An Analysis of Factors Contributing to Occupational Burnout Among Nurses in Public Hospitals of Multan (Pakistan)

Faiza Qureshi[1], Tehmina Sattar[2], Muhammad Imdad Ullah[3], Rashid Ahmad[4] and Altaf Hussain[5]

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Abstract

The present study was conducted to investigate the stressors contributing to occupational burnout among nurses in public hospitals of Multan City, Pakistan. The study highlighted the crucial role of nurses in ensuring the effective functioning of the healthcare system through patient care, emergency management, communication with surgeons, and coordination of care plans. Despite their essential contributions, nurses continue to face numerous socio-cultural and organisational challenges in their work environment, which contribute to their emotional exhaustion. To examine these issues, researchers employed a qualitative research methodology to collect subjective responses based on the real-life experiences of N=17 nurses. An interview guide was formulated to facilitate a comprehensive, contextualised, and in-depth exploration of nurses' perspectives about the phenomenon. The data were subjected to thematic analysis, resulting in the emergence of subsequent themes: stereotypes associated with the nursing profession, socio-cultural misconceptions about nurses and nursing, work-family conflict experienced by nurses, the dominance of surgeons over nurses, and the contradiction between organisational responsibilities and personal religious principles. In conclusion, the social fabric of public healthcare in Pakistan is founded upon differential stereotypes, anti-religious sentiments, and misogynistic attitudes. This intersection generates various stressors for nurses, including their duty schedules, night shifts, patient care responsibilities, communication with surgeons, and subordinate roles. These stressors have contributed to occupational burnout, prompting some nurses to contemplate resignation. Enhancing public awareness, fostering cultural tolerance, promoting team cohesion, occupational collaboration, and revising hospital policies to safeguard nurses' rights may alleviate these stressors and mitigate burnout within this structural framework.

Keywords: Exploration, Stressors, Occupational, Burnout, Nurses, Multan

Introduction

Nursing is a high-risk profession marked by frequent encounters with emergencies and a chaotic work environment. This demanding field involves overlapping night shifts, strict working hours, and exposure to pandemic-related risks (Prasai, 2025). Although healthcare professionals consistently provide support, care, and hygiene measures to patients, their recognition and acceptance within the medical community often remain questionable (Salmond & Macdonald, 2021). Over the past two decades, extensive research has shown that nurses

[1]*MPhil Scholar, Department of Sociology, Bahauddin Zakariya University, Multan.*
[2]*Assistant Professor, Department of Sociology, Bahauddin Zakariya University, Multan.*
Corresponding Author Email: tehminasattar@bzu.edu.pk
[3]*Assistant Professor, Institute of Banking and Finance, Bahauddin Zakariya University, Multan.*
[4]*Assistant Professor, School of Economics, Bahauddin Zakariya University Multan, Pakistan.*
Email: rashidahmad@bzu.edu.pk
5 *Assistant Professor, Department of Economics, The Islamia University of Bahawalpur, Pakistan,*
Email: altafhussain@iub.edu.pk

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experience significant stress, which manifests as anger, fear, emotional trauma, and physical exhaustion (Adriaenssens et al., 2015; Khamisa et al., 2013). Despite offering continuous care and emotional support across various healthcare settings, frontline nurses continue to face ongoing psychological, physical, and emotional challenges (Annaloro et al., 2021). A study by Jamal and Baba (2000) indicates that nurses encounter employment-related stressors ranging from 50% to 80%.

The global landscape has demonstrated that work-related stress among nursing professionals varies from 42% to 77%. In high-income nations, the prevalence of stress among nurses stands at 50%, whereas in developing countries, it reaches 72% (Dubale et al., 2019). Empirical evidence indicates that the principal stressors encountered by nurses throughout their careers include workplace politics, socio-cultural stereotypes associated with nurses and the nursing profession, excessive workloads, staffing shortages, inadequate communication, and limited promotion opportunities (Majrashi et al., 2021). Additional sources of stress encompass extended working hours, substantial workloads, emotional strain resulting from patient care, lack of professional recognition, insufficient staffing, conflicts with colleagues or medical hierarchies, and socio-cultural stereotypes related to the nursing profession (Ohue et al., 2021). Prolonged exposure to these stressors not only diminishes the quality of care provided but also markedly contributes to burnout, job dissatisfaction, and increased turnover rates within the nursing workforce (Alsadaan et al., 2021; Soheili et al., 2021).

