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ORIGINAL RESEARCH

Exploring Nurse Stressors in Clinical Settings: A Qualitative Analysis Running Title: Nurse Stressors in Clinical Settings

Exploración de los factores de estrésentre las enfermeras de entornos clínicos: Un análisis cualitativo

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Abstract

Background. Nurses face significant stress due to complex job demands, which can impair their performance, well-being, and job satisfaction. Identifying the specific stressors affecting nurses within clinical settings is essential in improving nurses' coping mechanisms, which will enhance their well-being and foster better patient outcomes. **Objectives**: The study aimed to explore the specific stressors encountered by nurses in clinical settings in Iran. **Material and Method**. This qualitative content analysis study employed purposive sampling to conduct semi-structured interviews with 12 nurses in Samen-Alhojaj hospital in Sirjan, until data saturation was achieved. Data were analyzed using the Lundman and Granheim approach with MAXQDA 2020 software. **Results**. The analysis revealed a central theme of "continuous stressors", which encompassed three categories: "Perceived Professional Constraints", "Organizational Factors", and "Individual Factors". Together, these categories capture the diverse sources of stress nurses face, including professional regulations, ethical concerns, organizational climate and policies, conflicts with colleagues, long and inflexible working hours, and familial or personal challenges. These stressors illustrate the complex and multifaceted pressures inherent in nursing roles. **Conclusion.** The findings indicate that nurses in clinical settings experience significant stress stemming from professional constraints, organizational conditions, and individual factors. To address these challenges, healthcare institutions should focus on fostering supportive work environments and adopting adaptive policies that meet nurses' needs, such as flexible scheduling and accessible mental health support programs.

Keywords: Occupational stressors, Stress, Clinical setting, Nursing, qualitative study.

Resumen

Antecedentes: Las enfermeras se enfrentan a un estrés significativo debido a las complejas exigencias de su trabajo, lo cual puede perjudicar su rendimiento, bienestar y satisfacción laboral. Identificar los factores estresantes específicos que afectan a las enfermeras en los entornos clínicos es esencial para mejorar los mecanismos mediante los cuales pueden hacerles frente, lo cual aumentaría su bienestar, fomentando un mejor cuidado a la salud desus pacientes. **Objetivos**. El estudio tuvo como objetivo explorar los factores estresantes específicos a los que se enfrentan las enfermeras en los entornos clínicos de Irán. **aterial y método.** Este estudio cualitativo de análisis de contenidos empleóun muestreo intencional para realizar entrevistas semiestructuradas a 12 enfermeras del hospital Samen-Alhojaj de Sirjan, hasta alcanzar la saturación de datos. Los datos se analizaron utilizando el enfoque de Lundman y Granheim con el software MAXQDA 2020. **Resultados.** El análisis reveló un tema central, el de "estresores continuos", que abarcaba tres categorías: "limitaciones profesionales percibidas ", "factores organizativos" y "factores individuales". Juntas, estas categorías captan las diversas fuentes de estrés que enfrentan las enfermeras, como: normativas profesionales, preocupaciones éticas, el clima y las políticas de la organización, conflictos con colegas, horarios de trabajo largos e inflexibles, así como retos familiares o personales. Estos factores de estrés ilustran las complejas y polifacéticas presiones inherentes a las funciones de enfermería. **Conclusiones.** Los hallazgos indican que las enfermeras en entornos clínicos experimentan un estrés significativo derivado de limitaciones profesionales, condiciones organizativas y factores individuales. Para abordar estos retos, las instituciones sanitarias deberían centrarse en fomentar entornos de trabajo favorables y adoptar políticas adaptativas a la satisfacción de las necesidades de las enfermeras, como horarios flexibles y programas accesibles de apoyo a su salud mental.

Palabras clave: Estresores laborales, Estrés, Entorno clínico, Enfermería, estudio cualitativo.

