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Exploring Work-Related Stress: Theoretical Perspectives and their Implications for Staff Nurses Performance

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Email: asmat.khattak@gmail.com**ARTICLE INFO****ABSTRACT****Received:**

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The nursing profession is one of the most stressful in the world. The objective of this exploratory study was to explore the theories that explain stress at work and how they affect staff nurses' performance. The results show that many theories have explained job-related stress. The most significant theories are the transactional theories, which have linked workplace stress to the workplace environment. The interactional theories of stress have stated that stress is primarily caused by interactions between environmental and occupational stimuli and an individual's reaction to those stimuli. According to the effort-reward imbalance (ERI) hypothesis, societal norms that emphasize workplace efforts would be a portion of a psychological contract in which those efforts are rewarded with opportunities and compensation. According to the person-environment fit theory, stress at work results from an improper fit between an individual's talents, abilities, resources, and the demands of the workplace. The Job Demand-Control (JDC) theory assumed primary cause of work-related stress was interaction between various psychological demands of workplace specifically related to workload. The Conservation of Resources (COR) Model highlighted importance of general life stressors to be included in the potential stressors present at the workplace as the life events of an individual must have been important to consider in the job performance analysis.

Introduction

Nursing is widely recognized as one of the most stressful professions in the healthcare system. Nurses, particularly those working in government teaching hospitals, often face overwhelming workloads, emotional exhaustion, and inadequate administrative support (Khattak & Ilyas, 2018). These stressors directly affect their job performance, which can result in poor patient outcomes, decreased job satisfaction, and higher turnover rates (McVicar, 2003; Abdulsalam & Mawoli, 2017; Khattak & Ilyas, 2018; Akgunduz, 2015; Naveed et al., 2023). Staff nurses in government teaching hospitals are frequently exposed to intense pressure, which can impair their clinical decision-making, communication, and efficiency (McVicar, 2003; Chang et al., 2006; Qattan, 2017). Organizations in Pakistan need positive culture to gain maximum performance (Khattak, 2025; Alayoubi et al., 2022; Rashed et al., 2022; Cho & Han, 2018).

Numerous theories account for stress, including some that elucidate work-related stress (Ganster & Rosen 2013; Ganster & Rosen 2013). Theories have connected workplace stress to the work environment, particularly the exposure to work situations and the difficulties employees encounter in managing their evaluation (Aspinwall & Taylor, 1997; Guppy & Weatherstone, 1997; Cox, 1993; Harris et al., 2004). The "Job Demand-Control (JDC)" theory posited that the main source of

work-related stress stemmed from the interplay of different psychological demands in the workplace, particularly concerning workload, which encompassed cognitive needs, interpersonal conflicts, emotional requirements, and the degree of skill discretion alongside job control regarding decision-making authority (Karasek, 1979; Beehr et al. 2001).

This research study aimed to explore work-related stress: theoretical viewpoints and their effects on the performance of staff nurses. Numerous studies have indicated that further investigation is required to examine the position of existing theories concerning work-related stress (Weatherstone, 1997; Cox, 1993; Harris et al., 2004). The corporate environment hinders innovation and leads to stress, alongside various other challenges that contribute to work-related pressures (Khattak, 2025).

Literature Review

There are several theoretical models that explain how stress occurs and affects employees in the workplace (Abdulsalam & Mawoli, 2017; Khattak & Ilyas, 2018; Akgunduz, 2015; Naveed et al., 2023). Sharma and Gupta (2023) have highlighted the transactional model in which the cognitive appraisal plays a crucial role. For instance, according to this model, stress is caused by people feeling a deviation from the demands of the job and their resources to fulfil those demands. The stress response process is mediated by coping mechanisms: problem-focused or emotion focused.

At the most basic level, Huth and Chung-Yan (2023) demand control model posits that job demand and decision-making autonomy are interactive processes. High strain job is when high job demands coexist with lack of control over work. Work related stress at high levels affects cognitive functioning, reduces efficiency and job satisfaction and ultimately produces poor performance outcomes (Lemonaki et al., 2021). Under the inverted U hypothesis moderate stress, increased focus and motivation in addition, can improve performance. Although from excessive stress it leads to diminishing returns (where performance goes down because of cognitive overload and emotional exhaustion (Stajkovic & Stajkovic, 2025), but it is not deteriorating.

In addition to work exhaustion, burnout, which is characterized by emotional exhaustion, depersonalization and lowered personal accomplishment, also originates from chronic stress. Employees who experience burnout will no longer be able to perform highly productive work, as well as creating a negative effect on organizational outcome (Edú-Valsania et al., 2022). Errors are produced among nurses, poor patient satisfaction, and compromised care in such situations in healthcare where quality of service is a poor (Kim, 2021; Ellahham, 2021).

Stress in physical symptoms like fatigue, headaches and weakened immune function, all help to hinder productivity. Chronic stress can cause long term health conditions like cardiovascular diseases; therefore, the employee's overall well-being and work capacity will be reduced (Ovsiannikova et al., 2024). These physical and cognitive challenges create a cascading effect in a stressed workforce with these attributes, especially in some more demanding roles, which include nursing. Stubborn work-related stress culminates in burnout which encompasses emotional fatigue, a sense of aloofness and diminished feelings of competence. It does not only impact personal health but also undermines organizational productivity (Garman, 2023). Symptoms of burnout among the nurses include reduced commitment, diminished job satisfaction and increased turnover intention. This also affects truancy in that burnout causes the employees to be out of work to deal with tiredness or sickness arising from stress.

The consequences of absenteeism are that the organization finishes up paying cash not only for the workers' salaries, but also for getting waiver workers throughout the time that the former is out of work. In healthcare facilities, constant absenteeism among the nursing workforce denies continuity of the care process to the target beneficiaries, creates unnecessary pressure on the remaining workforce, and continues to fuel staff stress and burnout (Brown et al., 2022). That is why work-related stress has detrimental impact not only on the sufferers themselves and their opportunities for personal and professional development, but also on the quality of work performed and the qualities of output in general, by which one should mention quality care for patients. Stress in nurses causes poor performance, poor communication and lack of empathy on their side towards the patients. Stress leads to lack of concentration and thus more mistakes in the health sector since issues can go wrong in healthcare facilities (Hofmeyer and Taylor, 2021). On the same note, stressed up nurses are most likely going to have poor communication with their patients and as much as this is not a direct impact of patient dissatisfaction and lower patient satisfaction.

Also, burnout caused by stress reduces the emotional capacity of nurses so that they can also become less caring about the patient (Jun et al., 2021). These challenges are appreciated by inadequate staffing caused by absenteeism, the remaining nurses will lead to higher workload, decreased patient safety, and diminished care quality. It is therefore critical to break down stress that is related to work to promote both staff health and positive patient end results. There are many empirical studies that discuss the role of work-related stress on affecting performance of nurses among which the most relevant to the present study are reported below.

AbuAlRub (2004) enquired impact of work-based stress on performance of nurses working at hospitals along with contribution of social support over this relationship. The data was collected from nurses from 263 American hospital and the other 40 were non-American nurses. The sampling technique was convenience sampling accessed through internet. The empirics revealed social support of colleagues increased the performance and lower stress levels related to workplace. The study found U-shaped curvilinear relationship in the performance and job stress where the nurses at moderate level of stress perceived less performance than those working at either high or low levels of the operative distress. The study concluded social support of coworkers decreased the work stress and enhanced job performance of nurses. The convenience sampling made generalizability questionable for the other research.