The term 'burnout' refers to the emotional response to sustained stress, resulting in physical, mental, and emotional exhaustion (Shah et al., 2021). Prior research has shown that nurses exposed to intense stressors are at a higher risk of developing occupational burnout. Burnout is primarily characterised by three dimensions: emotional exhaustion (experiencing emotionally devastating feelings), depersonalization (adopting an indifferent attitude towards patients), and a diminished sense of personal accomplishment (feeling inadequate in achieving workplace goals) (Getie et al., 2025; Nantsupawat et al., 2024). Factors contributing to burnout among nurses are associated with socio-cultural and organisational challenges. A study conducted by Ding et al. (2015) in China revealed that between 59.1% and 69.1% of nurses experienced burnout related to their profession. The principal reasons identified include the lack of acceptance of the nursing profession, labialisation and stigmatisation of nurses as socially non-compliant, anti-religious stereotypes, and organisational politics. Moreover, a study from China by Zhou et al. (2015) and Zheng et al. (2024) emphasised that senior nurses constitute a vital component of healthcare settings. These nurses, possessing at least ten years of professional experience, are more frequently exposed to persistent stressors and are consequently at increased risk of burnout. Such nurses have extensive experience in patient care, specialised skills, and clinical responsibilities. Burnout within this context can lead to increased intentions to leave among nurses.

The healthcare system in Pakistan regards nurses as a fundamental component; however, they are frequently overlooked (Mir et al., 2021). This oversight stems from nurses' dissatisfaction with their professional environment, where they often experience feelings of polarisation and neglect. Burnout among nurses arises from various stress-inducing factors within the socio-cultural and occupational contexts (Shah et al., 2022). These factors include harassment, bullying, societal non-acceptance of the nursing profession, gender role stereotypes, cultural taboos, work-family conflicts, staffing shortages, limited medical resources, inefficient management systems, extended working hours, night shifts, job insecurity, limited career advancement opportunities, inadequate teamwork, dominance by physicians, and restricted opportunities for professional growth (Ehsan et al., 2022; Shekhani et al., 2024). Research by Hamid (2016) suggests that nurses employed in public sector hospitals in Pakistan often hold subordinate positions, thus limiting their autonomy within the profession. Further studies by Abbas et al. (2025) and Khair-Un-Nisa Khan et al. (2024) indicate that the morale of nurses

significantly contributes to job dissatisfaction, emotional exhaustion, and intentions to leave the profession. Media portrayals frequently depict nurses negatively, which underpins their identity crises, gender role dilemmas, and social boundary crossings. In the Pakistani context, religious boundaries are consistently scrutinised. The social and moral dilemmas associated with self-belief have a profound influence on the clinical experiences of nurses.

In light of the previous research conducted and the literature gaps, the following research questions were formulated for the present study.

1. What are the demographics of senior nurses working in the public hospital within the study area?
2. What are the socio-cultural and occupational stressors encountered by nurses within the specified context?
3. How did these stressors establish the baseline for causing burnout among nurses?
4. What are the recommended strategies to mitigate the effects of stressors and burnout among nurses operating within the specified structural healthcare setting?

Theoretical Framework

The principal theoretical foundations and their relevance to the present research are subsequently outlined, namely: 1) the Job Demand-Control Model, and 2) Social Identity Theory. The specifics of these theoretical frameworks and their application within nursing research are detailed as follows.

