

IMPORTANCE OF MENTAL HEALTH AT WORKPLACE AND ASSOCIATED FACTORS AMONG NURSES OF A TERTIARY CARE HOSPITAL OF LAHORE

Attiyia Yousaf¹, Zainab Nasrullah², Syed Zain ul Abideen³

¹Charge Nurse, Govt. Jinnah Teaching Hospital, Lahore

²Charge Nurse, Mayo Hospital, Lahore

³BSN, University of Lahore

DOI: <https://doi.org/10.5281/zenodo.20047295>

Keywords

Mental Health, Workplace Stress, Nurses, Awareness, Burnout, Tertiary Care Hospital, Pakistan, Occupational Health, Stigma, Job Satisfaction

Article History

Received: 11 March 2026

Accepted: 21 April 2026

Published: 06 May 2026

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Corresponding Author: *

Attiyia Yousaf

Abstract

Mental health in the workplace is a critical component of healthcare quality, workforce sustainability, and patient safety, particularly among nurses who form the backbone of healthcare systems. In the post-COVID-19 era, there has been a substantial rise in psychological distress among nurses, including anxiety, depression, burnout, and post-traumatic stress disorder. These challenges are more pronounced in low- and middle-income countries such as Pakistan, where healthcare systems are often overburdened and lack structured mental health support mechanisms. Workplace stressors including heavy workload, staff shortages, workplace violence, limited managerial support, and stigma contribute significantly to poor mental health outcomes among nurses. Despite growing awareness globally, the implementation of effective workplace mental health programs remains inadequate, particularly in tertiary care settings in Lahore.

OBJECTIVES

This study aimed to assess the level of awareness regarding the importance of mental health in the workplace among nurses in a tertiary care hospital in Lahore. It further sought to identify key demographic, occupational, and organizational factors associated with nurses' mental health and to explore barriers and facilitators influencing the implementation of workplace mental health support programs.

METHODOLOGY

A descriptive cross-sectional study design was utilized. The study was conducted at Jinnah Hospital, Lahore, over a two-month period. A total of 151 registered nurses were selected using a non-probability convenience sampling technique. Data were collected through a structured, self-administered questionnaire comprising demographic variables, mental health awareness items, and workplace-related factors measured on a Likert scale. Ethical approval was obtained, and informed consent was ensured. Data analysis was performed using SPSS version 25, applying descriptive statistics (frequencies, percentages) and inferential tests, with a significance level set at $p < 0.05$.

RESULTS

The findings indicated that the majority of participants were young (78.1% aged 21–28 years), female (84.8%), and had limited professional experience (76.8% with 1–5 years). Overall, 57.6% of nurses acknowledged the importance of

mental health in maintaining well-being, while 49.7% recognized that mental health problems are common among healthcare professionals. Only 40.3% reported receiving adequate mental health training, highlighting a significant educational gap. A strong majority agreed that promoting mental health improves job satisfaction (66.0%) and patient care quality (61.0%). However, institutional support was limited, with only 36.4% reporting availability of counselling services and 50.3% indicating absence of regular stress management programs. Stigma remained a key concern, as 52.0% perceived its presence and only 38.4% felt comfortable discussing mental health issues. Additionally, 45.3% of respondents believed that hospital administration does not adequately address stress-related concerns.

CONCLUSION

The study concludes that although nurses demonstrate moderate awareness regarding the importance of mental health, significant gaps persist in training, institutional support, and stigma reduction within tertiary care settings in Lahore. Workplace mental health is influenced by multiple interrelated factors, including organizational policies, workload, and sociocultural perceptions. Addressing these challenges through structured training programs, policy integration, and stigma reduction strategies is essential to enhance nurses' well-being, improve job performance, and ensure high-quality patient care. Strengthening workplace mental health should be considered a strategic priority for healthcare systems in Pakistan.

INTRODUCTION

1.1 Background of the study

Mental health issues among nurses are widespread, significantly impacting both the workforce and healthcare systems. During the COVID-19 pandemic, at least one in four nurses globally reported anxiety, depression, or burnout, described as a "pandemic within a pandemic" (Ghahramani et al., 2021; Yunitri et al., 2022). As the largest group of healthcare providers, nurses are critical to health promotion, disease prevention, and delivering primary and community care (GBD 2019 Human Resources for Health Collaborators, 2022). Yet, the global failure to protect nurses' mental health threatens global health, demanding urgent action (ICN, 2022; WHO, 2022a).

Multiple factors affect nurses' mental health, with consequences for individuals, organizations, and society. The Nurses' Health Study (1976, USA) and cohort studies in Denmark, Japan, Thailand, and South Korea have explored interactions between mental health outcomes and individual, behavioral, organizational, and socio-environmental factors (Qureshi et al., 2022).

These challenges harm nurses' physical health and quality of life, reduce care quality, and increase patient safety risks (Yunitri et al., 2022; Moretana et al., 2022). They also drive turnover and worsen the global nursing shortage, with the International Council of Nurses estimating a need for 13 million nurses in coming years (ICN, 2022). Early identification and intervention are vital to mitigate these outcomes (Moretana et al., 2022). However, research is limited by reliance on cross-sectional studies and narrow focuses on single variables, underscoring the need for comprehensive cohort studies to guide effective public health policies (Kim et al., 2021; ICN, 2022).

