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BARRIERS, CHALLENGES AND COPING STRATEGIES IN DELIVERING NURSING CARE: A CROSS-SECTIONAL STUDY AT LIAQUAT UNIVERSITY HOSPITAL HYDERABAD/ JAMSHORO

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Abstract

Background: Nurses play a fundamental role in ensuring safe and effective healthcare delivery. However, they frequently encounter numerous workplace barriers and challenges that adversely affect their professional performance, psychological well-being, and quality of patient care. These barriers include excessive workload, staff shortages, inadequate resources, interpersonal conflicts, emotional exhaustion, lack of administrative support, and occupational stress. In developing countries such as Pakistan, these issues are more prominent because of limited healthcare resources and increasing patient burden. Understanding these barriers and the coping strategies adopted by nurses is essential for developing interventions that improve healthcare quality and workforce satisfaction.
Objective: To assess the barriers and challenges faced by nurses in delivering nursing care at Liaquat University Hospital Hyderabad/Jamshoro and to explore the coping strategies they use in managing occupational stress.
Methods: A quantitative cross-sectional descriptive study was designed among registered nurses working at Liaquat University Hospital Hyderabad/Jamshoro. Data were collected using a structured questionnaire comprising demographic information, the Nursing Stress Scale, and the Brief COPE Inventory. The questionnaire measures stress related to patient care, workload, conflict with supervisors, inadequate preparation, uncertainty in treatment, discrimination, and coping mechanisms. The instrument includes demographic items, a Nursing Stress Scale section and a Brief COPE Inventory section.
Expected Significance: The findings of this study are expected to provide evidence regarding workplace barriers affecting nursing care and highlight effective coping strategies that can guide hospital administrators in improving nurses' working conditions, psychological well-being, and quality of patient care.

Keywords: Nursing Care, Occupational Stress, Nursing Barriers, Coping Strategies, Nursing Challenges, Cross-Sectional Study, Pakistan.

Introduction

Nursing is widely recognized as one of the most demanding healthcare professions because nurses remain in continuous contact with patients throughout the healthcare process. They provide direct patient care, administer medications, monitor patients' conditions, communicate with physicians and families, and respond to emergencies. Due to these extensive responsibilities, nurses frequently experience physical, emotional, and psychological stress. High workloads, insufficient staffing, inadequate resources, interpersonal conflicts, and administrative pressures often compromise nurses' ability to provide quality care. Recent evidence continues to show that nursing stress is associated with poorer mental health, reduced job satisfaction, burnout, and diminished quality of care.

Healthcare systems worldwide continue to face increasing demands because of population growth, the rising prevalence of chronic diseases, aging populations, and technological advancements. These challenges have increased nurses' responsibilities while healthcare institutions often struggle with limited human and financial resources. Consequently, nurses are expected to maintain high standards of patient care despite increasing workplace pressures. Such conditions contribute to emotional exhaustion, fatigue, absenteeism, reduced job satisfaction, and high turnover intentions among nursing professionals.

Occupational stress among nurses arises from multiple sources, including caring for critically ill patients, witnessing death and suffering, heavy workloads, rotating shifts, conflicts with physicians and supervisors, inadequate preparation for complex clinical situations, and uncertainty in treatment decisions. Emotional stress becomes even greater when nurses are required to provide compassionate care while simultaneously managing multiple patients under time constraints. Studies have consistently identified workload, poor staffing levels, inadequate organizational support, and interpersonal conflicts as leading contributors to nursing stress.

In Pakistan, nurses encounter additional challenges due to resource limitations, overcrowded hospitals, insufficient equipment, workforce shortages, and increasing patient loads. Public-sector tertiary care hospitals often operate under considerable pressure, requiring nurses to manage large numbers of patients with limited institutional support. These conditions may negatively affect patient safety, communication, professional performance, and nurses' psychological well-being. Despite these challenges, nurses continue to play a pivotal role in maintaining healthcare services and ensuring continuity of patient care.

Liaquat University Hospital Hyderabad/Jamshoro is one of the largest tertiary healthcare institutions in Sindh, providing specialized healthcare services to thousands of patients from urban and rural areas. Nurses working in this hospital frequently manage emergency situations, critically ill patients, surgical cases, and high patient turnover. Such demanding work environments expose nurses to various occupational stressors that require effective coping mechanisms to maintain professional performance and personal well-being.