Job Demand-Control Model

The initial theoretical framework is the Job Demand-Control Model, introduced by Karasek in 1979 (Kain & Jex, 2010). This model is extensively employed within the professional disciplines of Sociology and Psychology. The primary focus of this theory pertains to occupational stress and burnout among employees. It emphasises two fundamental components: job demand and job control (decision latitude). Job demand refers to psychological stressors that contribute to workload, such as time pressures to fulfil job requirements, role conflict, and emotional exhaustion. Conversely, job control involves the capacity to utilise one's skills, talents, and capabilities, including autonomy, decision-making authority, and competencies to mitigate stress (see related studies by Anwar et al., 2025; Jalilian et al., 2019). In this study, the relevance of this theory to nursing stress and burnout arises because nurses face significant stressors in their professional roles. These roles are characterised by high levels of stress, marked by elevated demands and limited control, which can lead to emotional exhaustion. Specifically, within this investigation, nurses working in intensive care units, emergency wards, and operating theatres are consistently exposed to urgent situations and substantial pressure. They experience reduced autonomy and decision-making power because most decisions are made by senior surgeons, which can lead to demoralisation. Additionally, extended working hours, unpredictable shift patterns, substantial workloads, high patient ratios, and the lack of effective coping strategies hinder their capacity to manage job pressures, thereby amplifying job demands and ultimately contributing to burnout.

Social Identity Theory

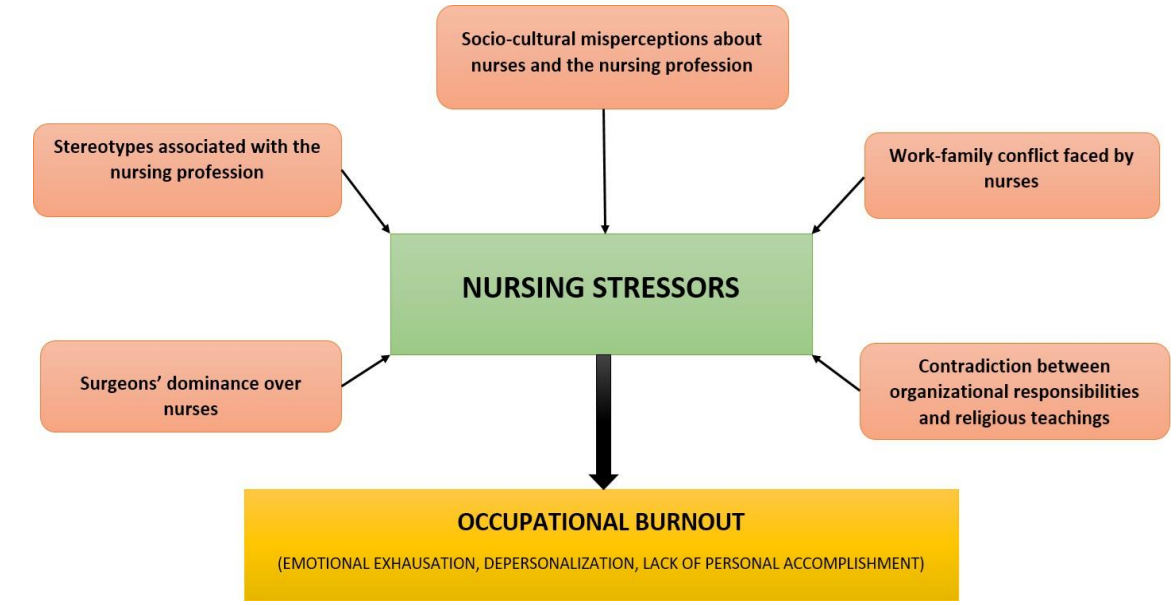
Developed by Tajfel and Turner (1979), this theory examines how individuals form their self-concept and identity through membership in groups (Tajfel & Turner, 2004). It is encapsulated by three principal propositions: social categorisation, social identification, and social comparison. Initially, individuals categorise themselves into groups—namely, in-groups (those who belong) and out-groups (those who do not belong). This categorisation leads to social identification, wherein individuals perceive themselves as intrinsic parts of their respective

groups. Subsequently, social comparison occurs, whereby individuals compare their in-group with out-groups in terms of positive social identity. Unfavourable comparisons can induce stress and emotional burnout (see the related studies of Haslam et al., 2005; Ugwuanyi, 2023). Regarding the present research, a hierarchical social context reveals that senior surgeons are perceived as occupying elevated positions within the hierarchy, thereby establishing them as an out-group compared to nurses. This perceived hierarchy and marginalisation foster the dominance and superiority of physicians, while nurses experience identity threats and devaluation within both social and occupational structures. Such identity crises contribute to confinement within the in-group, leading to physical and emotional exhaustion, diminished personal achievement, and occupational burnout.