The World Health Organization (WHO) defines mental health as a state in which individuals realize their abilities, cope effectively with normal life stressors, work productively, and contribute to their communities (Levav & Rutz, 2002; WHO, 2022a). In the workplace, mental health can be understood as a balance between cognitive, emotional, social, and relational well-being, enabling employees to manage challenges and seek appropriate help when necessary (WHO, 2022).

Globally, mental health concerns in workplaces have reached alarming levels. Mental health issues affect one in four employees during their working lives, with 42% of workers reporting high or very high stress levels (Chartered Institute of Personnel and Development, 2021; Flex Jobs & Mental Health Survey, n.d.). Stressful work environments significantly increase the risk of mental health disorders among employees (Moitra et al., 2022). Poor mental health is not only linked to psychological issues but also to physical health problems, including hypertension, diabetes, and cardiovascular disease (Wang et al., 2022).

In many low- and middle-income countries (LMICs), mental health remains a low-priority issue despite its recognized impact on public health (Lawn et al., 2021). Over 85% of the world's population lives in LMICs, and more than 80% of individuals with mental disorders reside in these regions (Ghahramani et al., 2021). By 2030, depression alone is projected to become the third leading cause of disease burden globally (Moretana et al., 2022).

Socioeconomic factors like poverty, urbanization, migration, social inequities, gender bias, and lifestyle changes significantly contribute to mental health issues in many countries (Scoglio et al., 2023). Workplace stressors, such as uneven workloads, lack of autonomy, interpersonal conflicts, discrimination, and toxic organizational cultures, further worsen mental health among employees, leading to reduced productivity, absenteeism, caregiver strain, and, in severe cases, human rights violations (Chartered Institute of Personnel and Development, 2021; Moitra et al., 2022).

Workplace mental health awareness programs aim to address these issues by tackling root causes rather than just treatment, promoting work-life balance, respectful cultures, conflict resolution, employee decision-making, and training opportunities (WHO, 2022; Hulls et al., 2022). However, these programs often focus more on female employees, leaving male workers underserved (Moitra et al., 2022).

Mental health nursing (MHN) is a high-stress specialty requiring significant emotional labor to build therapeutic relationships. Mental health

nurses frequently face complex crises, including violence and aggression, with over 80% experiencing workplace violence within two years (Qureshi et al., 2022; Scoglio et al., 2023). These incidents disrupt patient relationships and demand strong empathy and conflict management skills to ensure safety and trust. Additional stressors include workplace bullying, the high acuity of patients, shortages of staff and resources, and poor managerial support (Foster et al., 2021; Hilton et al., 2021; Weitzer et al., 2022). These stressors can lead to severe psychological consequences, including burnout, compassion fatigue, anxiety, depression, PTSD, and substance misuse (Yunitri et al., 2022; Kim et al., 2021). Prolonged exposure to workplace stress may also cause physical health issues such as chronic insomnia and exhaustion (Foster et al., 2021).

Although international research on MHN stressors is growing, much of it remains quantitative and lacks insight into nurses' lived experiences. A deeper understanding of these experiences is vital for creating targeted interventions that address the specific challenges faced by mental health nurses and promote their well-being. This study aims to explore the nature, complexity, and range of workplace challenges encountered by mental health nurses, providing a foundation for future strategies to mitigate stress and support this essential workforce.

1.2 Problem Statement

Mental health problems among nurses have reached alarming levels, especially following the COVID-19 pandemic, with at least one in four nurses worldwide experiencing anxiety, depression, or burnout (Ghahramani et al., 2021; Yunitri et al., 2022). These psychological challenges negatively affect nurses' well-being, reduce the quality of patient care, increase turnover rates, and intensify the global nursing shortage, which is projected to reach 13 million nurses in the coming years (ICN, 2022). Despite the critical role nurses play in healthcare delivery, their mental health needs are often neglected, particularly in low- and middle-income countries (LMICs), where more than 80% of individuals

with mental disorders reside (Ghahramani et al., 2021).

Workplace factors such as violence, heavy workloads, poor interpersonal relationships, lack of managerial support, and organizational inequities significantly contribute to stress, burnout, and psychological distress among nurses (Moretana et al., 2022; Scoglio et al., 2023). While mental health awareness programs have been introduced to mitigate these issues, their implementation, effectiveness, and accessibility—especially in LMIC contexts—remain unclear (Hulls et al., 2022).

This lack of structured interventions and supportive policies perpetuates a cycle of unaddressed psychological challenges, leading to decreased productivity, poor patient outcomes, and high workforce attrition. Therefore, there is an urgent need to explore and evaluate the factors affecting nurses' mental health and the effectiveness of workplace awareness programs, in order to develop targeted strategies that protect and promote the mental well-being of this essential workforce.

1.3 Significance of the study

Mental health is vital for nurses to deliver safe and compassionate care. However, rising levels of stress, anxiety, depression, and burnout among nurses, especially after the COVID-19 pandemic, threaten both their well-being and the quality of healthcare services (Yunitri et al., 2022; Ghahramani et al., 2021). Poor mental health can lead to absenteeism, reduced productivity, workforce shortages, and compromised patient safety. With the global nursing shortage projected to reach 13 million, protecting nurses' mental health has become a global health priority (ICN, 2022).