1. Introduction

Work-related stress arises from the interactions between employees and their work environments [7].It is particularly pronounced in high-stakes professions like nursing. [34] Nurses face unique stressors due to the demanding nature of their responsibilities, including direct patient care, care coordination, and decision-making in life-and-death situations [14] These stressors can lead to adverse outcomes such as reduced job performance, poor mental and physical health, and diminished job satisfaction .[26]

According to Lazarus's theory, when nurses face occupational stressors, they assess the situation in terms of its threat level (e.g., danger to the patient) and the nature of the challenge presented (e.g., a learning opportunity). They then evaluate their coping resources (such as knowledge and support). If they perceive these resources as insufficient, their stress intensifies,[45] Lazarus's theory describes stress as the outcome of an individual's interaction with their environment, shaped by internal and external demands. [26]Within clinical settings, common stressors include excessive workload, staff shortages, resource limitations, and long working hours.[15] Stress occurs when job demands exceed an employee's capabilities, resources, or needs.[14] In addition, interpersonal conflicts, ethical dilemmas, and the emotional toll of managing critically ill or terminally ill patients exacerbate the stress experienced by nurses.[17] Daily clinical scenarios involving saving lives and managing death are among the most significant stress-inducing factors for nursing personnel.[8] Many other studies have identified multiple stressors in nursing, including conflicts among colleagues, extended working hours, clashes with supervisors, and caring for terminally ill patients. [8, 16, 23] Additionally, complex job requirements, such as the ability to rapidly solve problems, manage emotional stress, communicate effectively with patients and their families (especially in critical situations), and maintain accurate documentation, further contribute to workplace stress.[8] Studies across various countries, including Japan, China, Iran, and the United States, confirm that nursing stress is a global phenomenon influenced by cultural and societal factors. [19, 23, 26] Additionally, cultural and societal factors influence the nature and intensity of stressors affecting workers. [36]

Research underscores the profound consequences of work-related stress in nursing. Stress reduces the quality of patient care, increases the likelihood of errors, and impairs organizational performance.[9] It is also associated with negative health outcomes, such as anxiety, depression, and burnout, as well as increased absenteeism and staff turnover. According to Selye's General Adaptation Syndrome (GAS) theory, stressors trigger physiological responses [26] aimed at restoring homeostasis. However, prolonged exposure to stressors can deplete adaptive capacity, ultimately leading to burnout. [31]

Given these challenges, there is a pressing need to understand the specific stressors affecting nurses within clinical settings. Identifying and addressing these stressors is essential to improving nurses' coping mechanisms, enhancing their well-being, and fostering better patient outcomes. Considering the cultural and societal influences on stress, this study aims to explore work-related stressors among nurses in Iran. By identifying these factors, this research seeks to inform effective stress management strategies; ultimately enhancing both nurse well-being and organizational performance.

2. Material and Method

2-1. Study setting and participants

This qualitative content analysis study examined the stressors experienced by nurses in clinical settings. The research was conducted from September 2022 to January 2023.The study population comprised all eligible nurses working in Samen Al-Hojaj Hospital, affiliated with the Ministry of Health in Sirjan. A purposive sampling strategy was employed, and 12 nurses participated in the study. Inclusion criteria were: nurses (men or women) with at least one year of work experience at the hospital, holding a BSc or MSc degree, and demonstrating willingness to participate in the study. The demographic characteristics of the participants are presented in Table 1.

Table 1. Demographic characteristics of the participants

N	Sex	Age	Marital status	Education*	Work experience (year)	Ward
1	female	40	married	MSc	15	ICU
2	female	30	married	MSc	5	Internal
3	male	32	single	BSc	4	Emergency
4	female	37	married	BSc	14	Emergency
5	female	39	married	BSc	16	Internal
6	male	43	married	BSc	20	ICU
7	female	32	married	BSc	8	Surgery
8	female	28	single	BSc	4	Pediatric
9	male	26	single	MSc	2	Surgery
10	female	42	married	BSc	13	Surgery
11	female	30	married	BSc	10	CCU
12	female	27	single	MSc	3	Dialysis

MSc: Master of Science *BSc: Bachelor of Science

2-2. Data collection

Data were collected through semi-structured interviews that allowed for in-depth exploration. Interviews were conducted face-to-face in the researcher's office. A pilot interview was carried out to refine the interview guide. The validity of the interview guide was then assessed by 5 faculty members of Sirjan School of Medical Sciences, (Guiding questions are listed in table 2). Participants were encouraged to share their experiences and perceptions of stress and stressors in work-place.