Awases et al. (2013) analysed factors which affect performance of nurses in Namibia from 180 nurses selected at random from six hospitals in three regions. The study highlighted lack of system for appraisal, poor working conditions, less recognition of well performing employees and quality performance outcomes were negatively affecting nurses' performance in Namibia. The observed results provided that nearly half of nurses understood the goals of institutions in which they work and their role in it. The study found 38.2 percent of nurses pointed out that no review of their performance was carried out. The study revealed 59.3 percent of respondents disagreed with the fairness of workload and staffing. Moreover, 57.5 percent of nurses disagreed that instruments were in working condition. The study remained inconclusive for various factors as their coefficients sometimes revealed positive and the other times negative. The study pointed out that remuneration was fixed for many nurses that were not associated with experience and the other organisation. The study recommended increasing management capacity, knowledge, expertise and mechanism to improve nurses' performance. However, the study did not directly measure occupational stress or burnout during the empirical analysis (Jamal, 1984)

Eldin et al. (2021) reported that occupational stress resulted in health problems majorly among nurses. The study reported this work stress phenomenon more among nurses employed in hospital critical care units. This study connected the work stress with multiple health disorders to detect its health effects. The results reported stress prevalent among nurses working in critical care unit specifically impacting their psychological health reporting with endocrine functions disturbances and increased inflammatory cytokines. The study pointed out that nurses working in the critical care units tend to work for more working hours than the nurses working for outdoor patients that indicated the working hours could also cause the working stress (Alayoubi et al., 2022; Bilal et al., 2024).

Demir et al. (2025) demonstrated the impact of organizational climate and psychological safety on stress of performance of nurses in Turkey. The study was based on cross-sectional data examining professional stress, psychological safety, digital fatigue, and job performance of nurses. The study highlighted occupational stress decreased job performance, but psychological safety reduced that effect. Moreover, the study indicated digital fatigue increased stress-performance relationship. The study was conducted on Turkey that might not be generalized to Pakistan (Sert et al., 2025).

Ullah et al. (2025) provided cross-sectional analysis of nurses working in of Pakistani hospitals. The study found work-related stress identified workload, lack of professional respect, occupational injuries, and inadequate organizational support as major factors creating stress. Further, psychological counseling was associated with decreasing stress levels. The study supported organizational factors affecting workplace stress and performance (Popkin et al., 2001; Ebrahimi et al., 2021; Rashed et al., 2022; Barpanda & Saraswathy, 2023).

Naveed et al. (2023) attempted to investigate impact of work overload on performance of nurses in Services Institute of Medical Sciences, a tertiary care hospital located in Lahore. The study was based on quantitative analysis of nursing staff in the hospital over the period of six months from June 2022 to December 2022. There were 146 nurses who had participated in data collection using performance and workload questionnaire for nurses with age 25 or above across all departments excluding nursing students; the data was collected after the informed consents. The results revealed that the job performance of nurses, above 70 percent of them, increased in duration of work-related stress with increased reflexes and they utilized short time to manage patients, but the quality care was mostly compromised. The study concluded positive and constructive effect for workload on nurses' performance in the tertiary care hospital in Lahore. However, this study analysis was based on single hospital whose results could neither be generalized for national level nor for international level.

Nugraha et al. (2023) concluded that work overload significantly affected the work-related stress of medical employees working at Morowali Regency Regional General Hospital. The study reported that any increase in patients to be treated by some specified medical employees could result in work overload that affect their performance and patient satisfaction. The study pointed out that work overload caused stress and stressed employees might make mistakes or provide inappropriate attention to patients hindering their performance; the study found work overload posed strong statistical effect on performance of workers. The study highlighted work stress posed high effect on performance of employees in hospital. The increased work overload often increased work stress in medical employees and they might feel stressed and unable to

perform excessive work demands effectively, then the study found work stress playing mediator between work overload and the medical employees' performance at the hospital. The study recommended managing the issue of work overload, by improving planning and schedule management, related to medical employees for reducing work related stress and improvement of their well-being. The study included hospital employees rather than nurses exclusively that reduced applicability.

Purwanti and Ediyono (2022) investigated the workload and performance of nurses in Puskesmas (public health centers) that provide community level services in Banjarnegara District. The study pointed out that with demand rising service delivery has become complex and burdensome for nurses. The study did descriptive correlation analysis, Spearman rank test, over cross-sectional design. The study collected data through questionnaires from 39 respondents, among whom 16 nurses were having high workload and 22 performed fairly. The study found negative correlation between workload and performance and concluded that high workload in nurses would lower nurses' performance in hospitals. However, the study examined workload alone without considering other workplace stressors.

Susiarty et al. (2019) analysed effect of workload and work environment on job related stress and impact on nurses' performance at Mataram City Regional Hospital. The respondents were 128 nurses, all working in the inpatient unit of the hospital. The analysis was based on Partial Least Square (PLS). The empirical results indicated that workload posed positive and significant impact on job related stress, but negative and insignificant impact on job performance. The empirics provided that working environment was negatively and significantly impacting on job related stress while strong and positive impact on performance. The study concluded workplace stress affected negatively and significantly on nurses' performance. Susiarty et al. (2019) pointed out that management of the hospital remained attentive to workload distribution among nurses, suiting their physical capacity, expertise and knowledge which allowed them to perform well. The study was conducted in one hospital and relied on self-reported measures that made results' validity questionable. Yosiana et al. (2020) analysed nurses' performance and the study concluded pleasant work environment became helpful in managing work stress even with heavy workload that improved their performance. However, the study was limited to one hospital which reduced external validity of results.

Eldin et al. (2021) provided that work overload remained the major cause of workplace stress among the nurses and recommended employment of more nurses would reduce workload and could improve their performance. Ahmad et al. (2024) investigated 310 nurses working in 3 Saudi and 2 Pakistani hospitals. The results revealed that role overload escalated stress, counterproductive behaviour of work and lower contextual and task performance. The results indicated that occupational stress mediated role overload impact on every aspect of job performance. The study emphasised the need to lower occupational stress to improve work environment and performance of nurses.

Rashed et al. (2022) investigated perceived nursing workload relationship with work contextual and task performance of full-time nurses working in El Santa Central Hospital through self-administrated report and workload scale for nurses. The results revealed that 26.5 percent of nurses reported high, 30.8 percent of nurses reported moderate, and 42.7 percent of nurses showed low task and contextual performance. The study indicated that majority, approximately 75.5 percent, of nurses perceived work overload. The empirics provided high positive and significant correlation between work overload of nurses and their job tasks and contextual performance. Empirical results highlighted that nurses were assigned with delegated duties and shortage of nurses in the unit created work overload and shortage of time provided to patients which lead to lower and moderate performance of nursing tasks. Moreover, the study revealed perceived nursing workload was having positive and significant mean of education, gender and marital status of the nurses that reflected unfair distribution of workload in which the most workload was reported upon unmarried female technical nurses. The study provided that low collaboration and least support shared in nursing teams created uncomfortable unit environment, and nurses had no time for volunteering due to shortage which ultimately lowered contextual performance of nurses. However, the study was limited to one healthcare setting and relied on self-reported perceptions of workload and performance which made less generalizability.

Zhang (2022) attempted to investigate impact of role overload, perceived work engagement and organisational support on job performance of nurses at work amid COVID-19 pandemic involving job dedication, interpersonal facilitation and task performance. The study included 595 Chinese nurses over November 2020 to February 2021. The study used confirmatory factor analysis, bootstrapping technique and maximum likelihood estimation for testing moderating and mediating process. The results pointed out that work engagement showed partial mediation in the relationships of role overload with interpersonal facilitation and task performance. Moreover, empirics highlighted that work engagement fully mediated the relationship of job dedication and role overload. However, study found moderation impact of perceived organisational support in the relationships between role overload with interpersonal facilitation, task performance and work dedication. The study provided inconsistent results through which role overload connected with job performance through boundary conditions and influence mechanisms. The study concluded that work engagement connected role overload and job

performance. The perceived organisational support revealed as mitigating role to lower impact of role overload for decreasing work performance. The study recommended minimizing the role overload effect by improving administration role and providing supportive organisational environment for improvement of nurses' job performance.