Conceptual Framework

The conceptual framework of the current study centres on the interaction of various elements, including job stressors and occupational burnout. Factors associated with elevated job demands—such as excessive workload, night shifts, extended working hours, authoritative behaviour of senior surgeons, sociocultural stigmatisation, work-family conflict, and limited autonomy—contribute to emotional exhaustion. Additionally, issues such as misinformation about nurses in the media, staffing shortages, lack of managerial support, bullying, harassment, inadequate knowledge, lower educational attainment, reduced salaries, religious polarisation, and the inability to balance work and family responsibilities are primary contributors to emotional exhaustion among nurses.

Figure 1: Conceptual framework related to stressors instigating occupational burnout among nurses



Materials and Methods

The universe for this study encompassed all nurses engaged in the morning, evening, and night shifts at Nishtar Hospital, Multan. This public healthcare institution is the primary provider of medical services within South Punjab and employs a substantial number of nursing professionals. Managed by the Government of Punjab, the hospital is regarded as the largest medical centre in South Punjab, Pakistan. It offers an extensive array of medical and surgical

services, comprising various wards. Participants were selected from the intensive care units, operating theatres, and emergency wards, with eligible nurses being those working within these specific areas, as they reported elevated levels of stress and emotional exhaustion.

The study employed a qualitative research design, facilitating a comprehensive understanding of participants' insights within the medical context. This approach enabled an inclusive, contextualised, and in-depth exploration of nurses' perspectives through the analysis of their real-life narratives. The objective was to understand the nurses' experiences and personal accounts concerning socio-cultural and organisational stressors encountered in the setting. These challenges contributed to burnout among the nurses and influenced their intentions to resign from their positions.

Nurses were selected through purposive sampling, with the sample size determined by data saturation. Data Collection continued until responses, themes, sub-themes, and codes began to recur. Saturation was deemed to have been achieved after the 16th interview, with one additional interview conducted to validate these findings. In-depth interviews yielded rich, detailed insights into perceptions, experiences, and personal stories of the nurses. An interview guide was used as a tool for data Collection procedure and comprised of subsequent sections: i) demographic profile, ii) socio-cultural stressors, iii) organisational stressors, iv) burnout from the job, and v) recommendations to mitigate burnout among nurses. Each interview lasted between 60 and 90 minutes, fostering a collaborative understanding between the interviewer and the participant. This process facilitated the Collection of nuanced insights into the stressors affecting nurses.

The data were analysed using manual thematic analysis. The interviews were conducted in Urdu and subsequently transcribed into English, with verbatim transcriptions provided. The transcripts generated codes, which were categorised both deductively and inductively. Deductive codes were derived from existing literature, the interview guide, the conceptual framework, and prior responses, while inductive codes emerged directly from the primary data. Similar codes were consolidated into a comprehensive codebook, including their definitions and exemplifications. This codebook facilitated a consistent interpretation of the data. Subsequently, a detailed narrative was developed to elucidate the deeper meanings behind the nurses' experiences with various socio-cultural and organisational stressors. Ultimately, themes were formulated to provide further insights into the data.

Results

Descriptive analysis

The demographic data of the nurses indicated that they had at least 10 years of professional experience at Nishtar Hospital. The majority of these nurses were married, with 3-5 children, and they resided either with their natal families (in cases of divorce, separation, or family conflicts) or with their in-laws within extended or joint family systems. The nurses were stationed in various departments, including the intensive care unit, emergency wards, or operating theatres. Notably, these sectors reported the highest levels of stress and burnout among staff, primarily due to the frequent exposure to emergencies, illness, death, and traumatic incidents encountered during their shifts.

Thematic analysis

Based on the transcribed data, the subsequent themes were identified: 1) Stereotypes associated with the nursing profession; 2) Socio-cultural misconceptions regarding nurses and the nursing profession; 3) Work-family conflict faced by nurses; 4) Surgeons' dominance over nurses; and 5) Conflict between organisational responsibilities and religious teachings.