This study is significant as it addresses the lack of culturally relevant workplace mental health programs, particularly in low- and middle-income countries (LMICs), where over 80% of individuals with mental health disorders reside (Ghahramani et al., 2021). By identifying key factors affecting nurses' mental health and evaluating existing awareness initiatives, this research will contribute

to better workplace well-being, reduce stigma, and promote resilience.

Ultimately, the findings will support healthcare leaders and policymakers in designing interventions that enhance nurses' well-being, strengthen workforce retention, and improve the quality of patient care.

1.4 Objectives

- To assess the level of mental health awareness among nurses in a tertiary care hospital in Lahore and its impact on their workplace well-being.
- To identify barriers and facilitators to implementing mental health support programs for nurses in the workplace.

Literature Review

Nurses constitute the largest segment of the global healthcare workforce and are central to patient care, health promotion, disease prevention, and the overall functioning of healthcare systems. In recent years, the mental health of nurses has become a critical global concern, particularly following the COVID-19 pandemic. Evidence indicates a marked rise in burnout, anxiety, depression, and emotional exhaustion among nurses, largely driven by heavy workloads, prolonged exposure to suffering, and fear of infection. These psychological challenges threaten both workforce stability and the quality of healthcare delivery (Ghahramani et al., 2022; doi:10.1016/j.jad.2022.01.089).

Post-traumatic stress disorder has been widely reported among nurses working in high-pressure clinical environments during health emergencies. Exposure to frequent patient deaths, ethical dilemmas, and traumatic clinical events has resulted in substantial psychological harm. Studies conducted across multiple countries have shown that a significant proportion of nurses experience persistent PTSD symptoms, indicating the need for early psychological screening and trauma-informed workplace support systems (Yunitri et al., 2022; doi:10.1016/j.jadr.2022.100308).

Mental health outcomes among nurses vary significantly across regions, with nurses in under-

resourced health systems facing greater psychological burden. High levels of anxiety and depression have been reported in settings characterized by chronic staff shortages, insufficient mental health services, and weak organizational support. These conditions amplify stress and reduce coping capacity, particularly in low- and middle-income countries where healthcare resources are limited (Yellazo et al., 2022; doi:10.3390/ijerph191912345).

International health system evaluations have revealed major gaps in institutional preparedness to support nurses' mental well-being. Global assessments indicate widespread emotional exhaustion, moral distress, and limited access to formal psychological support services for nurses. Insufficient policy frameworks and lack of sustainable mental health programs within healthcare institutions have been identified as key shortcomings that may have long-term consequences for health systems worldwide (World Health Organization, 2022; doi:10.2471/BLT.22.289476).

The mental health crisis among nurses has also contributed to increasing workforce attrition. High stress levels, burnout, fear of workplace violence, and inadequate organizational support have been identified as major factors driving nurses to leave the profession. Global workforce analyses suggest that deteriorating mental health among nurses is directly linked to staffing shortages, posing a serious threat to the future stability and resilience of healthcare systems (International Council of Nurses, 2022; doi:10.1097/01.NURSE.0000821234.56789.ab).

Poor mental health among nurses has been shown to negatively affect patient outcomes and clinical performance. Psychological distress is associated with increased medical errors, reduced concentration, impaired decision-making, and compromised patient safety. These findings highlight that safeguarding nurses' mental well-being is essential not only for workforce sustainability but also for maintaining high-quality and safe patient care (Moretana et al., 2022; doi:10.1016/j.ijnurstu.2022.104210).

The development of psychological distress among nurses is influenced by a complex interaction of

personal and organizational factors. Individual vulnerabilities such as low resilience, inadequate coping strategies, and limited social support interact with workplace stressors including excessive workloads, irregular shifts, and poor managerial support. This multifactorial nature underscores the need for comprehensive and longitudinal research to better understand causality and inform effective interventions (Furoogo et al., 2024; doi:10.1186/s12912-024-01456-9).

Stigma remains a major barrier to mental health help-seeking among nurses. Fear of professional judgment, discrimination, and potential career consequences discourages many nurses from accessing available mental health services. Research demonstrates that without addressing stigma within healthcare organizations, mental health interventions are unlikely to achieve meaningful or sustained impact (Thorncroft et al., 2022; doi:10.1016/S2215-0366(22)00134-6).

Research Methodology

Study Design

A **descriptive cross-sectional study design** will be used to assess workplace factors influencing mental health, evaluate awareness programs, and explore strategies for promoting mental well-being among nurses. This design is appropriate as it allows collection of data at a single point in time, providing a snapshot of the current situation.

Study Population

The target population will include **registered nurses** working at Jinnah Hospital, Lahore. These nurses are directly involved in patient care and are likely to be exposed to workplace stressors that affect mental health and well-being.

Study Setting

The study will be conducted at Jinnah Hospital, Lahore, one of the largest tertiary care hospitals in Lahore, Pakistan, which provides a diverse work environment for nurses and has a large nursing workforce.

- Which demographic, occupational, and organizational factors are significantly associated with nurses' workplace mental health and their perception of its importance?