Suryawan et al. (2022) explored determinants of organizational performance of employees working in Malahayti Aceh Organization. The data analysis was based on the entire population of 162 people, and it was analysed through description and verifiability. The description was based on demographic profile of participants; analysis made for analysing sensitivity between variables developed in the study. The results indicated that workload, training on employability and education were revealed significant in affecting poly technique performance. Among all these, the empirics highlighted highest coefficient of workload followed by ability to work in direct effects. The results indicated the indirect effects of education and training combined was more than workload. The study concluded that while using workability as mitigating variables, both education and training need improvement for increasing the performance of the employees. The empirics did not provide significant relationship between moderation groups in short working periods over long service life.

Nguyen et al. (2014) examined perceptions of work overload based on different demographic factors of working Russian adults. The data was collected from 519 Russians. The analysis pointed out that moderate stress range was observed in Russian respondents. Moreover, the study results highlighted similar work overload stress patterns irrespective of differences in respondent's level of education, gender, work experience, age and management experience. The results provided significant differences among people from different religion about work overload stress; Muslims were reported with the high stress score in comparison with Christian and non-practicing believers.

Aslam et al. (2024) provided descriptive analysis of workplace conditions' impact on stress and then on performance of nurses in Lahore, Pakistan. The study was based on descriptive cross-sectional survey of nurses working in public hospitals. The study identified heavy workload, poor staffing, inadequate communication, and limited organizational support among the major workplace stress contributors. However, the study did not directly measure nurses' performance outcomes from the data gathered and its empirical analysis was based on descriptive analysis only which lack the empirical evidence for generalization.

Hee and Kamaludin (2016) investigated that impact of extrinsic and intrinsic motivation on nurses' performance working in private hospitals of Malaysia. The analysis employed Herzberg Two Factor theory which classified factors affecting motivation into two types, the hygiene factors and motivator. Hygiene factors, also known as extrinsic motivation, included relationships with colleagues, work conditions, supervisor quality, wages, policies and rules. Motivator, also known as intrinsic motivation, consisted of recognition, achievement, responsibility, advancement, work and personal growth. The results indicated that both types of motivation were positively associated to performance of nurses. The study empirical analysis excluded public hospitals which made the results questionable for public hospitals.

Illham (2021) investigated interrelationship of work-related motivation and stress on the nurses' performance working at the Malili Public Health Center, East Luwu Regency. The study was based on accidental sampling on cross sectional design. The results revealed that work motivation and stress relationship affected performance of nurses. The study found out of 85 percent nurses who had not observed stress 82.5 percent performed well. Further, the study revealed 97.2 percent motivated nurses performed good. The study recommended making continuous efforts to decrease stress, increase motivation and responsibility in nurses to improve their performance.

Gădălean et al. (2013) evaluated performance of nurses working in laboratory and clinical sectors of the Oncology Institute "Ion Chiricuță" Cluj-Napoca. The study used open choice questions for data collection. The study found 68.6 percent of nurses were satisfied with their performance at the hospital. The survey indicated satisfaction, in 96 percent of respondent nurses, derived from nurses' work as the core reason for motivation towards the increased performance; moreover, the performance of nursing staff was satisfactory according to medical staff as well. The study highlighted that respondent nurses were mostly highly educated.

Ongori et al. (2021) indicated that promotions of nurses were almost non-existent upon training and development which made them de motivated and had affected their performance. Rezeki et al. (2020) analysed the performance of nurses working in emergency section of Datu Beru Takengon General Hospital with perspective of motivation and training. The study based on complete population of 32 nurses. The research performed quantitative analysis using Chi-square. The results revealed that 60 percent of less motivated nurses performed poorly and all motivated nurses performed good. The study found that 57 percent of nurses performed well without training and all the nurses performed well with training. The study concluded deep effect of both motivation and training upon nurses' performance which work in emergency room. The study recommended providing rewards for better performing and sanctions to poor performing nurses for improving their performance. However, the study conducted in a single hospital that limited generalizability of empirical results.

Pundati et al. (2018) attempted to analyse the effect of competence, workload and motivation on nurses' performance at Dr. Arif Zaenudin Mental Hospital, Surakarta, Central Java. The study was based on cross sectional data with the sample of 200. The results highlighted that performance showed direct relationship with competence, workload, work period and motivation. The empirics provided indirect relationship of performance with distance from residence and education. In other words, empirical results highlighted that an increase in motivation, significantly, led to increase nurses' performance. The empirics revealed that a significant relationship existed between nurses' performance and workload; the nurses having easy workloads could performed good while excessive workload could cause physical, emotional and mental fatigue which could endanger the performance of nurses. However, the study was conducted in one hospital only and did not examine occupational stress or burnout.

Al-Hawary and Banat (2017) investigated effect of motivation on nurses' job performance working in private hospitals of Amman. The study sample consisted of 293 valid questionnaires for the analysis. The results pointed out that monetary incentives, like bonuses and rewards, significantly increased the nurses' job performance as it led to increased desire for working outside hospital working hours. The empirics also supported that non-monetary incentives significantly affect the nurses' job performance, because they felt good in their work environment, and created a sense of responsibility that led them to increase the income of hospital by providing quality work. The results highlighted high statistical impact of monetary and non-monetary motivations on nurses' performance. The study recommended providing effective system of performance evaluation and monetary incentives to improve the performance of nurses in the private hospitals. However, in this study public hospitals were not included which limited generalizability of the results.

Oyira and Ademuyiwa (2019) investigated motivation effect on nurses' job performance working at University of Calabar Teaching Hospital, Calabar Cross river state. The study classified motivation into intrinsic and extrinsic motivation that is analysed using Herzberg two factor theory. The study used convenience sampling consisting of 240 respondents. The study investigated presence of validity and reliability for research questionnaire. The results provided that 54.2 percent of respondents pointed out that nurses fulfil own goals by serving patients while 53.8 percent of respondents indicated that nurses did not treat patients as their best interest. The results highlighted that motivation enhanced job performance of nurses. The study indicated that nurses felt lack of motivation due to poor remuneration, inadequate nursing staff, increased workload, burnout and lack of equipment caused major problems for the nursing staff. The study recommended that adequate funding must be provided for procurement of equipment, increase in salaries and regular employment of nurses to enhance motivation and job performance.

Cunha and Suresh (2021) examined effect of motivation on nurses' job performance using descriptive method. The study included data from 100 nurses, picked at random, on duty of private and general wards of a tertiary care teaching hospital. The study found positive effect of motivation on nurses' performance. The study pointed out non-monetary factors including good working environment, management support, retirement benefits, job security and cash bonuses as the most important factors increasing performance of nurses. The study did not find monetary incentives including bonus or salary increase or bonuses among the five major motivating factors. The study recommended both monetary and non-monetary factors to bring motivation to nursing staff that could improve their performance.

Mariati and Mauludin (2018) investigated direct and indirect impact of organizational culture and motivation of work on performance of employees. The study was based on 170 people that were all employees working at Pasuran Regional Secretariat; the empirical results were obtained from Structural Equation Model (SEM). Empirical results indicated that organizational culture impact remained positive and significant on both job satisfaction and workers' performance. Moreover, results pointed out job satisfaction positively affecting employees' performance. The study highlighted that work motivation revealed significant and positive with direct relationship with job satisfaction but did not affect employees' performance. Empirical results pointed out job satisfaction mediated relationship of work motivation and organizational culture with performance of employees.

Deressa and Zeru (2019) analysed level of work motivation according to the perception of nurses and its effect for organizational performance in public and private hospitals of Hawassa. The study pointed out that nurses perceive motivation from motivators, specifically the results revealed that 64.1 percent of nurses believed that prospective encouragement, financial incentives and recognition were the major descriptions of motivation among nurses. The study highlighted that a few respondents perceive motivation from non-financial incentives. Moreover, majority of nurses working in public hospitals were not or less motivated. The study revealed that motivation of nurses provided increased performance at work, good team spirit, job satisfaction, and patient satisfaction.