Table 2. Semi-structured interview guide

Number	Questions
1	Could you please tell me about the situations that cause stress for nursing staff?
2	Would you please share one of your stressful experiences with me?
3	How do organizational policies or workplace conditions contribute to stress in nursing?

Follow-up questions were employed to clarify or expand on their responses. Each interview lasted approximately 40 minutes and continued until data saturation was reached, when the data (primary codes) became repetitive and no additional themes related to the research emerged. A second interview was conducted with Participant 2 and Participant 11, to supplement the collected data.

2-3. Data analysis

Data collection and analysis occurred concurrently. Interviews were transcribed verbatim and analyzed using qualitative content analysis following the Lundman and Granheimapproach.[30] The process began with repeated readings of the transcripts to identify meaning units. Open coding was then performed to derive primary codes. These codes were next group ed into subcategories based on similarities and differences. Through iterative discussions and refinement, distinct categories were developed, ultimately leading to the emergence of a central theme. Data analysis and management were performed using MAXQDA 2020 software.

2-4. Ethical considerations

Ethical approval was obtained from the ethics committee of Sirjan School of Medical Sciences (IR.SIRUMS.REC.1401.001). Participants were fully informed about the study's purpose and procedures, and their participation was entirely voluntary. Written informed consent was collected, and the confidentiality of their information was strictly maintained.

2-5. Trustworthiness

To ensure the trustworthiness of this research, the principles of confirmability, dependability, credibility, and transferability were rigorously applied.

Confirmability: Transparency in the research process was maintained through detailed documentation and reporting, enabling replication and follow-up.

Credibility: Credibility was enhanced by meaningful engagement with participants, allocating sufficient time for data collection, utilizing open-ended questions, recording and

transcribing interviews verbatim, and using the constant comparative method for data analysis. To further ensure credibility, random excerpts from transcripts were reassessed, and interpretations of two randomly selected interviews were shared with participants for member checking. Team-based analysis and peer reviews were also conducted to validate findings.

Dependability: Dependability was achieved by conducting thorough checks of all transcripts, ensuring consistency throughout the data analysis process. Regular audits and systematic reviews of the coding process reinforced the reliability of the findings. Two researchers independently coded 20% of randomly selected transcripts. We refined the codes until reaching inter-coder agreement. The remaining data were then divided among researchers, with weekly cross-checks to maintain consistency.

Transferability: Transferability was addressed by providing a clear and detailed description of the sampling strategy, inclusion criteria, participant characteristics, data collection procedures, and analytical methods. This comprehensive approach facilitates the application of findings to similar contexts.

3. Results

3-1. Continuous Stress

The main theme identified in this study was "Continuous Stressors," which emerged from the integration of three key categories: "Perceived Professional Constraints," "Organizational Factors," and "Individual Factors." These categories reflect the various sources of stress faced by nurses in their work environments. The subcategories within these main themes are outlined in Table 3, which provides a detailed view of the specific stressors within each category. These findings illustrate the complexity of stress in nursing and underscore the need for a multi-faceted approach to address it.

3-1-1. Perceived Professional Constraints

This category is formed by combining two subcategories: " Structural Work Regulations" and "Systemic Emotional Burden" These subcategories highlight the perceived constraints due to rigid rules and regulations, such as shift schedules, mandatory overtime, or bureaucratic policies that nurses must follow. Nurses' emotional challenges in caring for patients with diverse clinical conditions are compounded by staffing shortages and inadequate support. Through thematic analysis, the related primary codes were systematically merged and formed the mentioned sub-categories and category.According to participants,they must work within specific frameworks that regulate their schedules, shifts, and duties, often causing disruptions in their personal lives. Participant 1 explained:

> *"We have inflexible working shifts, and working on holidays is usually part of a nurse's job. As nurses, if we face a problem and need to leave, it is impossible. Sometimes it causes stress and worry in our lives. We have to make some limitations in our lives."*

Table 3. Categories and subcategories related to the main themes of stressors.