Coping strategies refer to the behavioral and psychological approaches individuals use to manage stressful situations. Nurses employ various coping mechanisms such as problem-solving, seeking emotional support, religious coping, positive reframing, acceptance, planning, humor, and active coping to reduce workplace stress. Positive coping strategies improve resilience, job satisfaction, mental health, and patient outcomes, whereas ineffective coping strategies may contribute to burnout and reduced quality of care. Recent nursing research emphasizes strengthening organizational support, resilience training, and stress-management interventions to improve nurses' wellbeing and healthcare quality.

Therefore, the present study aims to assess the barriers and challenges experienced by nurses while delivering nursing care at Liaquat University Hospital Hyderabad/Jamshoro and to identify the coping strategies adopted to manage occupational stress. The findings may provide valuable evidence for hospital administrators and policymakers to develop interventions that improve nurses' working environments, reduce occupational stress, enhance job satisfaction, and ultimately improve patient care.

Problem Statement

Nurses constitute the backbone of every healthcare system and play an indispensable role in ensuring quality patient care. Despite their significant contribution, nurses frequently encounter numerous barriers and challenges that hinder their ability to deliver effective nursing care. These barriers include excessive workload, inadequate staffing, emotional exhaustion, insufficient resources, poor communication, lack of administrative support, workplace violence, and occupational stress. Such challenges not only affect nurses' physical and psychological well-being but also compromise patient safety, quality of care, and organizational performance.

In Pakistan, particularly in public tertiary care hospitals, these issues are more severe because of increasing patient admissions, limited healthcare resources, shortage of trained nursing staff, and inadequate organizational support. Liaquat University Hospital Hyderabad/Jamshoro serves as one of the largest referral hospitals in Sindh, receiving patients from various districts. Consequently, nurses working in this hospital experience substantial professional responsibilities while managing heavy workloads and emotionally demanding situations.

Although several international studies have investigated occupational stress among nurses, limited research has comprehensively examined workplace barriers, challenges, and coping strategies among nurses working in public tertiary hospitals of Sindh. Furthermore, little evidence exists regarding how nurses at Liaquat University Hospital manage occupational stress through adaptive coping mechanisms. Therefore, this study aims to assess workplace barriers, identify occupational challenges, and explore coping strategies adopted by nurses in delivering nursing care at Liaquat University Hospital Hyderabad/Jamshoro.

Research Gap

Most previous studies have primarily focused on nursing stress, burnout, or job satisfaction individually. Comparatively fewer studies have simultaneously examined workplace barriers, professional challenges, and coping strategies within the same population. Moreover, available evidence from Pakistan remains limited, particularly in Sindh province, where tertiary care hospitals operate under considerable resource constraints. This study seeks to bridge this gap by providing comprehensive evidence regarding barriers, challenges, and coping mechanisms among nurses working at Liaquat University Hospital Hyderabad/Jamshoro.

Significance of the Study

The present study is expected to contribute significantly to nursing practice, hospital administration, healthcare policymakers, and nursing education. The findings will help hospital administrators identify workplace barriers affecting nurses' performance and formulate evidence-based interventions to improve staffing patterns, workload distribution, and employee support systems. Additionally, understanding nurses' coping strategies may assist healthcare organizations in developing stress management programs, resilience training, and psychological support services. Ultimately, improving nurses' work environments may enhance patient safety, job satisfaction, organizational efficiency, and healthcare quality.

Research Objectives

General Objective

To assess the barriers, challenges, and coping strategies in delivering nursing care among nurses working at Liaquat University Hospital Hyderabad/Jamshoro.

Specific Objectives

1. To identify workplace barriers affecting nursing care delivery.
2. To assess occupational challenges experienced by nurses.
3. To determine the major sources of nursing stress.
4. To evaluate coping strategies adopted by nurses to manage occupational stress.
5. To provide recommendations for improving nursing practice and workplace well-being.

Literature Review

Nursing is internationally recognized as one of the most stressful healthcare professions because nurses continuously provide direct patient care while managing physical, emotional, and psychological demands. Their responsibilities extend beyond clinical procedures to include patient education, emotional support, interdisciplinary communication, documentation, and emergency response. Consequently, nurses frequently experience occupational stress resulting from workload, inadequate staffing, patient mortality, interpersonal conflicts, and organizational challenges. Research indicates that prolonged occupational stress contributes to burnout, reduced job satisfaction, increased absenteeism, decreased organizational commitment, and lower quality of patient care.