Nuraena et al. (2024) examined the impact of physical and non-physical workplace environment along with organizational commitment on nurses' performance working in Kendari City Hospital by examining 95 individuals, the census. The results

provided that both physical and non-physical work environment were positively and significantly impacted nurses' performance working in the inpatient. The study found organizational commitment, for the performance of nursing staff, as the most impacting factor of performance that was positive and significant to affect nurses' performance in the inpatient ward. The positive relationship here meant that whenever there was an improvement in organizational commitment, physical or non-physical environment it would increase the nurses' performance working in inpatient ward. The study recommended improving management commitment, physical and non-physical environments of workplace that could enhance their organizational commitment and improving performance of nurses.

Almutairi et al. (2022) had conducted the systematic review of impact of environment on job performance of nurses including English-language articles that were published from 2017 to 2021. The study was conducted on 58 articles based on different countries of the world, so it provided global evidence that the positive change occurred in work environment would increase nurses' job performance. Moreover, the study revealed that organizational climate, commitment and performance were highly correlated. The study pointed out that organizational climate was significantly predicting organizational commitment and performance through simple linear regression. The study concluded from regression analysis that organizational climate would predict the organizational commitment which impacted the organizational performance of public hospitals employees of Saudi Arabia. The study pointed out nursing shortage as the immediate concern in Saudi Arabia and across the globe. The study highlighted healthy work environment for nurses as essential for improving nurses' retention, satisfaction and performance; healthy work environments would make nurses more participatory and satisfied which would provide better job performance and improved patient care which would subsequently enhance financial viability of the healthcare organizations (Akhter et al.,2020).

Sarıköse and Göktepe (2022) analysed the effect of nurses' organisational, individual, professional and workplace environment on work performance in a cross-sectional study. The data was taken from 370 nurses which were working in two university and one private hospitals in Turkey using demographic information, and analysed via descriptive, correlation and regression methods. Empirical results of correlation provided significant and positive relationship between job performance and work environment. The study indicated that staffing, resource adequacy, quality care, ability of nurse manager, support, leadership, education, solidarity of colleagues and level of education were among major factors affecting nurses' performance. The study recommended to consider educational levels, work environment for hiring and support further higher education and professional development for providing colleague solidarity and improving their job performance.

Kadhim and Qassem (2023) attempted find the effect of physical environment of workplace on nurses' performance at workplace in a descriptive analytical in city centre hospitals located in Nasiriyah City/Iraq. The study used purposive sampling to draw the sample consisting of 410 nurses through questionnaire. The content validity was ensured from a panel consisting of 8 faculty experts and reliability measure of internal consistency was having value 0.82 of Pearson correlation coefficient. The study included physical, biological, psychological, security, chemical and social factors of workplace in analysing physical environment. The results revealed huge impact of workplace environment on nurses' workplace performance as the nurses working in poor working environment were at the major risk of getting health problems and performed low in all domains mentioned in the questionnaire. The study recommended to improve work environment continuously in Nasiriyah City hospitals and ensuring regular medical examinations of nurses for preventing diseases in nursing staff and improving their job performance.

Alenezi et al. (2018) compared various indicators of work-related stress among nurses of primary healthcare centres and hospitals. The study was based on analysis of 347 nurses working in five government hospitals and four primary health care centres from February to March 2016. The results indicated that workload was the major source of work-related stress. Moreover, the results highlighted low support, conflicts among nurses and physicians and uncertainty of treatment as major sources of stress. Furthermore, marital status, nationality, age and work position of nurses were significant determinants of stress. The study concluded that work related stress related to working environment. Therefore, the study suggested making policies regarding work environment to control occupational stress of nurses.

Takase et al. (2004) analysed relationship between perceived environment and nurse's performance along with intention to quit job. Analysis was based on survey of focus groups, total of 346 participants. The study results highlighted that the environment with only few professional incentives led to maintained job performance of nurses. The results also indicated that negative characteristics of environment increased intention of nurses to quitting their job. The study results did not support person environment fit theory.

Lan et al. (2025) found out that work environment improved nurses' health, reduced burnout, and increased productivity. The study was based on Taiwan, and analysis was based on SEM from survey data on hospital nurses. The study concluded

that burnout partially mediated the relationship between work environment and productivity. The study provided a strong theoretical framework linking workplace conditions, stress-related outcomes, and performance. However, the study was focused on productivity rather than clinical performance of nurses that decreased generalizability of research results.

Engström et al. (2025) highlighted organizational empowerment and positive work environments decreased stress symptoms and improving job performance. The data was based on cross-sectional survey of 409 telephone nurses of Sweden. The study used CFA, multiple regression, and mediation analysis for empirical investigation. The results indicated that structural empowerment increased job performance and reduced stress symptoms. Further, the study found motivation at work significantly mediated the relationships between structural empowerment and performance of nurses. However, the study involved interview on telephone only which made it a convenience sampling that reduced generalizability to other hospital nurses.

Abd Elhamid et al. (2013) examined role ambiguity and work performance of nurses in Minia University Hospital. The results provided that married nurses had high role ambiguity than the single nurses as single workers emphasis more on the education and training. Moreover, the study found females had more role ambiguity than males. Similarly, the results revealed that young workers faced more role ambiguity. The study recommended conducting an orientation program for providing awareness and knowledge of nurses relating to hospital policy, job description, rules, regulations, responsibilities, equipment, facilities, expectations and standards for performance evaluation. However, the study was limited to one hospital only which lacked generalizability.

Karimi et al. (2014) analysed effect of role conflict and role overload on occupational stress in nurses in Yasuj hospitals located in Iran. The study used correlation method analysis from 135 nurses, using self-administered questionnaires, and sample selected at random from the surgery and emergency departments. The result highlighted a significant, positive and linear relation between role conflict, role overload, role ambiguity and occupational stress. The study utilized multiple regression for determining occupational stress and found nearly 37 percent variation in the job stress was explained by role conflict, role overload and role ambiguity. Results pointed out that major determinant of occupational stress was role conflict. The results indicated that the nurses working more shifts, long hours and dealing with many injured and dying patients felt more stress as highlighted in Job Demand Control Model. Empirics found positive and significant relationships in occupational stress and role conflict which meant nurses encountered various tasks simultaneously observe high stress. The results highlighted positive and significant relationship in occupational stress and role ambiguity which meant that nurses unaware of their goals and objectives remained at high risk of job stress. However, the study examined predictors of stress but did not assess the mechanism of occupational stress affecting nurses' performance.

Coffey et al. (1988) indicated that shift schedule specifically day, afternoon, night and rotating affected work stress and performance of nurses. The study was based on 463 registered nurses that were working in five hospitals. The data analysis indicated that day shift nurses have highest job performance, and nurses on rotating shifts performed the worst. Moreover, rotating shift nurses reported the highest workplace stress, and the night shift nurses experienced least job-related stress. The study indicated the possible reasons for most stress in rotating shift nurses due to their changing patients and group of co-workers with every shift rotation that make it difficult to establish relationships and comfort ability; the reason for night shift less working stress included slow activities, resting patients, less contact with patients and their family members which lower the interpersonal conflicts. Alayoubi et al. (2022) analysed effect of workplace stress on nursing worker's performance in Al-Awda Hospital located on Gaza Strip. Empirics revealed the agreement percentages of nurses over the work stress causes was 64.50 percent from nature of work and 60.1 percent from conflict of roles; relationship of job performance with dimensions of role conflict were statistically significant.

Fauzan et al. (2017) analysed the impact of role ambiguity towards nurses' performance using organizational commitment as mediating factor in Dr. Saiful Anwar Hospital, Malang, Indonesia. The study was based on 80 nurses working, all nurses working, in the emergency room installation through questionnaires. The study conducted empirical analysis using Structural Equation Modelling (SEM) to define variables at first later estimated the relationships; later the estimates were verified using partial least square. The study found role ambiguity significantly affected organizational commitment and later performance of nurses where the increase in the earlier decreased the later. The study suggested that the management must make regulations or policies for enhancing commitment and confidence among nurses because the committed nurses contributed to every role that was assigned to them.