Stereotypes associated with the nursing profession

The transcribed data indicated that the socio-cultural context of Pakistan does not fully support the nursing profession, mainly due to prevailing stereotypes. These stereotypes are deeply

rooted within society and cast doubt on the integrity and individual identity of nurses. Under the influence of these stereotypes, nurses frequently encounter bullying, harassment, and character assassination both in their workplace and in society. The stereotypes linked to the nursing profession are primarily based on gender roles, hierarchical workplace structures, religious antagonism, and perceived competence dichotomies. The consensus among nurses demonstrated that the media significantly contributes to the initiation and reinforcement of occupational neglect towards nurses. These media portrayals tend to depict nurses negatively during protests (against the government for salary increments) and incidents of medical negligence. Such portrayals undermine the professional identity of nurses, thereby impacting their job retention. Eleven nurses endorsed that the significant stigma on their profession is that it is antagonistic to the Islamic religion. A senior nurse who was consecutively allocated for the night shift in the ICU ward argued that “contrary to religious principles, nurses may be involved in situations that include handling nudity and sharing personal or prohibited information of female patients with their male family members and senior surgeons (saddened expression)”.

Three additional nurses, who have been consistently assigned to operating theatres over the past several days, also concurred with this perception. The nurses contended that they are obligated to share patients' medical conditions with surgeons and, when deemed necessary, with their families. Participants expressed feelings of burnout resulting from these stigmatisations. The data revealed stereotypes such as: "nursing is a female-oriented profession," "night shifts for nurses are contrary to societal norms,” "nurses are less educated and possess inadequate knowledge regarding patient care,” "nurses are low-salaried employees,” "nurses neglect their families," and "nurses are religiously polarised." Supporting these stereotypes, a senior nurse with fifteen years of experience in the emergency ward remarked that “we are working hard to fulfil our professional responsibilities, yet society and the workplace continue to associate us with various stereotypes. These stereotypes are used to question our profession and working hours”.

Socio-cultural misperceptions about nurses and the nursing profession

The nurses indicated that societal perceptions of their profession are characterised by polarisation. During interviews, it was evident that prevalent misconceptions about nurses within Pakistani society include the belief that these women breach societal norms and values. Furthermore, nurses are frequently perceived as holding dominant roles within their families, particularly in their relationships with spouses. Ten nurses unanimously asserted that they provide financial support to their families; however, society erroneously associates this financial contribution with engagement in "liberal rituals." An analysis of the transcribed data revealed that misconceptions regarding nurses are rooted in the patriarchal and misogynistic cultural environment of Pakistan, especially concerning "working women." A senior nurse, after fulfilling her responsibilities in the operating theatre, stated, “our society is male-oriented, where female professionals face hostility, conservative ideas, and misogyny. I believe that acceptance and recognition of nurses and the nursing profession will always be my goal”.

The interviews also indicated that the nursing profession is often perceived as questioning the identity of nurses. Furthermore, societal attitudes discourage marriage to nurses due to the profession's negative reputation. The nurses collectively identified the media as contributing to the adverse portrayal of nurses and their profession. Consequently, societal misconceptions about nursing are heightened by illiteracy and various dynamics, including: i) interaction with male patients; ii) violation of social boundaries due to dismissing the concept of Pardah; iii) discussing gynaecological and private matters with male physicians; and iv) physical interaction with male patients. During the interviews, nurses also argued that night duties undermine the social standing of the profession in Pakistan. Supporting this view, a head nurse,

after her shift in the emergency ward, remarked, “our social fabric does not support the nursing profession (saddened expression). At the same time, the cultural context further stigmatises nurses as controversial professionals who operate outside the domestic sphere alongside male colleagues”.

Work-family conflict faced by nurses

The transcriptions indicated that the primary stressor reported by nurses pertains to work-family conflict. Participants conveyed that they face demanding duty schedules, including consecutive morning and night shifts, extensive documentation, and hectic duty hours in the allocated sites. Nurses articulated that they regard themselves as capable individuals managing both personal and professional responsibilities; however, abrupt changes in shift schedules constitute a significant obstacle, engendering work-family conflict. They asserted that alterations and overlaps in shift timings result in irregular sleep patterns, physical exhaustion, hormonal imbalances, and frequent disagreements with spouses and in-laws due to insufficient attention to the home. Furthermore, the nurses highlighted that the hospital's political culture, coupled with surgeon dominance and patient complaints, contributes to feelings of depolarisation and stress. A consensual argument also divulged that the workplace stress and anxiety of the nurses caused them to neglect their families. A nurse working consecutive night duties in the ICU reported;

> I am constantly struggling to balance my work and family duties. This is mainly because I often feel physically, mentally, and emotionally exhausted at work. Because of this, I have sometimes overlooked my children, scolded them, and even used physical punishment for their usual misbehaviour.