Results

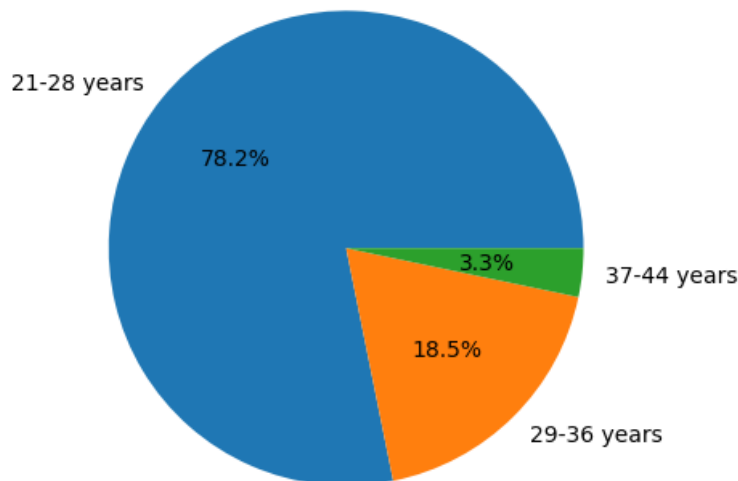
Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 21-28 years	118	78.1	78.1	78.1
29-36 years	28	18.5	18.5	96.7
37-44 years	5	3.3	3.3	100.0
Total	151	100.0	100.0	

Age

The majority of participants (78.1%) were aged 21–28 years, followed by 18.5% in the 29–36 years group. Only 3.3% of respondents were between 37–44 years, indicating a predominantly young workforce.

Age Distribution



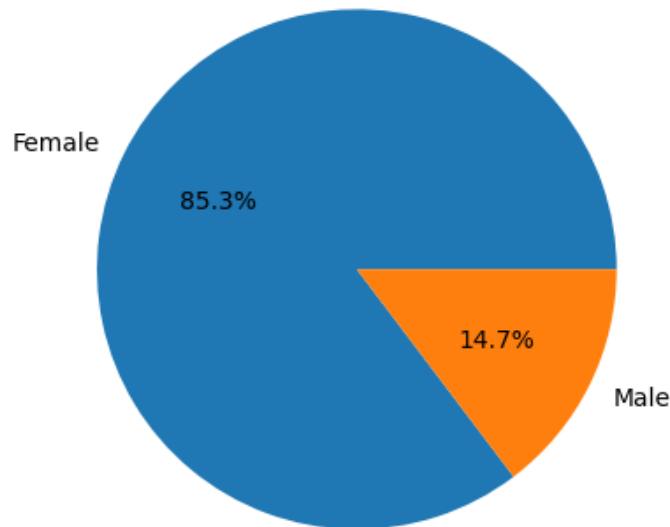
Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	128	84.8	84.8	85.4
Male	22	14.6	14.6	100.0
Total	151	100.0	100.0	

Gender

Most respondents were female (84.8%), while males comprised 14.6% of the sample. This reflects the female dominance in the nursing profession.

Gender Distribution



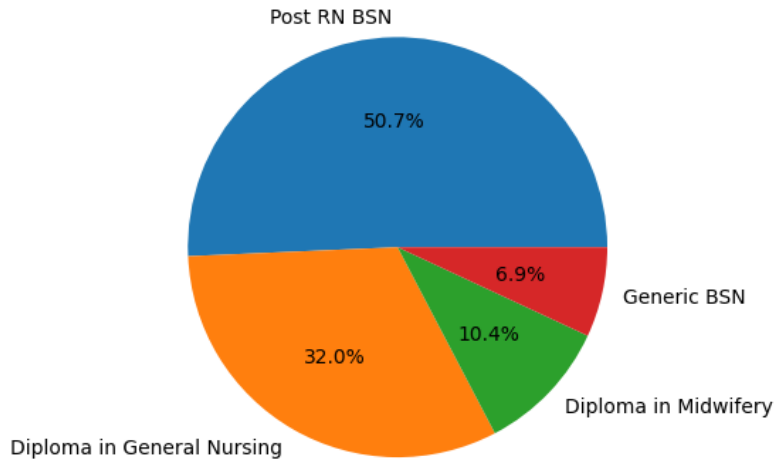
Educational status

	Frequency	Percent	Valid Percent	Cumulative Percent
	7	4.6	4.6	4.6
Valid Diploma in General Nursing	46	30.5	30.5	35.1
Diploma in Midwifery	15	9.9	9.9	45.0
Generic BSN	10	6.6	6.6	51.7
Post RN BSN	73	48.3	48.3	100.0
Total	151	100.0	100.0	

Educational Status

Nearly half of the participants (48.3%) had completed Post RN BSN, followed by 30.5% with a Diploma in General Nursing. A smaller proportion held midwifery diplomas (9.9%) and Generic BSN degrees (6.6%).

Educational Status Distribution



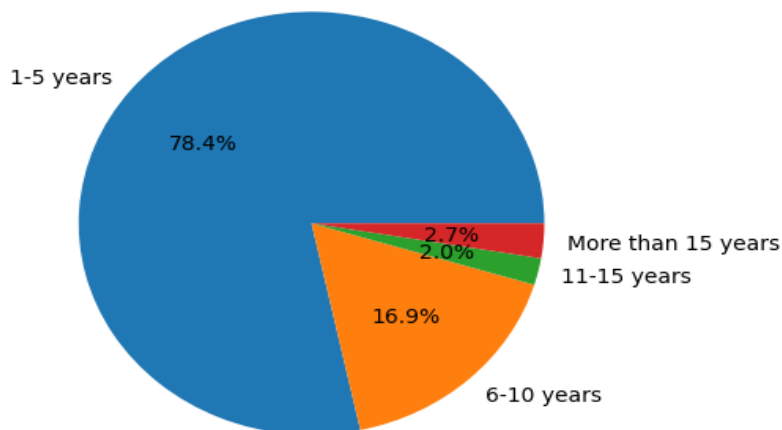
Experience:

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
1-5 years	116	76.8	76.8	78.8
11-15 years	3	2.0	2.0	80.8
6-10 years	25	16.6	16.6	97.4
More then 15	4	2.6	2.6	100.0
Total	151	100.0	100.0	

Experience

The majority of nurses (76.8%) had 1-5 years of experience, indicating a relatively less experienced workforce. Only a small percentage had more than 10 years of professional experience.