Nasurdin and Khuan (2016) empirically investigated effect of role stressors- specifically role ambiguity and role conflict- on predicting work performance, specifically contextual and task performance. the analysis was based on, regression analysis of, a sample of 136 customer contact employees working in the telecommunication industry of Malaysia. Empirics provided that role conflict revealed negative association with task performance. Furthermore, role ambiguity and role conflict negatively

affected contextual performance. Fried et al. (1998) investigated the interactive effect of role ambiguity and role conflict on job performance from a sample of Israeli industrial organization. The results indicated that role conflict or role ambiguity were associated with low level of job performance.

Azeem et al. (2014) analysed the stress from role and burnout in nurses of a private hospital. Mean scores provided moderate stress and burnout level in nurses. Results highlighted role attached stressors significantly affect all dimensions of burnout. Empirical results indicated role overload significantly predicted emotional exhaustion. Moreover, role overload and role ambiguity revealed significant in predicting depersonalization. Personal accomplishment was predicted significantly by role ambiguity, role boundary and role in sufficient. However, the study results were limited to private hospitals which could not applicable to public healthcare nurses.

Karatepe and Uludag (2008) analysed impact of burnout and role stress on work performance of a hotel employees in Northern Cyprus. Empirics indicated that burnout lowered job performance but the role conflict increased job performance. Empirical results also highlighted that decreasing personal accomplishment negatively affected job performance, but the other burnout dimensions provided no such impact. The empirics highlighted role ambiguity and role conflict increased depersonalization and emotional exhaustion. Moreover, role ambiguity provided positive and significant relationship with lowering personal accomplishment.

Dasgupta (2012) investigated effect of role conflict, role overload and role ambiguity on burnout of nurses along with introducing efficacy of nurses working in private hospitals of Kolkata. Empirics provided that increase in role conflict, role overload and role ambiguity caused enhanced burnout; however, self-efficacy reduced role conflict, role overload and role ambiguity. The study recommended reducing the stressors and increasing efficacy of nurses to reduce burnout. However, the study was limited to private hospitals in one region only that reduced the applicability of results for public hospitals.

Yürür and Sarikaya (2012) examined burnout dimensions in social workers with major impact of role ambiguity, workload and social support. The study included data from 222 social workers in Turkey. The results indicated that work overlord could predict sub dimensions of burnout like depersonalization and emotional exhaustion, but it could not predict personal accomplishment. Empirics highlighted that role ambiguity affected emotional exhaustion and depersonalization positively while it affected negatively to personal accomplishment indicating that the high role ambiguity would lead to high level of burnout. The results did not indicate any direct impact of supervisor support on depersonalization. Moreover, the study was conducted on social workers rather than nurses that limit direct applicability and generalizability of results to healthcare settings.

Bolatov et al. (2025) analysed occupational burnout and its implications on healthcare workers amid COVID-19 pandemic using survey between July and November 2022 in nurses and physicians working in Kyrgyzstan, Uzbekistan and Kazakhstan. The results indicated that physicians reported higher burnout levels from nurses. The study indicated poor work environment and increasing job demands were closely linked to occupational burnout. Moreover, the results indicated that excessive workload, social stigma and lack of appreciation were also causing burnout.

Rosenthal et al. (1983) investigated relationship between burnout and work environment. This study analysed 414 professionals working at Iowa and Missouri Park and Recreation. The results indicated that work pressure, staff support and job clarity were key determinants of environment that were connected to burnout; here the work pressure could be taken as work overload and job clarity could be taken as role ambiguity. The study concluded that work environment determined professional burnout. Therefore, the study suggested providing good management by altering support and other work environment factors, for the employees to decrease their burnout.

Copanitsanou et al. (2017) investigated work environment of nurses and their burnout on the outcomes of nurses and patients through analysis of literature. The systematic review revealed that nurses with work environment as good according to their perception showed low burnout and the patients hospitalized in those units were better satisfied than those admitted in hospital units having poor work environment perception. Empirics concluded good work environment determined high quality care for patients and improved outcomes for nurses.

Zhang et al. (2014) explored that nurses having good environment were scarcely reporting burnout and showed job satisfaction as compared to nurses working in poor environments. And the study indicated that improving environment could help in reducing burnout level of the Chinese nurses. The study highlighted that approximately half hospitals in China were having poor work environment and inadequate staffing and resources. Moreover, study highlighted work environment positively affecting nursing job outcomes. The study recommended to give importance to work environment in order to make better job outcome of nurses. However, the study focused on burnout and turnover intention more than the job performance of nurses.

Wu et al. (2011) analysed effect of work stress on life quality and burnout on nurses and doctors in China including 947 nurses and 685 doctors, all female, using cluster sampling. The results indicated that job burnout in female nurses was caused due to physical environment, role insufficiency and work time that was at least 10 hours in a day. On the other hand, female doctors' burnout was caused by physical environment, role overload and responsibility laid on them. In this way, the job burnout in both groups indicated two different reasons and one same reason that is the physical environment. It highlights the importance of environment in the performance of nurses. The study suggested adopting various measures to reduce burnout in nurses and doctors (Tucker et al., 2010; Constable & Russell, 1986; Lorenz & Guirardello, 2014). Hu et al. (2015) examined the impact of different hazardous factors existing in the working environment on burnout of nurses in Macau. The study recommended better management of work environment to decrease the burnout risk of nurses.

Galletta et al. (2016) analysed burnout through psychosocial determinants on 307 nurses of Italian hospitals. The results indicated that working environment impact all dimensions of burnout that were cynicism, emotional exhaustion and professional inefficiency. The results indicated that emotional exhaustion was determined by limited resources, high workload, professional support, team communication and job control. The results indicated that high workload occasions and low job control caused higher burnout among nurses. The study recommended to foster positive working environment for improving health care quality. However, the study did not directly measure nurses' job performance.

Nogueira et al. (2018) investigated association between work environment and burnout domains using 745 nurses' data across 40 public health institutions located in Sao Paulo. The results indicated that work environmental characteristics including autonomy, control over environment and organizational support were majorly related to burnout dimensions. The results highlighted that emotional exhaustion was among major characteristics reported in the organizations with poor working environment; after that, depersonalization was present in institutions with unfavourable working conditions.

Surana and Singh (2013) investigated burnout in the call centres of India through a quantitative study of 303 customer service representatives. The study results indicated that work overload and role conflict remained positively and significantly connected with burnout. Further, role ambiguity had negative and significant relationship with burnout. The study was conducted outside the healthcare sector which reduced the applicability of job performance of nurses. (Saraih et al., 2024).

Rehman et al. (2015) analysed effect of burnout on performance of workers of banking industry in Pakistan. The data included 322 sales officers, and it was analysed using regression analysis. The results provided that burnout positively and significantly affect performance of sales officers. Moreover, performance and satisfaction were closely and positively related, but these were negatively related to burnout and role ambiguity. The study recommended providing clear job description, unified set of commands, achievable targets matching capabilities of employees and appropriate training to entrance. The study highlighted that this model could be replicated for the other industries in order to generalize the results (Kurniawati et al., 2023) .

Ziaei et al. (2015) examined link between burnout and workload in administrative staff of Kermanshah University of Medical Sciences in Iran. Empirical analysis included 240 participants, and analysis was based on descriptive statistics and variance. Empirical results provided significant correlation between burnout and work experience, gender, age and education level. The empirics showed significant relationship of burnout and workload. The study concluded significant correlation between workload and burnout indicating that low workload would be necessary to decrease job burnout and improve performance of employees (Panari et al., 2019; Pak et al., 2025; Mwakyusa & Mcharo, 2024) .