The interviews further revealed that the nursing staff experience burnout and express intentions to resign from their positions. 9 out of 17 nurses indicated that their entry into the profession was influenced by specific inducements and acknowledged occasional lapses in their family responsibilities. Additionally, the nurses conveyed sentiments of regret, noting that despite substantial dedication of time and effort, their work is often met with a lack of acknowledgement. The data also highlighted that staffing shortages necessitate overlapping shifts, adversely impacting their physical and emotional health. A consensus emerged among the participants, who reported receiving insufficient managerial support, which led to feelings of helplessness and being caught between professional obligations and family commitments. Moreover, the nurses reported that their in-laws and spouses frequently reprimand them regarding their working hours and neglect the socialisation and education of their children. A head nurse admitted to ignoring her children and their valuable childhood, and expressed the following sentiment;

> I admit that I have neglected my children's needs and their childhood. However, I would like to know if anyone can advise me on what steps to take when management assigns overlapping shifts to head nurses. Additionally, all my efforts are focused on earning an income to ensure my children's future.

Surgeons' dominance over nurses

Transcriptions indicated that the dominance of surgeons within the workplace constituted the primary stressor faced by the nurses. Participants' responses illustrated that surgeons exhibited dictatorial, instructive, and impertinent behaviour toward them, contributing to feelings of emotional exhaustion. The rigid delineation of professional boundaries often diminishes the role of nurses, relegating them to subordinate positions relative to their surgeons. In operating rooms and emergency wards, surgeons frequently reprimand nurses, alleging that they are inadequately educated and less experienced than surgeons. During in-depth interviews, nurses reported using colloquial phrases such as "tumhen kia pata," "jahil," and "apna grade dekho,"

which undermine their self-esteem and confidence. These phrases portray them as less knowledgeable and imply that their work is inferior to that of highly qualified physicians. One nurse, after completing her duties in the emergency ward, stated that, “I am a senior nurse with twelve years of professional experience; however, our physicians often view us as subordinates, offer us lower pay, and hold us solely responsible for patient care”.

The nurses contended that biased behaviour by senior surgeons cultivates profound feelings of burnout among them due to their limited involvement in decision-making processes. They further articulated sentiments of emotional depolarisation, perceiving themselves as mere instruments for task execution rather than autonomous professionals ("khud mukhtar peshawar"). A majority, comprising 15 out of 17 nurses, concurred that their knowledge and scientific insights are consistently undervalued, as they are regarded as inferior and disrespectful. These gender-biased dynamics have led to nurses being perceived as assistants rather than as caring professionals. A head nurse in the ICU corroborated the sentiments expressed by seven senior nurses, asserting that hierarchical power imbalances lead to disrespectful treatment by physicians and undermine the nurses' autonomy and decision-making authority concerning patient care. The nurses collectively agreed that their morale is diminished, fearing they are undervalued and marginalised. An additional consensus indicated that doctor dominance is especially evident in interactions between female nurses and male physicians. Such gender-insensitive dynamics have thus become a crucial factor in eroding nurses' empowerment. Interviews also revealed that a "culture of blame" persists within hospitals, whereby nurses are often scapegoated for surgeons' mishandling of patients during operations, diagnoses, and standard treatments. Furthermore, they observed that physician dominance significantly hampers the professional growth and empowerment of women. Supporting these observations, a senior nurse working in the Intensive Care Unit stated, “the dominance and authoritarian behaviour displayed by doctors are the leading causes of our physical and emotional stress. Senior surgeons see themselves as superior, and as a result, treat us like their servants [Zaati nokar]”.