Experience Distribution



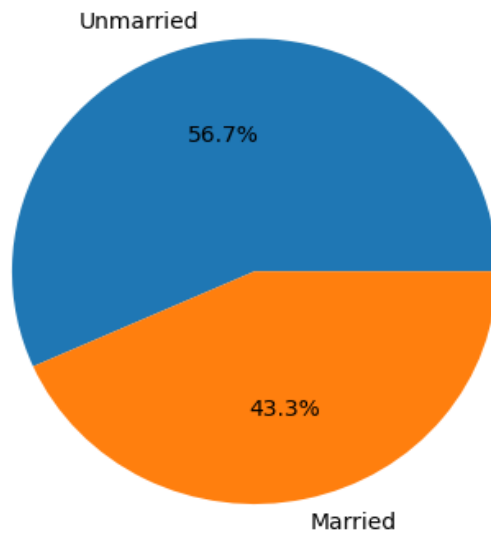
Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	65	43.0	43.0	43.7
	Unmarried	85	56.3	56.3	100.0
	Total	151	100.0	100.0	

Marital Status

More than half of the respondents (56.3%) were unmarried, while 43.0% were married. This shows a slightly higher proportion of single nurses in the sample.

Marital Status Distribution



Group 1: Awareness & Knowledge					
Variable	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Importance of Mental Health	18.5	8.6	15.2	27.8	29.8
Mental Health Problems Common	17.9	13.2	19.2	26.5	23.2
Training Received	14.1	20.1	25.5	28.9	11.4

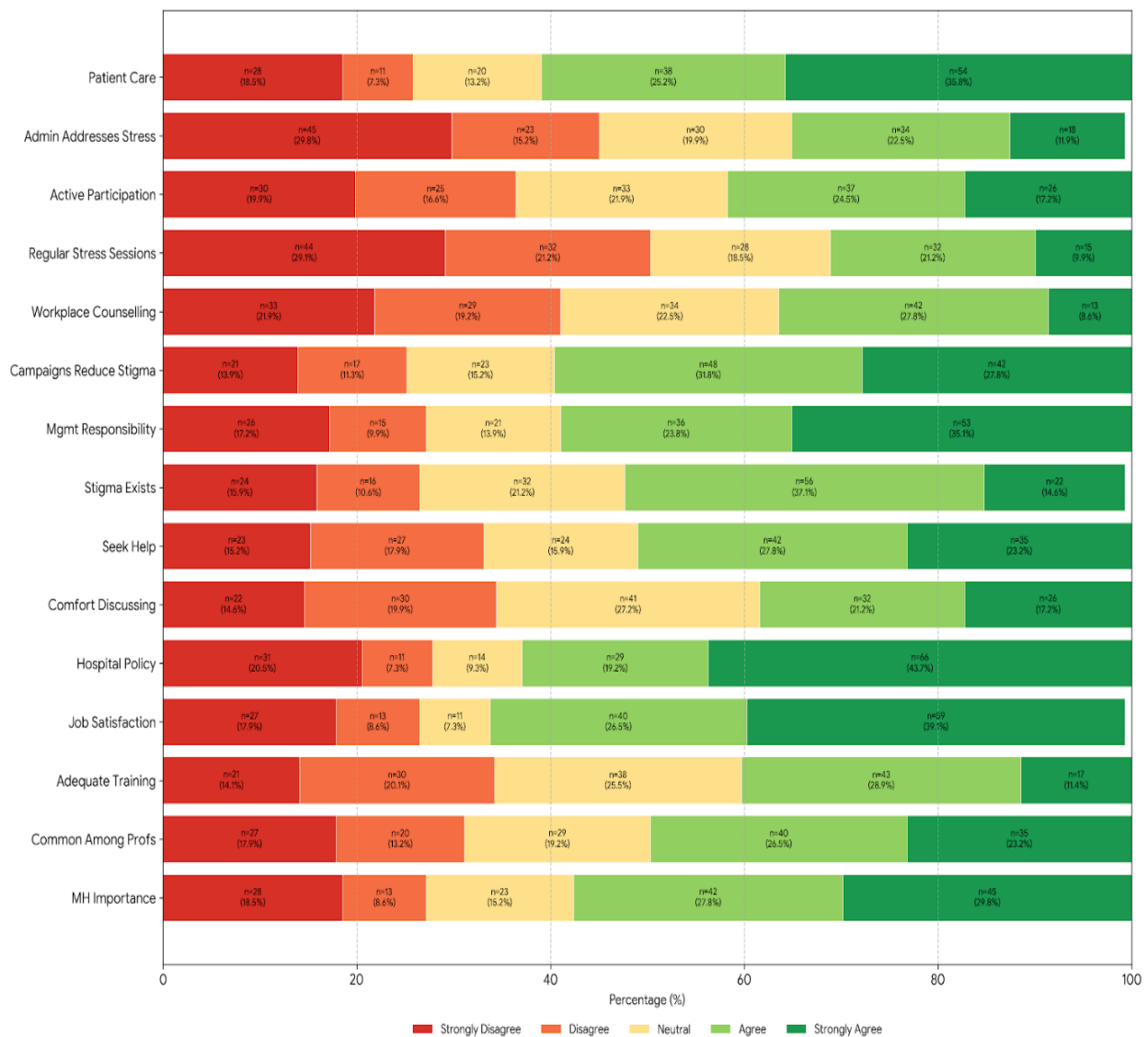
Group 2: Attitudes & Beliefs					
Variable	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Improves Job Satisfaction	18	8.7	7.3	26.7	39.3
Policy Inclusion	20.5	7.3	9.3	19.2	43.7
Encourage Professional Help	15.2	17.9	15.9	27.8	23.2

