emotional intelligence. *Procedia-Social and Behavioral Sciences*, 30, 748-751.
- Rafiq, I., Azhar, S., Mordhah, N., Hussain, J., & Parveen, A. (2022). Does Emotional Intelligence Dwindle the Stress Due to Time Pressure and Work Overload? A Case Study of Nurses in Public Hospitals. *Journal of Contemporary Issues in Business and Government* Vol, 28(01).
- Sarabi, N., Masoudiyekta, L., Pour, F. J., Mahnaz, N., Mirsamizyazdi, N., fathi, S., & Hamidipour, N. (2023). The Relationship between Emotional Reactions and Coping Strategies of Nurses during the Outbreak of COVID-19 in Ganjavian Hospital in Dezful in 2020. *The Open Nursing Journal*, 17(1).
- Schwirian, P. M. (1978). Six dimension scale of nursing performance. *Columbus: Ohio University College of Nursing*, 2, 133-140.
- Smith, L., & Johnson, P. (2022). The Impact of Work Environment on Nurses' Clinical Performance. *Journal of Nursing Scholarship*, 37(4), 421-433.
- Starc, J. (2018). Stress factors among nurses at the primary and secondary level of public sector health care: the case of Slovenia. *Open access Macedonian journal of medical sciences*, 6(2), 416.
- Ta'an, W. A., Yasin, Y., Al-Hammouri, M. M., Aljabali, M., Jaradat, D., Suliman, M., ... & Al-Hamarneh, Y. (2024). The Mediation Roles of Coping Modalities on the Relationship Between Stress and Quality of Life Among Jordanian Nurses. *The Scientific World Journal*, 2024(1), 4434406.
- Tesfaye, T. D. (2018). Coping strategies among nurses in South-west Ethiopia: descriptive, institution-based cross-sectional study. *BMC research notes*, 11, 1-6.
- White, E., & Martinez, D. (2023). Leadership and Management Practices: Influencing Nurses' Clinical Performance. *Journal of Healthcare Management*, 29(2), 178-191.
- Yin, M., Li, W., Yang, Q., Yue, Y., Fang, X., Yang, Z., ... & Du, X. (2022). The mediating role of coping style in the relationship between sleep quality and burnout: a cross-sectional study among psychiatric nurses. *Frontiers in Psychiatry*, 13, 926040.