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The Emotional Labour and Mental Health among Nurses Working with Chronic Disease Patients

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ABSTRACT

The mental issues that have been identified to be of great concern to the nurses include occupational stress and depression, especially in the nurses working with long-term patients that have chronic diseases with prolonged emotional, physical, and psychological strains. This paper was intended to measure the occupational stress, stress related to sleep, coping strategies, organizational support, and depression and to determine the correlation between these variables. The quantitative cross-sectional design was used, and 210 nurses in chronic care units were included in the study sample through a structured self-administered questionnaire. The data analysis was performed by descriptive statistics and Pearson correlation analysis in SPSS. The findings obtained showed that there were significant positive relationships between sleep-related stress and depression ($r = .469$, $p < .01$) and occupational stress and depression ($r = .266$, $p < .01$), which implies that the higher is the level of stress the higher depressive symptoms. The results have shown that work and sleep stress are the key determinants of depression among nurses who deal with patients with chronic diseases. The research describes that organizational interventions, better work conditions, and mental health support programs are needed to decrease stress and improve the psychological well-being of the nurses who would deal with patients better.

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1.0 Introduction

Nurses have raised the problem of occupational stress and depression to become a critical health issue of the global concern due to the high-risk and emotionally colored nature of the profession. Nurses that work with patients diagnosed with chronic illnesses (hemodialysis, oncology, intensive care and long-term pediatric wards) must be constantly exposed to suffering, frequent complications, patient dependence, and complicated treatment regimes. The emergence of these conditions leads to the development of long-term psychological stress exposing an individual to a significant risk of stress and burnout, as well as indicating depressive symptoms (Karkar et al., 2015; Theofilou, 2012). As it has been established, the long-run working with patients requires active attention and decision-making and emotional control that eventually overload the psychological resources of nurses and worsen their mental condition (Gu et al., 2019).

The stress level is also extremely high to nurses that are constantly administering hemodialysis to patients with end-stage renal disease over a long period of time. Research also states that the causes of occupational stress and emotional burnout are also their task load, monotonous treatment procedures, and technical duties and interpersonal stress (Karkar et al., 2015; Theofilou, 2012). Oncology nurses experience prolonged psychological trauma due to their direct interaction with cancer developments of their patients including the aspect of witnessing deterioration, delivering bad news and end of life care. These long-term emotional consequences might ultimately cause burnout and compassion fatigue and produce additional depressive symptoms (Hecktman, 2012; Ko and Kiser-Larson, 2016; Jarrad and Hammad, 2020). This is hazardous especially in pediatric oncology since emotional attachment of nurses to ill children is compounding the mentally destructive impact of chronic diseases management on nurses.

Depression and burnout levels are also elevated among nurses working in the intensive care unit (ICU) and the critical-care nurses as the second group of nurses are constantly subjected to life-threatening environments, and as the technological overload and moral distress. Evidence has shown that burnout and depressive symptoms, in turn, are closely connected in the ICU nurses, which justifies the fact that chronic stressors in the critical care environment have cumulative psychological effects (Vasconcelos et al., 2018; Yousif and Al-Fayyadh, 2025). Work overload, poor staffing, and ethical dilemma also lead to their mental health problems in the long-term (Kumar et al., 2021). Such findings indicate the relevance of the fact that the risk of emotional exhaustion and depression is high in a situation where the nurses treat the chronically or critically ill patients on a regular basis.

Nurses are also multifactorial in addition to being the ones who are affected by depression. The meta-analysis has demonstrated that these depressive symptoms are much more prevalent in nurses than in the general population globally, and that is mostly due to work challenges and the emotional burden of work, and the unpleasant working environment (Xie et al., 2020). It is also found that poor organizational support, role ambiguity, and the absence of psychosocial resources cause the emergence of further stress and depressive aspects (Robaee et al., 2018; Huang et al., 2024). These threats were growing due to the COVID-19 pandemic that was oriented towards the high rates of anxiety, stress and depression among nurses who faced the ongoing load of the burden

of care in an already stressed health system (Al Maqbali et al., 2021; Eche et al., 2022).

Overall, it is possible to state that literature confirms that nurses working with chronic patients remain one of the most psychologically vulnerable groups in the health care workforce. The monotonous loop of the chronic illness, personal relationships between patients and nurses, emotional tensions linked to the long-term care and overworking leads to chronic stress, which most frequently leads to burnout and depression. Such occupational and psychosocial variables must be understood to realize evidence-based intervention, mental health support system reinforcement, and improvement of quality of the provided care to chronically ill patients. Thus, the analysis of the occupational stress and depression of the nurses in the chronic-care facilities is timely and necessary to the enhancement of the workforce resiliency and the sustainability of the delivery of healthcare.