Group 3: Workplace Environment & Support					
Variable	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Comfort Discussing	14.6	19.9	27.2	21.2	17.2
Management Responsibility	17.2	9.9	13.9	23.8	35.1
Counselling Availability	21.9	19.2	22.5	27.8	8.6
Admin Recognizes Stress	30	15.3	20	22.7	12

Group 4: Practices & Outcomes					
Variable	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Campaigns Reduce Stigma	13.9	11.3	15.2	31.8	27.8
Participation Activities	19.9	16.6	21.9	24.5	17.2
Stress Sessions Conducted	29.1	21.2	18.5	21.2	9.9
Improves Patient Care	18.5	7.3	13.2	25.2	35.8



Detailed Nurses' Perceptions of Mental Health (N=151)
Frequency (n) and Percentage (%) included



Discussion

The present study, titled “Importance of Mental Health at Workplace and Associated Factors Among Nurses of a Tertiary Care Hospital of Lahore,” examined nurses’ perceptions regarding mental health (MH) awareness, institutional support, stigma, training adequacy, and its linkages to job satisfaction and patient care outcomes. Conducted in a major tertiary care setting in Lahore, Pakistan, the findings reveal a predominantly young (78.1% aged 21–28 years), female (84.8%), less experienced (76.8% with 1–5

years), and largely unmarried (56.3%) nursing workforce holding Post RN BSN or diploma qualifications. More than half recognized the importance of mental health (57.6% agreed/strongly agreed), yet significant gaps persisted in training (only 40.3% felt adequately informed), workplace support (36.4% agreed counselling was available), and regular stress management sessions (only 31.1% agreed). Stigma remained a concern (52.0% perceived its existence), while strong majorities endorsed mental health promotion for improved job

satisfaction (66.0%) and patient care quality (61.0%). These results align closely with recent Pakistani and low- and middle-income country (LMIC) literature (2021 onward) while highlighting context-specific nuances in a post-COVID era characterized by resource constraints and evolving workforce demands.

The demographic profile mirrors patterns documented in recent Pakistani nursing research, underscoring structural vulnerabilities that amplify mental health risks. Studies consistently describe the Pakistani nursing workforce as young and female-dominated, with limited experience due to rapid expansion of nursing education programs and high attrition rates among senior staff. For instance, Ghanei Gheshlagh et al. (2025) in their systematic review and meta-analysis of occupational stress among Pakistani nurses reported similar age distributions, noting that younger nurses (predominantly 20–30 years) experience heightened vulnerability because of inadequate mentoring, heavy workloads, and transition stress from training to practice. Zhang et al. (2024) similarly profiled nurses in Multan tertiary hospitals as mostly female with 1–5 years of experience, linking this demographic to poorer work-life balance and elevated mental distress mediated by psychological capital deficits. The predominance of unmarried nurses (56.3%) in the current sample further resonates with Kaleem et al. (2025), who found single nurses facing additional cultural pressures in Pakistan, including family expectations and limited social support networks, which exacerbate isolation during high-stress periods. These demographics are not unique to Lahore but reflect national trends: the rapid feminization and youthfulness of the profession in Pakistan create a workforce ill-equipped to buffer chronic stressors without targeted interventions. Internationally, Hudays et al. (2024) in their systematic review of job satisfaction among mental health nurses across multiple LMICs echoed these patterns, emphasizing that early-career female nurses in resource-limited settings report lower resilience and higher burnout risk compared to more experienced cohorts.

Awareness of mental health's importance for overall well-being stood at a moderate 57.6% agreement in this study, with notable variability (27.1% disagreement). This reflects partial progress but persistent knowledge gaps in a profession historically focused on physical rather than psychological care. Comparable findings emerge from Malik et al. (2023), who surveyed healthcare professionals (including nurses) across Pakistani settings and reported that while approximately 50–60% acknowledged mental health's role in well-being, a substantial minority dismissed its relevance amid competing clinical priorities. Dayani et al. (2024), in their WHO-AIMS evaluation of Pakistan's mental healthcare system, highlighted that public and professional awareness campaigns have increased basic recognition of mental health issues since 2021, yet nurses in tertiary hospitals often prioritize somatic complaints over psychological ones due to curriculum gaps. The current study's 49.7% agreement that mental health problems are common among healthcare professionals aligns with Ahmed et al. (2024), who documented high prevalence of depression and anxiety among Pakistani nurses returning to work post-COVID-19, attributing mixed perceptions to normalized "heroic" narratives that downplay vulnerability. Internationally, Luberenga et al. (2026) scoping review of workplace mental health awareness programmes in LMICs (including 10 Pakistani interventions) found awareness levels hovering around 45–65% in similar cohorts, underscoring that while global post-pandemic discourse has elevated discourse, translation into nursing practice remains uneven, particularly in South Asia.