Manlove (1994) analysed childcare workplace for exploring effect of occupational stress and social support to staff burnout. The study included 188 childcare workers mostly working in rural areas of Pennsylvania; the analysis based on hierarchical multiple regression. Empirical results indicated role ambiguity and role conflict together predicted significant variation in all three dimensions of burnout which were personal accomplishment, emotional exhaustion and depersonalization (Brummelhuis et al., 2011; Swakowska et al., 2025; Putri et al., 2026; Baljoon et al., 2018; Skar (2010) .

Tesluk and Jacobs (1998) highlighted that work experience was basically connected to seniority and tenure in various human resource functions, but research is based on experience usually proceed without acknowledging the need for appropriate design for experience context. Sinambela and Ernawati (2021) investigated effect of experience, work motivation and ability on employees' performance of a distributor company located in Surabaya city. The study recommended providing work experience to the employees for improving their performance. The study also suggested providing training to enhance the capability of employees, and motivating employees to enhance their performance.

Layek and Koodamara (2024) analysed the effect of extrinsic and intrinsic motivation on employees' performance keeping work experience as moderating variable. The analysis was based on data from 250 teachers working in West Bengal India. The study emphasized work experience and motivation role in increasing performance specifically after pandemic era.

Ramdhan (2019) analysed impact of work experience and motivation on performance of employees working at Perkasa Sakti in Cimone. The results concluded that both motivation and work experience determined employees' performance simultaneously, and they explained approximately 63.2 percent variation in job performance.

Nugroho et al. (2023) enquired about the effect of work experience, education and motivation on teachers' performance working at one of vocational schools. The study concluded that its objective was achieved through the positive relationship of work experience and motivation with job performance, but its objective was not achieved when education and employee's performance relationship was revealed to be significant and negative. Wahyudi et al. (2023) examined effect of motivation on job performance of employees while this relationship was mediated by work experience. The results indicated that motivation positively and significantly impacted on performance.

Dewi (2021) investigated the impact of motivation of employees on their job experience and competence on performance of employees. The study indicated competency as the most affecting variable to the employee's performance. The study pointed out that employees' performance could not be enhanced from effect of motivation, work experience and competence. Aprila and Wibawa (2020) investigated impact of experience on motivation and organizational culture on performance of employees. This study suggested enhancing work experience of employees to decrease the risk of mistakes and ensuring comfortability of employees through safe work environment to increase the performance of employees.

Masriah (2020) investigated effect of work experience and motivation on productivity of employees. The results highlighted that both motivation and work experience impacted productivity of employees simultaneously and significantly, and that explained 60.9 percent of productivity of employees. Chang and Hancock (2003) examined role stress and role ambiguity in newly graduated nurses first in two to three months after employment and later compare it with 11-12 months after employment. The study pointed out that job satisfaction was significant and negative with role ambiguity and role stress in first few months; relationship of role ambiguity and job satisfaction remained significant and negative after many months but the correlation role overload with job satisfaction became insignificant (Fernández-Feito et al., 2019).

The Cognitive Resource Theory (CRT) supports the idea that individuals rely more on experience than intelligence in high-stress situations. According to CRT, under stressful conditions, experienced individuals perform better because they can draw on learned behaviours and decision-making patterns (Fiedler, 1986). In the context of nursing, this theory implies that experienced nurses are less affected by stress in terms of performance.

Several studies have suggested that work-related outcomes are influenced by professional experience as a moderating factor. A study by Chang et al. (2006) found that experienced nurses were more resilient to emotional exhaustion caused by job stress compared to their less experienced peers. Yildirim and Aycan (2008) observed that work-family conflict had a weaker impact on job performance for nurses with longer experience, suggesting a moderation effect. Chiang and Chang (2012) reported that nurses with higher professional tenure experienced less performance decline under high stress, attributing this to enhanced coping abilities.

Many theories have explained job-related stress (Ganster & Rosen 2013; Ganster & Rosen 2013). The transactional theories have linked workplace stress to the workplace environment (Aspinwall & Taylor, 1997; Guppy & Weatherstone, 1997; Cox, 1993; Harris et al., 2004).

The interactional theories have explained that stress is primarily caused by interactions between environmental and occupational stimuli and an individual's reaction to those stimuli (Lazarus & Launier, 1978). The effort reward imbalance (ERI) theory stated that workplace efforts would be a portion of a psychological contract in which those efforts are rewarded with opportunities and compensation (Siegrist, 1996). According to the person-environment fit theory, stress at work results from an improper fit between an individual's talents, abilities, resources, and the demands of the workplace (Caplan 1987, French et al., 1982; Dawis & Lofquist, 1984; Walsh & Holland, 1992; Law et al., 1996; French et al., 1974; Takase et al., 2004; Dawis, 2000; Takase et al., 2004).

The job demand control (JDC) theory assumed primary cause of work-related stress was interaction between various psychological demands of workplace specifically related to workload which included cognitive requirements, interpersonal conflict, emotional demands, and skill discretion and job control about the decision authority (Karasek, 1979; Beehr et al. 2001). The conservation of resources (COR) model highlighted importance of general life stressors to be included in the potential stressors present at the workplace as the life events of an individual must have been important to consider in the job performance analysis. (Hobfoll, 1989; Halbesleben et al. 2014).

Teaching hospitals affiliated with government in Pakistan have numerous issues which contribute towards the stress related to workplace among nurses. These include overcrowded wards, shortage of supplies, and inadequate staffing, leading to

working overloaded (Aslam et al., 2024). Finally, high patient densities in these hospitals acting on their limited staff and human resources cause them to burnout through insufficient patient attention due to time constraints. Also, the poor health facilities including poorly equipped wards, and old medical equipment compounded with perceived inadequate and ill-prepared staff increases the stress level of the health care workers (Adebanjo, 2024).

Added to this is the fact that financial cut within the healthcare system as a result of inefficient financial management makes it even harder. Nurses employed in government teaching hospitals are known to be overworked, underpaid, receive meagre allowances and are even denied their salaries for many months this makes them to lack motivation (Zulu et al., 2024). Such an economic instability plays a role in raising stress levels among the nursing staff who already practice in challenging and economically constrained institutions.

Several cultural and organizational factors of the Pakistani origin contribute greatly to work related stress and its best practices. Autocratic organizational cultures in Pakistani context particularly in the workplace are vertical and limit participation thereby reducing the ability of professional nurses to report difficult situations or seek backup from their seniors (Recla-Vamenta et al., 2023). Lack of these powers in nursing staff simply adds to feelings of hopelessness and stress, concluded the authors. Social support is an important factor in nursing profession in Pakistan. However, one important theory of demand control support (DCS) disregarded the moderating effects of social support over the system of major variables (Johnson and Hall, 1988; Van der Doef & Maes, 1999; Cox et al., 2000).

Stress in the predominantly woman nursing workforce is also exercise by gender dynamics. Socializing factors have it that women are always under pressure to perform their corporate duties with their domestic roles too compared to male nurses. Sustaining these two roles can be a source of burnout and may lead to deterioration of one's performance in the job (Gauci et al., 2023).

Stress is also as a result of organizational factors that include poor leadership, role ambiguity stress and ineffective performance management systems. Khazaei et al. (2024) observed that many government hospitals fail to provide proper programs to enhance stress reducing coping strategies or professional development orientation for the nurses to help them face organizational challenges. To achieve improved staff, care levels, these cultural and organizational barriers need to be addressed.

Summary of important research studies is presented in Table 1.