Nurses working with chronic disease patients are exposed to continuous occupational stress due to high workload, emotional demands, staff shortages, and long-term patient care. Prolonged exposure to these stressors can negatively affect nurses' sleep patterns and psychological well-being, increasing the risk of depression. Despite the growing evidence of mental health challenges among nurses, limited research has specifically examined the relationship between occupational stress, sleep-related stress, and depression among nurses caring for chronic disease patients. This gap highlights the need to investigate these factors to better understand their impact on nurses' mental health.

1.2 Research Objectives

1. To assess the level of occupational stress among nurses working with chronic disease patients.
2. To examine the relationship between occupational stress, sleep-related stress, coping techniques, organizational support, and depression among nurses.
3. To determine the role of coping techniques and organizational support in relation to occupational stress and depression among nurses caring for chronic disease patients.

1.3 Research Questions

1. What are the levels of occupational stress, sleep-related stress, and depression among nurses working with chronic disease patients?
2. How do coping techniques and organizational support relate to occupational stress and depression among nurses working in chronic care settings?

The research is important because it reveals the psychological issues encountered by nurses who deal with individuals with chronic diseases. The results can assist the administrators of the healthcare establishments to establish the efficient stress management strategies, enhance the organizational support, and advance the psychological well-being of the nurses. The study also adds to the current literature by offering evidence that can be used to aid development of policies and interventions that would reduce the causes of occupational stress and depression amongst nurses thereby enhancing the quality of services provided to patients.

2.0 Literature Review

The stress among nurses working in the occupational environment in terms of being

involved with chronically ill nurses has been well documented in the clinical setting. Those who reportedly have high levels of emotional exhaustion are the hemodialysis nurses since dialysis care is usually tedious and mechanical, the interaction with the patient is generally long term and also the fact that they are constantly exposed to the complexities of the illness. It has been found that the same stress factors contribute to burnout and lower psychological wellbeing (Karkar et al., 2015; Theofilou, 2012). Similar trends are also observed in case with the nurses operating in the Chinese chronic-care settings because the occupational stress is strongly correlated with the emerging psychosomatic symptoms, emotional stress, and negative overall wellbeing (Gu et al., 2019). These findings validate the fact that that chronic patient care environments possess unique types of stresses that subject them to issues of mental health.

Nurses also undergo a significant level of psychological pressure because they have to handle cancer and terminally ill patients. Patient torment, death, and heartbreak in the family relationships of nurses in the sphere of oncology and pediatric oncology can frequently occur, which predetermines the emergence of compassion fatigue, burnout, and depressive symptoms (Hecktman, 2012; Ko and Kiser-Larson, 2016; Jarrad and Hammad, 2020). Research also demonstrates that end-of-life care leads to emotional distress when taken over an extended period, and the nurses must utilize coping mechanisms that do not necessarily lead to the psychological decline (Lv et al., 2023). According to predictive studies, cancer is a chronic progressive disease, and the providing of supportive care places emotional labour pressure on nurses; thus, the burnout rates of oncology nurses are higher than those of nurses in other specialties (Paiva et al., 2021). The acquired evidence confirms the fact that the nursing in chronic-disease roles is among the most emotionally sensitive in the profession.

The third evidence is that there is a strong correlation that exists between burnout, depression and work environments in ICU, emergency and general hospital nurses. It is discovered that the high-intensity critical care setting is directly correlated with depressive symptoms and burnout is a significant predictor of inferior mental health (Vasconcelos et al., 2018; Kumar et al., 2021). Big percentages of role stress and depression are also observed among emergency care nurses due to work pressure, the necessity to make a quick decision, and emotionally colored situations (Huang et al., 2024). Greater meta-analytic findings confirm that nurses operating in alternate settings are highly depressed compared to the rest of the population because of work stressors, a deficit in support, and moral distress (Xie et al., 2020; Robaee et al., 2018). Collectively, these studies lead to the fact that nurses who deal with chronic patients or patients with severe illnesses are subjected to occupational pressures on an ongoing basis, which predisposes them to burnout and depression in specific circumstances.

2.1 Theoretical Framework

The current study is rooted in the foundations of the Transactional Model of Stress and Coping by Lazarus and Folkman that can be conceptualized as the representation of the stress as an adjudication of the environmental demands and demands in comparison with the personal coping resources (Lazarus and Folkman, 1984). The model has wide applicability in the nursing research because it explains the chronological order of events in which continued exposure to

emotionally painful patient care leads to perceived stress, mental stress and burnout. This tendency can be evidenced by the results of the studied literature: the emotional workload of nurses in the case of chronically sick patients exceeds the coping resources and results in the high level of stresses and depressive symptoms (Karkar et al., 2015; Gu et al., 2019; Vasconcelos et al., 2018).