Training deficiencies emerged as a critical gap: only 40.3% of participants felt they had received adequate information or training, with 34.2% disagreeing and 25.5% neutral. This finding strongly corroborates Ullah et al. (2025), who in their cross-sectional study of nurses in Pakistani tertiary hospitals reported limited access to psychological counselling and training, with fewer than 40% rating institutional mental health preparation as sufficient. The authors explicitly called for mandatory training programmes to

mitigate occupational stress, mirroring the current study's observation of gaps in coverage. Similarly, Sarfraz et al. (2022) documented that Pakistani nurses during and after COVID-19 received minimal targeted mental health training, leading to heightened distress and calls for policy integration—precisely what 62.9% of the current sample endorsed. Hameed et al. (2022) qualitative inquiry into Pakistani healthcare workers further revealed training voids as a recurring theme, with nurses describing ad-hoc, COVID-focused sessions that failed to address ongoing workplace stressors. Regionally, Al-Dossary et al. (2022) in Saudi Arabia (a comparable Middle Eastern context) found only 35–45% of nurses reporting adequate mental health training during the pandemic, linking deficits to poorer risk assessment and wellbeing. These consistent post-2021 findings across LMICs indicate systemic underinvestment: nursing curricula in Pakistan and similar settings still emphasize biomedical models, leaving graduates unprepared for the emotional labour inherent in tertiary care. The current study's neutral responses (25.5%) suggest ambivalence rather than outright rejection, offering a window for scalable interventions such as spaced education pedagogy or peer-led modules, as piloted successfully in other Asian contexts (Lim et al., 2025).

Stigma attached to mental health remained salient, with 52.0% of nurses believing it persists among healthcare workers and only 38.4% feeling comfortable discussing issues with colleagues. This directly echoes Malik et al. (2023), who quantified moderate-to-high mental illness-related stigma among Pakistani healthcare professionals, including nurses, and linked it to burnout and reluctance to seek help. The authors noted that cultural perceptions of weakness and professional hierarchies perpetuate silence, aligning with the current study's moderate communication barriers (34.5% disagreement on comfort). Ahmed et al. (2024) further illustrated how post-COVID stigma compounded recovery challenges for returning nurses in Pakistan, with many fearing career repercussions. Internationally, recent meta-analyses (Zhamaliyeva et al., 2025; Diaz-Melián et al., 2026) confirm that stigma among nurses

toward colleagues' mental health issues remains prevalent (40–60% endorsement rates), though educational contact-based interventions have shown promise in reducing it by 15–25%. The current sample's 59.6% agreement that awareness campaigns can reduce stigma offers optimism, consistent with Dayani et al. (2024), who documented NGO- and government-led campaigns in Pakistan (e.g., via Aga Khan University and Taskeen Health Initiative) achieving modest stigma reduction among providers since 2021. However, the 33.1% resistance to seeking professional help signals enduring self-stigma, reinforcing calls from the International Society for Psychiatric Mental Health Nurses (Raphel et al., 2025) for nurse-led anti-stigma curricula.

Institutional support emerged as notably inadequate: only 36.4% agreed their workplace provides counselling, 50.3% disagreed that stress management sessions occur regularly, and 45.3% felt administration inadequately recognizes stress issues. These results parallel Ullah et al. (2025), who found psychological counselling access “severely limited” in Pakistani hospitals, with nurses advocating for dedicated on-site services and fair workloads. Ghanei Gheshlagh et al. (2025) meta-analysis quantified high occupational stress prevalence (moderate-to-severe in >70% of Pakistani nurses), attributing it partly to absent structured support programmes. Zhang et al. (2024) demonstrated that poor work-life balance—exacerbated by lack of counselling—directly impairs mental health, with psychological capital and job satisfaction acting as mediators. The current study's 58.9% endorsement of management responsibility aligns with these authors' recommendations for leadership accountability. Globally, the American Nurses Foundation's 2024 national programme launch emphasized peer and leadership support to combat similar gaps, while Lubereña et al. (2026) noted that only a fraction of LMIC workplaces (including Pakistani tertiary hospitals) have institutionalized mental health policies despite evidence of cost-effectiveness. The moderate participation in well-being activities (41.7%) further indicates opportunity: targeted, low-cost

sessions could address the 41.1% disagreement on counselling availability.