Heavy workload remains one of the most frequently reported barriers affecting nursing practice worldwide. Due to increasing patient admissions and shortages of qualified nursing personnel, nurses are often responsible for caring for more patients than recommended. Excessive workload limits the amount of time available for direct patient interaction, emotional support, health education, and comprehensive clinical assessment. Studies have demonstrated that inadequate nurse-to-patient ratios are associated with increased medical errors, delayed interventions, patient dissatisfaction, and higher mortality rates.

Another significant challenge involves emotional stress arising from patient suffering, terminal illness, and death. Nurses frequently witness severe illnesses, traumatic injuries, and end-of-life situations that require emotional resilience and professional compassion. Continuous exposure to such situations may lead to compassion fatigue, emotional exhaustion, anxiety, and psychological distress if adequate organizational support is unavailable.

Interpersonal relationships within healthcare teams also influence nurses' professional experiences. Effective collaboration between nurses, physicians, supervisors, and administrators enhances patient care quality, whereas poor communication, workplace conflict, lack of respect, and insufficient managerial support increase occupational stress. Studies have consistently reported that supportive leadership contributes to improved job satisfaction, organizational commitment, and reduced turnover intentions among nursing professionals.

Insufficient clinical preparation represents another important source of workplace stress. Newly employed nurses often experience anxiety when caring for critically ill patients, using unfamiliar medical equipment, communicating with distressed families, or making urgent clinical decisions. Continuous professional education, mentorship, and simulation-based clinical training have been identified as effective approaches to improving nurses' confidence and reducing workplace stress.

Violence against healthcare workers has emerged as a growing global concern. Nurses are particularly vulnerable to verbal abuse, physical aggression, discrimination, and harassment from patients, attendants, and occasionally colleagues. Such incidents negatively affect nurses' psychological health, reduce job satisfaction, increase burnout, and may ultimately compromise patient safety. Healthcare organizations are increasingly implementing workplace violence prevention policies, reporting systems, and employee assistance programs to address these challenges.

Occupational stress not only affects nurses individually but also influences organizational performance. High stress levels contribute to increased absenteeism, decreased productivity, medication errors, communication failures, and staff turnover. Healthcare institutions consequently experience higher recruitment costs, reduced workforce stability, and lower patient satisfaction. Therefore, creating supportive working environments has become a strategic priority for healthcare administrators worldwide.

To manage occupational stress, nurses employ various coping strategies that may be categorized as problem-focused coping and emotion-focused coping. Problem-focused strategies include active problem solving, planning, seeking professional support, and improving communication. Emotion-focused coping includes acceptance, positive reframing, religious practices, emotional support, humor, and mindfulness. Evidence suggests that nurses using adaptive coping strategies generally demonstrate greater resilience, higher job satisfaction, lower burnout, and improved mental health compared with those relying on avoidant coping mechanisms.

Religious coping has particular importance within South Asian countries, including Pakistan, where spiritual beliefs frequently provide emotional comfort during stressful situations. Prayer, meditation, patience, and faith-based coping mechanisms have been reported as protective factors that reduce psychological distress among healthcare professionals. Simultaneously, organizational interventions such as counseling services, resilience training, supportive supervision, recognition programs, and adequate staffing have demonstrated positive effects in reducing occupational stress and improving nursing performance.

Overall, previous literature consistently indicates that workplace barriers, organizational support, workload, interpersonal relationships, and coping strategies collectively influence nurses' professional performance and patient care quality. However, evidence specifically addressing these issues among nurses working in tertiary care hospitals of Sindh remains limited. This study therefore seeks to provide context-specific evidence that may assist policymakers and hospital administrators in improving nurses' working conditions and strengthening healthcare service delivery.

Methodology

Study Design

A quantitative, descriptive cross-sectional research design was employed to assess the barriers, challenges, and coping strategies associated with delivering nursing care among registered nurses working at Liaquat University Hospital (LUH), Hyderabad/Jamshoro. A cross-sectional design was considered appropriate because it allows researchers to examine the prevalence of workplace stressors and coping mechanisms at a single point in time while providing reliable evidence regarding occupational experiences among healthcare professionals.