Subcategory	Category	Main theme
Structural Work Regulations	Perceived Professional Constraints	Continuous Stressors
Systemic Emotional Burden		
Organizational climate	Organizational factors	
Organizational efficiency policies		
Unfair payment		
Family conditions	Individual factors	
Individual traits		

Additionally, nurses are often required to work shifts that can be contrary to family life, such as evening or night shifts.Societal norms place a heavier caregiving burden on women, which can be particularly challenging for working mothers. Participant 2 shared:

> "*Usually, most employees work morning shifts. A working mother can send her child to daycare or school; they leave home and return together. However, a nurse has evening and night shifts. If the mother works in the evening, her child returns from school to an empty home; if she works at night, she has to leave her child alone, and when she comes back in the morning, her child has already gone to school. She constantly worries about whether her child's needs are being met.*"

In addition to these work-related factors, the emotional burden of nursing stems from the responsibility of nurses to provide patient care, especially in high-stakes situations. Nurses must adhere to ethical principles and provide life-saving care, often under difficult circumstances. This responsibility is a major stressor, particularly when nurses are tasked with caring for critically ill or dying patients.Participant 4 shared

> :"*Nursing involves the responsibility of caring for another person's life, and if there is any error or mistake, it can have life-threatening consequences for patients."*

Additionally, the emotional strain of dealing with life-and-death situations is evident in the accounts of nurses who must manage high-pressure events. Participant 11 recalled 0

> "*On my first night shift in the CCU, we admitted a patient with acute MI, and my colleague was on her break. Suddenly, the patient went into VF (ventricular fibrillation), and I was terrified that I might not be able to manage the situation properly. I quickly called for CPR, brought the defibrillator, and woke up my colleague. We performed CPR, but unfortunately, it was not successful, and the patient passed away. For a while, I was preoccupied with the thought that maybe I made a mistake and caused the patient's death.*"

3-1-2. Organizational Internal factors

Participants identified several organizational-level stressors, including hierarchical decision-makings,interpersonaldynamics,alack of psychological safety, cost-cutting policies, and wage disparities. Through thematic analysis, these were systematically grouped into three key subcategories of "Organizational Climate," "Organizational Efficiency Policies," and "Unfair Payment",thatforms the "Organizational Internal Factors" category and highlight how organizationalstructuresgenerateworkplacestress.
The organizational climate in the workplace can significantly contribute to stress among nurses.Participants emphasized strained relationships with physicians, unsupportive managers, and competitive colleague dynamics. For example, Participant 5 stated:

> "*Although nursing has its own discipline, managers must understand the nursing staff. Our nursing manager frequently visits the wards and, instead of acknowledging a job well done or expressing gratitude, seems to focus solely on identifying faults and sometimes shows disdain for nurses… Sometimes I wish I'd chosen a different career*"

Participant number 7 shared,

> "*I had my wedding ceremony and needed to take a leave. It was early in my job, and the system didn't treat me as a seasoned staff member. The leave they granted me was only for one week, and two days after the wedding, I had to return to work. Another concern was about my husband's job, which was in another city. I was always worried about whether my requested schedule would be approved, and when the schedule came out, some parts of it were different from what I had requested. Additionally, my colleagues were not supportive enough to help me switch my shifts. We can only switch shifts three times a month, and if we do more than that, our performance score decreases, affecting our monthly income*."

On the other hand, hospitals operate under a revenue-generating policy. Like any other organization, they attempt to reduce costs by

avoiding the hiring of sufficient staff, adding beds, admitting more patients, reducing the number of staff on each shift, restricting access to equipment, especially high-quality equipment, and considering mandatory overtime as part of the hospital's revenue generation. These issues can act as significant stressors. In this regard, Participant number 10 stated:

> "*The hospital has obligated everyone to work overtime due to the shortage of staff, which is difficult for some. On the other hand, some nurses take additional shifts due to financial needs, as our salary is not sufficient or fair based on the work that we do. You know that when you work overtime, you will definitely become more tired and maybe blamed for unwanted mistakes, which in itself causes more stress*."