Table 1: Summary of Research Studies

Author(s)	Country	Data Type and Method	Principal Findings
Abdulsalam and Mawoli (2012)	Nigeria	Cross-sectional using descriptive statistics and multiple regression	Motivation both intrinsic and extrinsic significantly predicted employees' job performance.
Dasgupta (2012)	India	Cross-sectional survey among private hospital nurses using SEM	Role ambiguity, role conflict, and role overload significantly increased burnout.
Yürür and Sarıkaya (2012)	Türkiye	Cross-sectional survey using hierarchical regression analysis	Workload and role ambiguity significantly increased burnout, whereas social support reduced burnout levels.
Abd Elhamid et al. (2013)	Egypt	Descriptive correlational cross-sectional study	Role conflict and role ambiguity significantly reduced nurses' performance.
Awases et al. (2013)	Namibia	Descriptive survey among professional nurses in public hospitals	Nurse performance was significantly influenced by professional development opportunities, adequate staffing and resource availability.
Surana and Singh (2013)	India	Quantitative survey using regression analysis	Role ambiguity, role conflict, and work overload significantly increased employee burnout.
Azeem et al. (2014)	Pakistan	Cross-sectional survey among nurses in private hospitals using correlation and regression analyses	Occupational stress was positively associated with burnout that reduced nurses' quality of work. Workload contributed to stress.
Karimi et al. (2014)	Iran	Cross-sectional survey among nurses using standardized instruments	Role overload, role conflict, and role ambiguity significantly increased occupational stress among nurses.
Zhang et al. (2014)	China	Cross-sectional survey using	Positive hospital work environments significantly

				multivariate regression analyses	reduced burnout while experienced nurses provide better performance.
Galletta et al. (2016)		Italy		Cross-sectional survey of hospital nurses using validated instruments	Burnout was significantly associated with heavy workload. Favorable work environments reduced burnout.
Hee and Kamaludin (2016)		Malaysia		Cross-sectional survey using regression analysis of nurses working in private hospitals	Motivation had a significant positive influence on nurses' job performance.
Al-Hawary and Banat (2017)		Jordan		Regression analysis in private hospitals	Employee motivation significantly improved nurses' performance.
Cho and Han (2018)		South Korea		Multilevel modeling study using survey data from hospital nurses	Positive nursing work environments and supportive leadership improved nursing performance.
Pundati et al. (2018)		Indonesia		Cross-sectional study among hospital nurses using multiple logistic regression	Motivation and competence significantly improved nurses' performance, but excessive workload decreases work performance.
Deressa and Zeru (2019)		Ethiopia		Mixed-method study of nurses working in public and private hospitals	Work motivation significantly improved organizational performance.
Susiarty et al. (2019)		Indonesia		Path analysis among nurses working in inpatient departments	Heavy workload significantly increased job stress which negatively affected nurses' performance.
Akhter et al. (2020)		Bangladesh		Cross-sectional study using descriptive and inferential statistics	Positive workplace environment, teamwork, and safe working conditions significantly improved nurses' performance.
Rezeki et al. (2020)		Indonesia		Quantitative study of nurses in a public hospital using multiple regression analysis	Both motivation and professional training significantly improved nurses' performance.
Yosiana et al. (2020)		Indonesia		Data analysis using SEM	Workload significantly increased job stress, while supportive work environments reduced stress.
Dewi (2021)		Indonesia		Analysis using multiple regression analysis	Work experience, competence, and motivation were significant predictors of employee performance.
Alayoubi et al. (2022)		Palestine		Cross-sectional survey using multiple regression analysis	Increased workload, role conflict, and time pressure reduced performance of nurses.
Purwanti and Ediyono (2022)		Indonesia		Quantitative correlational study involving hospital nurses	Heavy workload was significantly associated with reduced nursing performance.
Rashed et al. (2022)		Egypt		Descriptive correlational and regression analyses of study among hospital nurses	Perceived nursing workload was negatively associated with both task performance and contextual performance.
Kadhim and Qassem (2023)		Iraq		Descriptive cross-sectional study	A supportive physical work environment significantly enhanced nurses' job performance.
Kurniawati et al. (2023)		Indonesia		Multiple regression and path analysis	Work motivation positively influenced performance. Burnout emerged as an important mediator between workload and performance.
Noor et al. (2023)		Pakistan		Cross-sectional survey conducted among nurses using structured questionnaires	Heavy workload, staffing shortages, interpersonal conflicts, inadequate organizational support, and long working hours were significant determinants of work-related stress among Pakistani nurses.
Nugraha et al. (2023)		Indonesia		Path analysis to examine relationships among variables of employees working in a public hospital	Work overload significantly increased work stress, while higher stress levels significantly reduced employee performance.
Ahmad et al. (2024)		Saudi Arabia		Cross-sectional survey using SEM	Occupational stress and excessive workload significantly reduced nurses' job performance.

Aslam et al. (2024)	Pakistan (Lahore)	Descriptive cross-sectional survey of nurses in public hospitals	Heavy workload, inadequate staffing and poor communication were major workplace difficulties creating stress.
Bilal et al. (2024)	Pakistan	Cross-sectional using PLS-SEM	Occupational stress significantly reduced psychological well-being and indirectly work effectiveness of nurses.
Sert et al. (2025)	Türkiye	Cross-sectional correlational study	Higher depression, anxiety, and stress were significantly associated with reduced work motivation, and lower perceived quality of patient care.
Engström et al. (2025)	Sweden	Cross-sectional survey of nurses using Confirmatory Factor Analysis, multiple regression	Motivation and work environment improved performance.
Demir et al. (2025)	Türkiye	Cross-sectional study	Occupational stress significantly reduced job performance, due to psychological safety hazards.
Mansoor and Jabar (2025)	Iraq	Descriptive quantitative study of 300 nurses in teaching hospitals	Higher burnout levels were associated with poorer work performance.
Lan et al. (2025)	Taiwan	SEM using survey data from hospital nurses	Supportive work environments improved nurses' physical and mental health, reduced burnout.
Pak et al. (2025)	Türkiye	Cross-sectional survey using SEM	Both role ambiguity and role conflict significantly increased employee burnout.
Swakowska et al. (2025)	Germany	Cross-sectional study using correlation and multivariable regression	Motivated nurses demonstrated lower burnout levels. Organizational support contributed to reducing burnout.
Ullah et al. (2025)	Pakistan	Cross-sectional survey of hospital nurses	Work-related stress significantly associated with workload, occupational injuries, and inadequate organizational support.
Putri et al. (2026)	Indonesia	Cross-sectional study using SEM	Burnout did not fully mediate the relationship between workload and performance.

Research Methodology

The study employed an exploratory literature review approach to explore the current theories that explain work-related stress and their impact on the performance of nursing staff. Previous research has been conducted using the exploratory design (Koseoglu & Bozkurt, 2018) because it provides a broad approach to investigating the topic. Soufan et al. (2022) have stated that exploratory literature review is a more sensible method for exploring a phenomenon. Thematic analysis (Braun & Clarke, 2006) was carried out to identify the relevant themes and insights (Creswell & Creswell, 2028; Creswell & Poth, 2016).

Analysis and Result

This study was carried out to explore the work-related stress: theoretical viewpoints and their impact on the performance of nursing staff. Many theories have explained stress in general, and some have explained job related stress. The following theories were identified and explored.

Transactional Theories of Work-Related Stress

The transactional theories have associated workplace stress with the workplace environment particularly exposure to workplace scenarios and difficulties the employees face to cope with their appraisal. Usually, the experience of workers has been followed by struggles to face challenges by changing behavior and psychological functioning for coping with the underlying issue (Aspinwall & Taylor, 1997; Guppy & Weatherstone, 1997). Majorly, transactional theories have suggested that stress at workplace has result of transaction between work environment and the individuals in which the challenges in the environment could tax resources of workers which ultimately threaten their performance and wellbeing (Lazarus & Folkman, 1987). Later, the modifications in this model suggested that the worker appraisal of the underlying transaction and environment have provided better explanation of the casual relationship in workplace stress and physiological and psychological mechanisms that explained this process. In this way, the work environment and the way individuals perceive it could be the cause of high work stress and low performance.

However, the individual possesses different skill sets which differentiate appraisal of capabilities and demands that could be affected by many factors including but not limited to personality, situational demands, coping skills, time lapses, previous experiences, and some already existing stress state (Prem et al. 2017). In the multidisciplinary review provided by Ganster and Rosen (2013) there was a broad consensus indicating that stressors particularly show their impact through how an individual, in the circumstances, perceive and evaluate these.