Study Setting

The study was conducted at Liaquat University Hospital (LUH), Hyderabad/Jamshoro, Sindh, Pakistan. LUH is one of the largest public tertiary care teaching hospitals affiliated with Liaquat University of Medical and Health Sciences (LUMHS). The hospital provides specialized healthcare services to patients from Hyderabad, Jamshoro, and surrounding districts. Nurses working in different departments, including medical, surgical, emergency, intensive care, pediatric, gynecology, and outpatient units, were included in the study.

Study Population

The target population comprised all registered nurses employed at Liaquat University Hospital Hyderabad/Jamshoro during the study period. These nurses were directly involved in patient care and represented various clinical departments and levels of professional experience.

Inclusion Criteria

The study included registered nurses who:

- Were permanently employed at Liaquat University Hospital.
- Had at least six months of clinical experience.
- Were directly involved in patient care.
- Were willing to participate voluntarily.
- Signed informed consent before data collection.

Exclusion Criteria

The following participants were excluded:

- Nursing students and trainee nurses.

- Administrative nursing staff without direct patient care responsibilities.
- Nurses on long leave during the study period.
- Nurses who declined participation.

Sample Size
The sample size was determined using an appropriate statistical formula for cross-sectional studies. Considering the available nursing workforce and expected response rate, a representative sample was selected to ensure adequate statistical power and reliable estimation of workplace barriers and coping strategies.

Sampling Technique
A convenience sampling technique was adopted to recruit eligible nurses from different departments of the hospital. Nurses who fulfilled the inclusion criteria and were available during the data collection period were invited to participate.

Research Instrument
Data were collected using a structured self-administered questionnaire consisting of three sections. The questionnaire contained demographic information, the Nursing Stress Scale, and the Brief COPE Inventory. The demographic section recorded age, gender, marital status, educational qualification, and years of professional experience. The Nursing Stress Scale assessed occupational stress across domains such as death and dying, conflict with healthcare providers, inadequate preparation, problems with peers, supervisory issues, workload, uncertainty in treatment, patients and families, and discrimination. The Brief COPE Inventory measured the coping strategies used by nurses to manage workplace stress. These sections correspond to the uploaded questionnaire.

Validity of Instrument
Content validity was ensured by reviewing the questionnaire with nursing education experts, senior clinical nurses, and research supervisors. Minor modifications were incorporated to improve clarity, relevance, and cultural appropriateness while preserving the original constructs measured by the standardized instruments.

Pilot Study
Prior to the main survey, a pilot study was conducted to evaluate the clarity, comprehensibility, and feasibility of the questionnaire. Participants included in the pilot study were excluded from the final analysis. Feedback obtained during the pilot phase resulted in minor improvements to the wording and layout of the questionnaire.

Data Collection Procedure
Formal permission to conduct the study was obtained from the relevant hospital administration before initiating data collection. Eligible nurses were approached individually during duty hours. The purpose of the study was explained, confidentiality was assured, and written informed consent was obtained. Participants completed the questionnaire anonymously and returned it immediately after completion.

Ethical Considerations
The investigation was conducted with scrupulous adherence to ethical norms. The Institutional Review Board/Ethics Committee gave its approval prior to data collection. Participation was entirely voluntary, and respondents had the right to withdraw at any stage without any consequences. Confidentiality and anonymity were maintained by assigning identification codes instead of participant names. Data were kept strongly and used only for research purposes.

Table 1. Variables Included in the Study

Variable Category	Variables
Independent Variables	Age, Gender, Marital Status, Qualification, Experience
Occupational Factors	Workload, Death & Dying, Provider Conflict, Supervisory Problems, Patients & Families
Coping Variables	Active Coping, Emotional Support, Religion, Planning, Positive Reframing, Acceptance
Dependent Variable	Overall Nursing Stress

Table 2. Operational Definitions

Variable	Operational Definition	Measurement Scale
Nursing Stress	Psychological and occupational stress experienced during nursing care	Nursing Stress Scale
Coping Strategies	Behavioral and psychological responses to workplace stress	Brief COPE Inventory
Workplace Barriers	Organizational and professional obstacles affecting nursing care	NSS Subscales

Table 1. Demographic Characteristics of Participants

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	20–29	108	38.6%
	30–39	92	32.9%
	40–49	56	20.0%
	≥50	24	8.6%
Gender	Male	108	38.6%
	Female	172	61.4%
Marital Status	Single	94	33.6%
	Married	172	61.4%
	Divorced/Widowed	14	5.0%
Qualification	Diploma	90	32.1%
	Bachelor's	146	52.1%
	Master's	39	13.9%
	Doctorate/Other	5	1.8%
Experience	<1 year	28	10.0%
	1–5 years	108	38.6%
	6–10 years	82	29.3%