Further, Maslach Burnout Theory is relied upon to justify the study on emotional exhaustion, depersonalization, and diminished personal accomplishment the domains that are closely related to stresses of chronic care nursing. The level of burnout among oncology, ICU, and hemodialysis nurses is high in most studies, which aligns with the theoretical concepts of Maslach of the exhausting emotions under the influence of stress (Ko and Kiser-Larson, 2016; Jarrad and Hammad, 2020; Paiva et al., 2021). Burnout theory help in explaining depressive symptoms, reduction in psychological wellbeing caused by long-term interpersonal demands, suffering, and workloads.

The combined theoretical views provide a comprehensive platform on which occupational stress and depression experienced by the nurses in the chronic disease work can be examined. The contribution of the nurse in their evaluation and response to stressor and the Burnout theory is explained by the transactional model and perceived to be the emotional consequence of prolonged exposure to chronic-care environments. Such frameworks will make the study more comprehensible in terms of how circumstances at work can lead to the formation of mental health among nurses.

3.0 Methodology

3.1 Research Design

The research design found was the quantitative cross-sectional research design to inquire the occupational stress, sleep stress, coping strategies, the organizational support, and depression in nurses working with chronic disease patients. This was an appropriate design to examine the relationship between the variables of the study at any given time.

3.2 Sample and Data Collection

The participants in the study were 210 nurses who were employed in chronic care units comprising oncology, hemodialysis, ICU and long-term care wards. The participants were selected using the purposive sampling. Self-administered questionnaire collected the data on the basis of the structured questionnaire encompassing demographic factors, work stress, sleep stress, coping, organizational and depression.All the constructs are highly reliable, and Cronbach alpha values have surpassed the age-recommended value of 0.70.

3.3 Ethical Considerations

Only after ethical approval of the concerned institution, data collection was made. No coercion was used to make anyone take part in the study; all the participants were obtained through informed consent. Privacy and anonymity was ensured by not collecting any data that can be used to identify an individual and information was used in the study only. The participants also informed them that they had a right to withdraw out of the study without any form of repercussions.

4.0 Findings and Results

The SPSS software was used to statistically analyze the data. To summarize demographic

characteristics and the frequency distribution of occupational stress, sleep-related stress, depression, coping techniques, and organizational support, descriptive statistics have been implemented. Pearson correlation analysis has been used to test the relationship between study variable, which include occupational stress, sleep stress, depression, coping techniques, and organizational support.

Table: 1 *Demographic and Work-Related Characteristics of Nurses (N = 210)*

Variable	Category	Frequency (F)	Percentage (%)
Gender	Male	91	43.3
	Female	119	56.7
Marital Status	Married	113	53.8
	Unmarried	96	45.7
	Others	1	0.5
Years of Work Experience as a Nurse	1–3 years	41	19.5
	3–6 years	85	40.5
	6–9 years	60	28.6
	Others	24	11.4
Weekly Working Hours	Less than 40 hours	15	7.1
	40–48 hours	110	52.4
	More than 48 hours	84	40.0
	Others	1	0.5
Type of Chronic Patients Mostly Cared For	Diabetes	25	11.9
	Heart Disease	81	38.6
	Kidney Disease	66	31.4
	Hepatitis	38	18.1

The table indicates that most of the participants were female nurses with most of them having the experience of 3-6 years of work and working over 40 hours in a week. The most prevalent chronic conditions that were attended to included heart and kidney disease cases.

Table: 2: *Frequency Distribution of Occupational Stress Items among Nurses (N = 210)*

Statement	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)
My workload is more than I can easily manage	2 (1.0)	8 (3.8)	94 (44.8)	80 (38.1)	26 (12.4)
I often work overtime due to staff shortage	6 (2.9)	21 (10.0)	82 (39.0)	81 (38.6)	20 (9.5)
I feel emotionally exhausted caring for chronic patients	2 (1.0)	76 (36.2)	50 (23.8)	63 (30.0)	19 (9.0)
I receive conflicting instructions from supervisors	2 (1.0)	18 (8.6)	93 (44.3)	76 (36.2)	21 (10.0)
I do not get enough time to rest between shifts	11 (5.2)	51 (24.3)	45 (21.4)	82 (39.0)	21 (10.0)
I feel physically tired most days after duty	22 (10.5)	22 (10.5)	49 (23.3)	95 (45.2)	22 (10.5)
There is not enough staff to handle the workload	30 (14.3)	34 (16.2)	71 (33.8)	63 (30.0)	12 (5.7)
Working with chronic disease patients increases my stress	5 (2.4)	36 (17.1)	67 (31.9)	81 (38.6)	21 (10.0)

Findings show that a significant percentage of nurses cited about high workload, staff shortages, and emotional fatigue, which portrays high rates of work stress in chronic care units.