Contradiction between organisational responsibilities and religious teachings

Excerpts from the transcribed data suggest that the primary source of stress among nurses is the conflict between their organisational responsibilities and religious beliefs. Participants reported that this factor constitutes the leading cause of socio-cultural stigmatisation and the lack of acceptance of the nursing profession in Pakistan. They argued that organisational obligations require long working hours, mandatory overtime, interaction with male family members of patients, and extensive documentation. Additional associated and questionable factors include night shifts, unpredictable scheduling, unclear job descriptions, prolonged waiting times to consult with senior surgeons regarding patients' conditions, and remaining in wards at night [alone] with male colleagues such as peons, clerks, and other staff members. Interviews revealed that Islamic teachings are perceived as conflicting with the organisational duties of nurses. Specifically, it was suggested that Islam promotes that "women should reside within the four walls of the home, socialise their children, and obey their husbands." Moreover, long working hours, interaction with male colleagues, and patients' family members [Na-Mehram] are regarded as "sins in Islam." Supporting these findings, the head nurse in the ICU stated, “Islam protects women by exempting them from duty hours, busy routines, insulting behaviour, interactions, and harassment from male coworkers. However, we still need to earn a living for our families and follow management's instructions”.

The interviews further revealed discrepancies between organisational and religious expectations, including issues such as i) nurses managing nudity, ii) nurses touching patients' body parts (both males and females), and iii) changing female patients' sanitary pads. Nurses disclosed that religious scholars also issue "Fatwas" concerning acts considered anti-religious

by nurses. These scholars have stated that female nurses may be appointed in cases of medical necessity. However, routine acts involving timing and open interaction with male colleagues are strictly prohibited within Islam. 12 out of 17 senior nurses expressed consensus that they are dissatisfied with night duties, shift overlaps, and interactions with male paramedical staff. Additional concerns include excessive workload and strict adherence to protocols, which lead nurses to neglect their families and exert dominance over their spouses.

Furthermore, the financial contributions of these women often result in their husbands being unaware of household responsibilities, such as providing for their families. A senior nurse with eleven years of experience contended that the religious opposition propagated by religious scholars ("Mullahs") is rooted in accusations that nursing promotes feminism. She explained that this feminism is associated with a modern perception of nurses as "being alone," "earning independently," and "not needing a breadwinner or protector." She further stated, “although nursing is considered a prestigious career, our organisational duties create a divide from religion.... (Long pause)... I believe that our dedication and noble work are being misunderstood within the context of modern feminism”.

Discussion

The current study revealed that nurses face numerous time-related constraints and unpredictable duty schedules, compelling them to neglect their family responsibilities to meet professional demands. Nevertheless, they continue to face societal backlash due to persistent stereotypes rooted in the patriarchal and misogynistic cultural framework of Pakistan. Validation through two studies conducted by Yellon & Yellon (2022) and Abbas et al. (2020) indicated that Jewish and Pakistani nurses are influenced by orthodox cultural norms based on male dominance. These studies disclosed that practices such as touching male patients, interacting with male surgeons, and prolonged stay in hospitals contribute to the profession's lack of acceptance. The socio-cultural context questions and dismisses the noble profession of nursing, thereby inducing stress among practising nurses. These stressors are also associated with emotional exhaustion experienced by nurses in their work environment.

The findings of the present study also revealed that the primary stressors encountered by nurses within the specified context are socio-cultural stereotypes linked to nurses and the nursing profession (Copeland, 2022). These stereotypes stigmatised nurses as being less educated, unprofessional, medically negligent, religiously polarised, low-paid, and in opposition to societal norms. Consistent with these findings, both the global and Pakistani contexts corroborated these facts (see the studies by López-Verdugo et al. (2021), Olaleye et al. (2022), and Zulfiqar & Rafiq (2020). Previous research has demonstrated that nurses working in critical care units and burn centres experience persistent stress and burnout. Furthermore, empirical studies have shown that bullying and harassment are significant contributing factors that lead nurses to feel abandoned, rejected, and humiliated. The lack of acceptance of the nursing profession intensifies the psychological and emotional burdens on nurses. Our study findings also support the existence of gender-biased stereotypes associated with nursing. The absence of sufficient support, limited opportunities for career advancement, and hierarchical, non-supportive behaviours constitute major underlying causes of depersonalization among nurses. The current study further demonstrated that stressors encountered by nurses directly contribute to their intentions to experience burnout. The identified stress-inducing factors included work-family conflict, organisational conflicts involving surgeons and colleagues, lack of autonomy, and socio-cultural stigmatisations. Previous research conducted by Chen et al. (2020) also indicated that strict working hours, organisational pressures, inadequate relationships with colleagues, unmet psychological needs, inability to balance personal and professional life, workplace bullying, and limited opportunities for advancement are primary stressors contributing to emotional exhaustion among nurses. Additionally, Borges et al. (2021)