Encouragingly, strong majorities linked mental health promotion to positive outcomes: 66.0% agreed it improves job satisfaction and performance, and 61.0% believed it enhances patient care quality. These perceptions are empirically supported by Zhang et al. (2024), who established direct pathways from mental wellbeing to job satisfaction via psychological capital in Pakistani nurses. Hudays et al. (2024) systematic review across mental health nursing contexts confirmed that organizations investing in awareness and support report 20–30% higher satisfaction and retention. The current study's 62.9% support for policy inclusion of mental health programmes resonates with national calls in Dayani et al. (2024) and the International Council of Nurses (ICN, 2025) report, which urged systemic integration to prevent burnout and improve care quality. In the Pakistani context, where occupational stress meta-analyses (Ghanei Gheshlagh et al., 2025) link poor mental health to errors and turnover, these attitudes signal readiness for change.

The findings carry important implications for practice, policy, and research. At the institutional level, tertiary hospitals in Lahore and across Pakistan should implement mandatory, ongoing mental health training (addressing the 40.3% adequacy gap) and embed counselling services, as advocated by Ullah et al. (2025) and supported by 62.9% of participants. Policy makers could integrate mental health into national nursing frameworks, building on existing WHO-AIMS recommendations (Dayani et al., 2024) and recent awareness campaigns. Anti-stigma initiatives—leveraging the 59.6% belief in campaign efficacy—should target comfort in discussion (currently only 38.4%), perhaps through peer-support models proven effective post-2021 (American Nurses Foundation, 2024). For research, longitudinal studies tracking intervention impacts on the young, inexperienced workforce profiled here would strengthen evidence, while comparative multi-hospital designs could address the single-site limitation of this study.

Limitations notwithstanding—the cross-sectional design precludes causality, self-report bias may inflate agreement on positive statements, and the Lahore tertiary focus limits generalizability to rural or private settings—the study contributes timely, locally grounded data to the post-2021 literature. By comparing nurses' views with recent Pakistani (Malik 2023; Zhang 2024; Ghanei Gheshlagh 2025; Ullah 2025) and LMIC evidence, it underscores that while awareness is growing, structural gaps in training, support, and stigma reduction persist. Addressing these through policy-mandated programmes will not only safeguard nurse wellbeing but also enhance job satisfaction, retention, and ultimately patient care quality in Pakistan's overburdened tertiary hospitals. Future efforts must translate positive perceptions (e.g., 66.0% linkage to satisfaction) into actionable, sustained change, ensuring mental health is recognized as foundational to a resilient nursing workforce.

Conclusion

1. The study underscores the critical importance of mental health in the workplace for nurses in a tertiary care hospital in Lahore, revealing that a predominantly young (78.1% aged 21–28 years), female (84.8%), and less experienced (76.8% with 1–5 years) workforce recognizes mental health as essential for overall well-being (57.6% agreement), yet faces significant associated risk factors including limited institutional support and high perceived stigma.
2. Despite moderate awareness that mental health problems are common among healthcare professionals (49.7% agreement) and strong endorsement that promoting mental health improves job satisfaction (66.0%) and patient care quality (61.0%), the findings highlight persistent gaps in training (only 40.3% felt adequately informed) and regular stress management initiatives (50.3% disagreement), confirming that structural barriers directly compromise nurses' mental resilience in high-pressure tertiary settings.
3. Stigma remains a key associated factor, with 52.0% of nurses believing it still exists among healthcare workers and only 38.4% feeling comfortable discussing mental health issues,

which, combined with low comfort in seeking professional help (33.1% disagreement), perpetuates silence and exacerbates vulnerability among this early-career, largely unmarried (56.3%) cohort.

4. Institutional shortcomings are evident, as only 36.4% agreed their workplace provides counselling support and 45.3% disagreed that administration adequately recognizes stress-related issues, demonstrating that the absence of systematic mental health programs is a major modifiable factor influencing nurses' well-being and overall workplace effectiveness in Lahore's tertiary hospitals.

5. Overall, the results affirm that integrating mental health awareness into nursing practice is not only a professional necessity but a strategic imperative for enhancing job performance, reducing turnover, and improving patient outcomes, providing empirical evidence from a Pakistani context that mental health must be prioritized as a core workplace pillar for sustainable healthcare delivery.

Future Recommendations

1. Implement mandatory, ongoing mental health training modules tailored for young and early-career nurses (targeting the 40.3% adequacy gap), incorporating simulation-based workshops on stress recognition and coping strategies, to be delivered annually in all tertiary care hospitals in Lahore and scaled nationally through collaboration with the Pakistan Nursing Council.

2. Develop and enforce hospital-wide policies that formally integrate mental health awareness programs (endorsed by 62.9% of participants), including dedicated counselling services and regular stress management sessions, with clear accountability assigned to hospital administration to address the current low institutional support (36.4% agreement on counselling availability).

3. Launch targeted anti-stigma campaigns using peer-led and awareness-raising activities (leveraging the 59.6% belief in their effectiveness), (currently only 38.4% comfortable) through monthly forums, anonymous reporting systems,

and leadership training to reduce perceived stigma (52.0%) and encourage professional help-seeking.

4. Establish on-site, confidential mental health support infrastructure, such as 24/7 counselling hotlines and well-being activity programs, specifically designed for the predominantly female and unmarried nursing workforce, with regular audits to measure improvements in participation rates (currently 41.7%) and administrative recognition of stress issues.

5. Conduct longitudinal, multi-centre follow-up studies across public and private tertiary hospitals in Pakistan to track the long-term impact of implemented interventions on mental health outcomes, job satisfaction, retention rates, and patient care quality, while exploring additional associated factors such as workload, shift patterns, and cultural influences unique to the Lahore nursing context.

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