Table: 3 Frequency Distribution of Sleep-Related Stress Items among Nurses (N = 210)

Statement	Never n (%)	Sometimes n (%)	Often n (%)	Always n (%)	Others n (%)
I have trouble falling asleep after my shift	22 (10.5)	45 (21.4)	97 (46.2)	42 (20.0)	4 (1.9)
My work schedule affects my sleep quality	29 (13.8)	78 (37.1)	65 (31.0)	37 (17.6)	1 (0.5)
I experience disturbed sleep due to work stress	26 (12.4)	40 (19.0)	98 (46.7)	46 (21.9)	0
I feel sleepy during my work shift	84 (40.0)	53 (25.2)	48 (22.9)	25 (11.9)	0
My sleep problems have increased over time	31 (14.8)	99 (47.1)	53 (25.2)	27 (12.9)	0
I get enough rest between shifts	75 (35.7)	58 (27.6)	49 (23.3)	28 (13.3)	0
I often skip sleep to manage workload or shifts	16 (7.6)	56 (26.7)	107 (51.0)	31 (14.8)	0
I feel physically exhausted due to lack of proper sleep	83 (39.5)	57 (27.1)	49 (23.3)	21 (10.0)	

The results indicate that most nurses had sleep problems, insomnia, and fatigue caused by

work stress and irregularity in work schedules.

Table: 4 Frequency Distribution of Depression and Negative Affect Items among Nurses (N = 210)

Statement	Not at all n (%)	Several days n (%)	More than half the days n (%)	Nearly every day n (%)	Others n (%)
I feel emotionally drained after caring for chronic disease patients	35 (16.7)	101 (48.1)	51 (24.3)	23 (11.0)	0
I feel depressed because I cannot see improvement in chronic patients' conditions	28 (13.3)	108 (51.4)	54 (25.7)	20 (9.5)	0
I feel sad or hopeless due to the emotional demands of long-term patient care	41 (19.5)	51 (24.3)	88 (41.9)	30 (14.3)	0
I lose motivation to work when caring for complex or long-term cases	87 (41.4)	47 (22.4)	49 (23.3)	27 (12.9)	0
I feel mentally exhausted due to continuous exposure to patient suffering	38 (18.1)	51 (24.3)	96 (45.7)	25 (11.9)	0
My workload with chronic disease patients affects my mood negatively	29 (13.8)	105 (50.0)	48 (22.9)	27 (12.9)	1 (0.5)
I feel emotionally low after long or night shifts with chronic patients	26 (12.4)	52 (24.8)	100 (47.6)	32 (15.2)	0

This table demonstrates that many nurses were affected by depressive symptoms, such as emotional and psychological exhaustion, sadness, low mood, and mental exhaustion, which occur due to long-term work with patients.

Table 1:5 Frequency Distribution of Coping Techniques among Nurses (CT1–CT3) (N = 210)

Statement	Never n (%)	Sometimes n (%)	Often n (%)	Always n (%)	Others n (%)
I try to stay calm and focused when dealing with stressful situations at work	69 (32.9)	41 (19.5)	64 (30.5)	36 (17.1)	0
I talk to colleagues or friends to cope with work-related stress	15 (7.1)	90 (42.9)	49 (23.3)	55 (26.2)	1 (0.5)
I plan and organize my work to reduce stress	13 (6.2)	35 (16.7)	96 (45.7)	66 (31.4)	0

Majority of the nurses said that they employed coping mechanisms that included planning the work, remaining calm, and seeking the support of their colleagues, which portrays moderate

involvement in stress management activities.

Table 6: Frequency Distribution of Organizational Support for Stress Management (O1–O3) (N = 210)

Statement	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)
My hospital/organization provides adequate support for managing job stress	2 (1.0)	12 (5.7)	67 (31.9)	104 (49.5)	25 (11.9)
My supervisor is understanding and supportive when I face work-related difficulties	0	60 (28.6)	42 (20.0)	78 (37.1)	30 (14.3)
The organization provides opportunities for rest, breaks, or mental health support	11 (5.2)	46 (21.9)	30 (14.3)	78 (37.1)	45 (21.4)

The findings indicate that, although a portion of nurses felt that they received sufficient organizational and supervisory support, a significant number of them also indicated having fewer chances to rest and receive mental support.