supported these findings. Their study, conducted among Portuguese, Spanish, and Brazilian nurses with a sample size of N = 1052, revealed that 42% of nurses exhibited high levels of burnout. The primary reasons cited included demanding work schedules, shift overlaps, continuous exposure to emergencies, illness, and death, as well as concerns regarding the quality of patient care. Furthermore, consistent with the present study's findings, it was reported that these stressors adversely affected nurses' emotional health, leading to an expressed intention to leave their positions.

The transcriptions indicated that burnout among nurses is attributable to their psychological and emotional polarisation within the workplace. The challenging decisions, continuous exposure to distressing conditions (such as illness and death), coupled with the demanding work environment, cultural shocks, social ignorance, and organisational challenges, constitute the primary stressors contributing to emotional exhaustion and depolarisation from the workplace. Consistent with these findings, Leo et al. (2021) noted that burnout is a widespread challenge encountered by nurses working in emergency and intensive care unit settings. In the context of the COVID-19 pandemic, it was emphasised that the physical, psychological, and emotional well-being of nurses remains at considerable risk during such crises. Additionally, the typical workload and emergencies have made it difficult for nurses to balance their professional and personal lives, thereby leading to burnout. A cross-sectional study conducted by Chegini et al. (2019) revealed that 64% of nurses expressed a desire to leave their employment due to stressful circumstances. Moreover, 82.7% of nurses reported experiencing a persistent state of stress influenced by socio-cultural and organisational factors. The research also indicated that 81% of nurses believed their quality of life was negatively affected by inadequate sleep patterns, job insecurity, limited promotional opportunities, and dissatisfaction with work in emergency wards, intensive care units, and operating theatres.

Conclusion

In conclusion, nursing is a highly esteemed profession in which nurses dedicate their efforts to fulfil their professional responsibilities. The socio-cultural environment of Pakistan is hostile toward the nursing profession, as it is stigmatised as contravening religious boundaries. Due to a lack of acceptance and societal polarisation, nurses encountered varied stress factors, especially in public medical contexts. These stressors include stereotypes associated with the nursing profession, bullying, harassment, and character assassination in the workplace. It is generally understood that nurses possess lower levels of education, have inadequate knowledge, and receive lower remuneration. Typically, nurses are deemed less valuable compared to surgeons; however, media representations frequently stigmatise nurses as "antagonistic towards societal norms and values.

Recommendations

Based on the research findings, the authors have presented the following recommendations to mitigate occupational burnout among nurses.

a) Enhancing public awareness and initiating educational campaigns can help dispel stereotypes associated with the nursing profession.
b) The accomplishments of nurses, particularly their leadership roles in patient care and during pandemics, should be emphasised.
c) Creating protective laws for nurses, including measures that promote financial stability, such as higher salaries, can help reduce burnout.
d) Campaigns aimed at raising awareness of anti-bias and stereotypes, when conducted by religious scholars, can effectively counteract the perception of nursing as "anti-religious."

e) Promoting collaborative team-building initiatives among physicians and nursing staff, grounded in trust and mutual respect, can serve as an effective strategy to mitigate professional polarisation among nurses.
f) It is advisable to organise training sessions for physicians to improve their communication abilities with nursing staff.
g) Hospital policies ought to be revised to recognise nurses as key stakeholders rather than subordinates.
h) Religious scholars should participate in promoting awareness of the esteemed nature of the nursing profession and in clarifying misconceptions within Islamic teachings.
i) A strict zero-tolerance policy should be implemented concerning bullying and harassment of nursing staff within hospital environments.
j) Promoting public awareness of the significance of nurses and the sacred protocols of the nursing profession can help alleviate emotional exhaustion among healthcare professionals.
k) Nurses must receive education on effective time management practices to mitigate conflicts arising between professional responsibilities and family obligations.

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