Another modification of transactional theory highlighted the internal and external factors of workplace stress (Cox, 1993). In this theory the most important factors included stressor's sources, stressor's perceptions with the ability to cope, physiological and psychological changes accompanying the recognition of arising stress, perceived ability and consequences of coping and also the general feedback coming from this whole process.

However, the major criticism on these transactional theories explaining workplace stress remained the appraisal which have been considered too simplistic concept that ignored the history, identities, goals and future of individuals which otherwise should be considered for explaining the workplace stress (Harris et al., 2004). Moreover, transactional theories explaining work related stress did not acknowledge the results of coping specifically related to social contexts and involved in interpersonal interactions (Lazarus, 2006).

Interactional Theories of Stress

The interactional models, in general, emphasized that base of stress was the outcome of interaction of stimulus from environment, the workplace, associated with response of individual about the stimulus (Lazarus & Launier, 1978). This interaction could be the outcome of so many types of stimuli; therefore, these theories have been different from each other based on nature of stimuli and its response. The theories most important for the current study are stated as follows:

Effort-Reward Imbalance (ERI)

This theory assumed that the societal norms have highlighted efforts at workplace would be a fraction of psychological contract in which the workplace efforts have rewarded with remuneration and opportunities (Siegrist, 1996). Then, the stress occurred when an individual believed that there were imbalances in that contract. For instance, the two people having the same responsibilities could receive different monetary benefits, uneven workload, or access to the tool that could be used to perform the work better; in such cases the vulnerable person that have more workload, less opportunities or monetary rewards would be exposed to the workplace stress that would in turn affect the job performance of individuals. However, it is important to note that in the transactional theories of stress the individuals evaluate the imbalances, essentially from their colleagues and coworkers, but in ERI the stressor could be part of everyday occurrence that did not need any formal evaluation or appraisal.

Person-Environment Fit theory

This theory was one among the foremost theories of work-related stress explained through interactional theories suggesting that the stress at workplace happened because of inappropriate fit between skills of individual, abilities, resources and work environment demands (Caplan 1987, French et al., 1982). This theory allowed number of interactions that could cause the work-related stress; these interactions might happen between subjective perceptions and objective realities and, or, between individual and environmental variables. The major cause of workplace stress in it remained the lacking fit between either the extent by which the environment of workplace fulfilled the needs of workers or the degree by which the attitudes and abilities of an employee meet the requirements and demands of the work (French et al., 1974).

According to person environment fit theory when employees perceived they are fit with environment then they would manifest favorable work behaviors (Takase et al., 2004). For example, the employees perceiving needs for recognition and autonomy when they get actual provision of recognition and autonomy through institution then their job performance would increase and they would have low intention in quitting their job. On the other hand, the employees perceived incompatibility of their needs with environmental characteristics, they would experience dissatisfaction and frustration which would result in lower job performance (Dawis & Lofquist, 1984; Walsh & Holland, 1992; Law et al., 1996; Dawis, 2000). According to this theory, when there is a fit between nurses' perception of environment and the actual environmental characteristics then job performance would be better (Takase et al., 2004).

Job Demand-Control (JDC)

This theory assumed primary cause of work-related stress was interaction between various psychological demands of workplace specifically related to workload which included cognitive requirements, interpersonal conflict, emotional demands, and skill discretion and job control about the decision authority (Karasek, 1979). The skill discretion meant the breadth of

skills required to perform the work while job control was explained by agency for making work-related decisions. The JDC model depicted the consequences of the psychological strain providing that workers experiencing high job demands along with less control over decisions at work might experience strain and psychological distress related to work (Beehr et al. 2001).

Demand Control Support (DCS)

The earlier versions of JDC theory were simple and ignored the role of moderating impacts of social support over system of major variables. The DCS theory has been the modified form of JDC which emphasized upon the importance of social support, might act as buffer, in coping with the situations with high demand at workplace (Johnson and Hall, 1988). The theory focused on mechanism provided by social support could moderate negative effects of job stress, then the most vulnerable group at risk of facing work-related psychological distress would be those individuals facing high job demands along with less control and poor social support (Van der Doef & Maes, 1999). Being modified form of JDC, the DCS also acknowledged the role of decision autonomy and perceived job demands of the individual while indicating effect of workplace stress on health and performance of employees (Cox et al., 2000).

The Conservation of Resources (COR) Model

The COR model highlighted importance of general life stressors to be included in the potential stressors present at the workplace as the life events of an individual must have been important to consider in the job performance analysis. The inclusion of family, life and work dimensions to explain the stress on workplace in COR model made it the integrated model encompassing several stress theories (Hobfoll, 1989). The individuals attempted to maintain existing resources and obtain new resources. According to COR theory, when an individual loses resources or has threat of losing these then it resulted in stress. The resources could be psychological such as job security, reinforcement contingencies, constructive rewards, autonomy, control participation in decision making, decision authority, opportunities for professional development, self-esteem, self-evaluation, self-efficacy, emotional stability, locus of control, time, energy, family-friendly workplace policies and social support from supervisors, co-workers, spouse and customers (Halbesleben et al. 2014).

The stressors included the loss, or threat of loss, of resources, for instance losing one's home, self-esteem, finances, relationship status or time. The conflicts at workplace might cause stress because it could create loss of resources including social support, time and energy (Hobfoll, 2001). The management of roles in the process might result in anxiety and job dissatisfaction, but some other resources, for instance self-esteem, could moderate such stress and conflicts (Hobfoll, 2002). The COR model presented the basic tenets including resource loss was more prominent than resource gain; investment must be done to gain resources, protect from lose and recovery from loss of resource; individuals having more resources would better for obtaining more resource; individuals having less resources would experience resource losses; the losses of initial resource might create future losses as well; the gains of initial resource might provide gains in future (Halbesleben et al., 2014).

Discussion and Conclusion

This exploratory literature review study was conducted to explore the work-related stress: theoretical perspectives and their implications for staff nurses performance.

Many theories have explained job-related stress (Ganster & Rosen 2013; Ganster & Rosen 2013). The most significant theories are the transactional theories, which have linked workplace stress to the workplace environment, specifically exposure to workplace scenarios and challenges employees face in coping with their appraisal (Aspinwall & Taylor, 1997; Guppy & Weatherstone, 1997; Cox, 1993; Harris et al., 2004).

According to the interactional theories of stress, stress is primarily caused by interactions between environmental and occupational stimuli and an individual's reaction to those stimuli (Lazarus & Launier, 1978). According to the effort-reward imbalance (ERI) hypothesis, societal norms that emphasize workplace efforts would be a portion of a psychological contract in which those efforts are rewarded with opportunities and compensation (Siegrist, 1996). According to the person-environment fit theory, stress at work results from an improper fit between an individual's talents, abilities, resources, and the demands of the workplace (Caplan 1987, French et al., 1982; Dawis & Lofquist, 1984; Walsh & Holland, 1992; Law et al., 1996; French et al., 1974; Takase et al., 2004; Dawis, 2000; Takase et al., 2004).

The job demand control (JDC) theory assumed primary cause of work-related stress was interaction between various psychological demands of workplace specifically related to workload which included cognitive requirements, interpersonal conflict, emotional demands, and skill discretion and job control about the decision authority (Karasek, 1979; Beehr et al.

2001). The conservation of resources (COR) model highlighted importance of general life stressors to be included in the potential stressors present at the workplace as the life events of an individual must have been important to consider in the job performance analysis. (Hobfoll, 1989; Halbesleben et al. 2014). The demand control support (DCS) theory, which was a modified version of JDC, was straightforward and disregarded the moderating effects of social support over the system of major variables (Johnson & Hall, 1988; Van der Doef & Maes, 1999; Cox et al., 2000).

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