Participant number 4 also stated:

> "*The number of staff in each ward is fixed, and we have to work hard until the end of the shift. In situations where we have a critically ill patient or when one of our colleagues has a problem, no additional staff is added, and we have to manage the ward with the same number of nurses. This causes a lot of stress and pressure, makes us tired, and ultimately leads to patient dissatisfaction with the care provided, because we cannot communicate and assess their needs properly*."

Another concern among nursing staff was their monthly payment. Based on interviews, nurses' income was insufficient to meet their financial needs, forcing them to work overtime in the hospital or take on extra jobs during their free time, which increases their burden of stress. For example, Participant number 6 stated:

> "*I have to cover living expenses, meet my children's needs, pay loan installments, and etc. Fifty percent of my salary goes toward rent; I can't afford all of this, so I work 175 hours more than my duty hours in the hospital. I do home-care in addition to my hospital work to maintain a normal life, which induces high stress and tiredness for me*."

Participant number 4 added:

> "*Our salary isn't sufficient, so I try to work overtime some months. Unfortunately, the hospital pays only about one-fifth of the hourly income of a simple worker for each hour of nurses' work, and even worse, the overtime payment is delayed by several months. On the other hand, the hospital does not provide any support packages or amenities for its personnel. These injustices, along with working in a stressful environment, make me feel disappointed. I wish I hadn't become a nurse...*"

3-1-3.Individual factors

Two subcategories, "Family Conditions" and "Individual Traits," were identified through the integration of initial codes such as dual-role conflicts, lack of family support, child/family demands, work-life imbalance and demographic characteristics like gender, age, education and work experiences. These primary codes derived from analysis of meaning units. Balancing multiple roles, such as being a spouse and mother alongside the professional role of a nurse, increases daily concerns and stress. Participant number 1 stated:

> "*When my child was too young to go to school, it was really troublesome for me. I used to take him to the hospital's daycare; unfortunately, the quality of care was very low, and I was always worried that he would get sick or fall. During my shift, I had to be on the phone constantly with the daycare, which really stressed me out. If I wanted to hire a babysitter, it would come with its own challenges …, it was not easy that we didn't have access to professional individuals. This problem is more pronounced during night shifts when you have to leave your breastfeeding baby for 12 hours*.

"Limited access to affordable facilities in different communities exacerbate the strain, forcing nurses into impossible choices between family and career, that may affect nurses' job satisfaction and retention.

On the other hand, personal characteristics, factors such as gender, work experience, interest, and motivation were mentioned by participants as influencing work-related stress. Inflexible shifts reinforce gender roles by making it harder for women to balance work and family, pushing them into part-time roles or out of the workforce.

Participant number 4 said:

> "*Overall, I'm an active person, and I try to manage both household duties and hospital work well. But when I was pregnant, I really struggled. It felt like my physical ability had decreased, and I didn't have enough energy for both responsibilities. During shifts, I could barely get through my tasks, and I was constantly stressed, wondering, what if they assigned me a critically ill patient? What if my patient's condition deteriorated? What would I do*?".

Another participant stated:

> "*Some people are inherently prone to stress; maybe if they weren't forced, they would leave nursing. Men experience less stress and are more indifferent to the things that cause us (women) stress. Men are primarily concerned with doing the job*."

(Participant No 12).These assertions align with broader debates about societal expectations and workplace dynamics in nursing. However, individual variability and cultural norms may complicate this generalization. Participant number 2 added:

> "*Personality type affects people's experience of stress. Men have less stress in doing their job compared to women due to their personality traits and lower emotional sensitivity*."