Table:7 Pearson Correlation Matrix among Study Variables (N = 210)

Variable	OS	SS	DAN	CT	O
OS	1	.322**	.266**	.203**	.213**
SS	.322**	1	.469**	.120	.007
DAN	.266**	.469**	1	.060	−.073
CT	.203**	.120	.060	1	.035
O	.213**	.007	−.073	.035	1

Note.OS = Organizational stress SS = Sleep Stress,, DAN = Depression and Negative Affect,, CT = Coping Techniques,,O = Organizational Support.

Correlational analysis indicated that there were positive significant relationships between occupational stress, sleep-related stress, and depression whereas there were weak relationships between coping techniques and organizational support and depression.

The researchers determined moderate and high occupational and sleep stresses among nurses that service chronic disease patients and these two factors are significantly correlated with depressive symptoms. Occupational stress was positively related with sleep-related stress and depression such that high work demands and emotional pressure result in poor sleep and depression. Sleep-related stress was most correlated with depression, which confirms the significance of sleep-related stress on the mental state of nurses. Although nurses reported that

they used coping strategies and that they received some organizational support, however, the two variables had low correlation with depression, and this suggests that the existing coping and support strategies are not sufficient to alleviate high job demands. All the findings provide evidence of the significance of enhancing organizational behaviors and mental health interventions to reduce stress and depression levels among nurses in chronic care setting.

5.0 Discussion and Conclusion

Findings of the present study imply that nurses operating with patients with chronic diseases experience a high degree of occupational stress, sleep-related stress, as well as, depression symptoms. The provided positive correlation between occupational stress and depression can be explained by the fact that the previous findings that have been reported indicate that the exposure to a long-term high workload, emotional labor, and staff shortages are the most frequent contributing factors to the psychological distress among nurses (Karkar et al., 2015; Gu et al., 2019). The repetitive acts of treating patients, emotional attachment, and patient dependency are some of the typical actions that nurses perform on their patients with chronic illnesses and result in emotional exhaustion and depressive symptoms.

It was found that nurses had a significant relationship between stress and depression related to sleep too. It is in line with the past reports according to which abnormal working hours, night shifts, and lack of rest periods disrupt sleeping patterns and negatively affect mental health (Al Maqbali et al., 2021; Vasconcelos et al., 2018). The nurses who have constant sleep disturbance are more susceptible to emotional exhaustion and mood disorders more so in the high demand units such as the oncology and the intensive care unit. The results confirm the impression that sleep problems are an important pathway through which work stress leads to depression.

The results also show that psychological well being of the nurses is also linked to organizational support and coping strategies. Although the strategies of coping showed a less pronounced correlation with depression, the outcome is justified by the previous study indicating that adaptive coping strategies such as planning, emotional regulation, and support system may help to reduce stress but fail to completely eliminate the depressive symptoms under the conditions of high job demand (Ko and Kiser-Larson, 2016; Paiva et al., 2021). On the same note, perceived organizational support has also been cited as countering the detrimental effect of stress by the provision of emotional reassurance, adequate staffing, and rest (Robaee et al., 2018).

Overall, the outcomes of this work are counterparted with the Theory of Stress and Coping that is the Theory of Transactional and Burnout Theory that was formulated by Maslach who emphasized that emotional exhaustion and depression develop as a consequence of the long-term impact of stress factors and insufficiency of resources and support offered by the organization. The study reveals that healthcare organizations need to increase support systems in organizations, promote effective coping strategies, and management workload and sleep disorders to address the mental wellbeing of nurses in attending to patients with chronic diseases.

5.1 Conclusion and Recommendations

The conclusion taken at the end of the current study is that nurses working with patients with chronic diseases are highly exposed to occupational stress and sleep-related stress that are directly related to depressive symptoms. Some of the major causes that result in psychological

disturbances in the nurses include constant workload, emotional stresses and insufficient rest. Although it was found that the coping techniques and organizational support were used, it was not sufficient to effectively negate the negative impacts of the prolonged occupational stress. These findings would underline that stress at work and poor sleep are among the most significant predictors of mental health in nurses working in chronic care settings.

Based on the findings, one may recommend that healthcare organizations need to roll out stress management and mental health support programmes, which are organized and implemented on nurses to work with patients with chronic diseases. The hospital management needs to ensure that it has a sufficient staffing and working hours should be reasonable and have some scheduled rest time in order to reduce the stress of sleep. Additionally, the further research is recommended to assume longitudinal designs and introduce the intervention-based research to obtain a more in-depth understanding of causality and define the efficacy of organizational and coping-oriented intervention in improving the psychological state of nurses.

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