4. Discussion

This qualitative study aimed to identify the nurses' workplace stressors through their lived experiences. Three interconnected categories emerged: Perceived Professional Constraints (work regulations and emotional burden), Organizational Challenges (organizational climate and policies and unfair payment), and Individual Circumstances (family constraints and individual traits), that directly addressing the study's objective by mapping the multi-layered origins of nursing stress. These findings align with Karasek's Job Demand-Control-Support (JDCS) model Khalid et al.[22] where stress emerges from imbalances between job demands, rigid regulations and unfair policies. The JDCS model's concept of psychosocial risks, workplace factors threatening mental/physical health, resonates strongly with our results. Professional constraints and organizational challenges represent psychosocial risks that degrade care quality by depleting motivation. Such risks, compounded by family duties, create a stress cycle that leads to burnout.[22]

Nurses face significant stressors due to the emotionally demanding nature of their work, including providing care, dealing with critical conditions, and managing death, which are also noted by nurses in other studies.[11] The responsibility of caring for critically ill patients, managing ethical dilemmas, and dealing with potential patient death further exacerbates stress levels.[21] To mitigate the negative effects of these stressors, nurses need to possess high emotional intelligence and the ability to manage stress effectively to cope with the emotional toll of their work .[21]

The study also reveals that organizational factors, such as the rules and regulations governing nursing practice, as well as the organizational climate, contribute significantly to nurses' stress. Extended and inflexible working hours, coupled with low income, were prominent stressors. These findings resonate with a study conducted in Iran, which highlighted similar issues related to the organizational environment. [18] Other studies have reported that stress among nurses is closely related to factors such as high workload, limited decision-making authority, lack of job satisfaction, and poor communication with colleagues. [42] These stressors can be compounded by insufficient staff to meet patient needs, [29] low wages,[2] and a lack of support from managers and physicians O'Hara et al.. [29, 3. 32] Additionally, conflict between colleagues,[38] problems with supervisors,[14] conflicts between nurses and doctors, and a lack of willingness among physicians to inform nurses and patients about the treatment process,[37] are sources of stress for both nurses and patients.

Furthermore, hospital policies aimed at maximizing productivity while keeping wages low can lead to job dissatisfaction, burnout, and increased stress levels among nurses.[43] Our findings highlight how revenue-driven hospital policies; such as understaffing, mandatory overtime, and restricted equipment access, all serve to intensify nurses' occupational stress. Our findings align with previous evidence tying such policies to burnout Shamsi & Peyravi, [41] and effects the quality of care Bautista et al. [8] In Iran, financial insecurity, despite the high demand for nursing professionals, is a key contributor to job dissatisfaction.[6] Moreover, a negative perception of financial compensation and job prestige in the country exacerbates this issue. [43] Insufficient nursing salary compared to that of other professions is the third leading cause of nursing shortages in Iran, while it is the seventh cause of a nursing shortages in the world, reflecting the low level of Iranian nurses' salary.[41] The lack of supportive resources and an unwelcoming organizational climate are also significant stressors, as noted in other studies.[1, 27]. Several nurses linked these problems to diminished motivation and intentions to leave. These accounts align with studies showing that perceived disrespect from management correlates with higher turnover intent[4] and reduced job engagement. [33] Sometimes though nurses did not explicitly discuss turnover, their descriptions of demoralization suggest risks to retention, consistent with broader evidence.[4] Nurse turnover and workforce shortages impose heavier workloads and consequently higher stress levels on remaining nurses. Furthermore, the lack of managerial support in such environments exacerbates the pressure and stress experienced by nursing staff.[41]

To mitigate these challenges, it is crucial to foster a sense of autonomy at work (job control), offer rewards, and create a collaborative and respectful work environment to attract and retain workforce, so decrease the workload and related stress. [35] Furthermore, training nursing managers to improve their relationships with nursing staff and to provide a more supportive work environment could help alleviate job stress and burnout. [1] This is possible with both transformational and transactional leadership styles, so managers should emphasize the vision of the organization, and try to raise staff confidence through empowerment, by valuing employee contributions, respecting and caring for nurses, and maintaining a perspective of future-focused optimism .[35]

Personal characteristics also play an important role in shaping how nurses experience stress. According to previous studies, conscientious and meticulous nurses tend to experience heightened stress due to self-imposed perfectionism, whereas resilient and adaptable nurses demonstrate more effective stress-coping mechanisms. Conversely, nurses with sensitive or anxious dispositions exhibit greater vulnerability to stressors. Those who maintain a sense of control over their work environment typically employ more adaptive stress-management strategies.[44, 46] These observations align with Lazarus and Folkman's (1984) transactional theory of stress, which posits that an individual's cognitive appraisal of events determines whether they interpret situations as threatening challenges or manageable demands.[26]

Research has shown that younger and less experienced nurses are more susceptible to stress and burnout due to excessive managerial expectations, lack of professional autonomy, a toxic work culture, and unclear job roles.[26]Moreover, family-related responsibilities, especially for married nurses, such as housekeeping and child-rearing, have been found to directly contribute to stress. [2, 20] A study by Mo et al. suggested that factors such as having children, long working hours, and anxiety significantly contribute to stress in nursing. [20]

Female participants also tied stress to unequal home/workload distribution, aligning with global evidence on nursing's gendered stress burden. [39] Inflexible shifts exacerbate gender inequities in nursing, a female-dominated profession. Working mothers feel pressured to juggle their work and childcare responsibilities, leading to higher stress. [13] Without structural accommodations, rigid schedules reinforce traditional gender roles, disadvantaging women in workforce participation and advancement. [25] However, another study found that the relationship between gender and marital status and job stress may not always be significant, possibly due to cultural differences.[12] Junior nurses cited lack of experience in handling crises as amplifying stress, meaning younger

nurses experienced work-related stress more frequently than nurses with many years of experience.[39] Therefore, increased knowledge, experience and professional

When nurses experience work-place stressors, their capacity for providing accurate care declines. This manifests as rushed assessments and reduced health teaching, which can cause patient dissatisfaction. Organizational stressors like short staffing exacerbate this by forcing task-oriented rather than holistic care.[8] Repetitive and multiple stressors can lead to burnout and decreased job satisfaction among nurses. [26] Other studies have indicated that physical ailments such as migraines, muscle pain, high blood pressure, and gastrointestinal problems have been linked to high stress levels. [44] Additionally, stress can lead to mental health issues such as anxiety, depression, and a loss of self-confidence. [2, 16] The relationship between stress and diminished job satisfaction, negative attitudes toward the profession, and reduced quality of healthcare delivery has also been well-documented. [2, 8, 24]

5. Strengths and Limitations

This study, by capturing the lived experiences of Iranian nurses through in-depth qualitative analysis, reveals culturally specific stressors such as perceived professional constraints—a dimension largely underexplored in global nursing stress research. Directly incorporating frontline nurses' narratives provides empirically grounded insights for developing context-appropriate stress management strategies, moving beyond generic theoretical frameworks.

However, these findings should be interpreted with caution given their limited generalizability, as the study was conducted in a single Ministry of Health-affiliated hospital where economic pressures (such as salary disparities) and hierarchical structures may amplify stress differently than in private or specialized settings. Additionally, the predominance of nurses with similar socioeconomic backgrounds may obscure variations in stress perception. Future multicenter studies should incorporate diverse institutional and demographic contexts to validate these findings. Because the sample was predominantly female (9 of 12 participants), male nurses' unique stressors may be underrepresented; future research should specifically examine stressors affecting male nurses.

6. Conclusion

Findings indicate that occupational stress among Iranian nurses is shaped by both organizational factors (such as perceived professional constraints, hospital policies, and interpersonal conflicts) and individual factors (such as personal traits and family responsibilities). This growing stress negatively affects the quality of care nurses provide. The study also shows how nurses cognitively appraise these stressors and how chronic exposure leads to burnout. This research contributes novel insights by identifying "perceived professional constraints" as a distinctive stressor among Iranian nurses and by analyzing the interplay between individual and organizational factors in stress development.

These findings hold urgent implications for Iran's healthcare system, which faces a nurse retention crisis driven by stress-related attrition and migration. To address these critical issues, hospitals should prioritize creating supportive work environments, identifying nurses' needs, addressing financial concerns, and implementing flexible scheduling (particularly for female nurses). These measures are essential not only for reducing job stress and burnout but also for enhancing nurse satisfaction and improving overall hospital efficiency. Future research should develop and test interventions across hospital settings to reduce stress among nurses.

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