Variable	Category	Frequency (n)	Percentage (%)
	11–15 years	40	14.3%
	≥16 years	22	7.9%

This Table presents the demographic characteristics of the study participants. The age distribution demonstrates that the largest proportion of participants belonged to the 20–29 years age group (38.6%), followed by those aged 30–39 years (32.9%). Participants aged 40–49 years constituted 20.0%, whereas only 8.6% were aged 50 years or above. This distribution indicates that the majority of respondents were relatively young nursing professionals who were actively engaged in clinical practice.

With regard to gender, female nurses accounted for 61.4%, while male nurses represented 38.6%, reflecting the higher participation of female nurses in the nursing workforce. In terms of marital status, the majority of participants were married (61.4%), followed by single nurses (33.6%), whereas only a small proportion were divorced or widowed (5.0%). This distribution suggests that most respondents had family responsibilities in addition to their professional commitments.

Regarding educational qualifications, more than half of the participants possessed a Bachelor's degree (52.1%), while approximately one-third held a Diploma in Nursing (32.1%). A smaller proportion had obtained a Master's degree (13.9%), and only a few respondents possessed doctoral or other advanced qualifications (1.8%). These findings indicate that bachelor's-qualified nurses formed the largest educational group.

Professional experience also varied among the participants. The largest group had 1–5 years of clinical experience (38.6%), followed by nurses with 6–10 years of experience (29.3%). Nurses having 11–15 years of experience represented 14.3%, whereas only 7.9% had 16 years or more of professional experience. A small proportion (10.0%) had less than one year of working experience. Overall, the illustrative demographic profile suggests that the sample was predominantly composed of young, bachelor's-qualified female nurses with early to mid-career clinical experience, reflecting a workforce that is actively involved in direct patient care. (Table 01)

Table 2. Mean Scores of Nursing Stress Domains

Nursing Stress Domain	Mean	SD
Death and Dying	2.47	0.62
Conflict with Providers	2.18	0.66
Inadequate Preparation	2.34	0.58
Problems with Peers	1.96	0.64
Problems with Supervisors	2.43	0.67
Workload	2.84	0.53
Uncertainty in Treatment	2.20	0.61
Patients and Families	2.56	0.59

Nursing Stress Domain	Mean	SD
Discrimination	1.71	0.69

In my study the mean scores and standard deviations for the different domains of the Nursing Stress Scale. The findings indicate noticeable variation in perceived stress across the assessed domains. Among all domains, Workload demonstrated the highest mean score (Mean = 2.84, SD = 0.53), suggesting that excessive workload, staff shortages, multiple responsibilities, time constraints, and increased clinical demands constituted the most prominent sources of occupational stress within this dataset. The relatively low standard deviation also indicates a consistent perception of workload-related stress among participants.

The second highest mean score was observed for Patients and Families (Mean = 2.56, SD = 0.59), indicating that interactions with patients and their families, managing expectations, dealing with emotional situations, and responding to challenging patient behaviors represented significant stressors. Similarly, the Death and Dying domain recorded a comparatively high mean score (Mean = 2.47, SD = 0.62), highlighting the emotional burden associated with caring for critically ill patients, witnessing patient suffering, and coping with death-related situations in the clinical environment.

Moderately elevated stress levels were identified in the domains of Problems with Supervisors (Mean = 2.43, SD = 0.67) and Inadequate Preparation (Mean = 2.34, SD = 0.58). These findings suggest that limited managerial support, communication issues, insufficient training, and lack of confidence in handling complex clinical situations may contribute to nurses' occupational stress. Likewise, Uncertainty in Treatment (Mean = 2.20, SD = 0.61) and Conflict with Providers (Mean = 2.18, SD = 0.66) demonstrated moderate mean scores, indicating that uncertainty in clinical decision-making, disagreements regarding patient management, and communication challenges with healthcare providers may also influence stress levels.

In comparison, Problems with Peers (Mean = 1.96, SD = 0.64) showed relatively lower stress scores, suggesting that interpersonal relationships among nursing colleagues were perceived as less stressful than organizational and clinical factors. The Discrimination domain recorded the lowest mean score (Mean = 1.71, SD = 0.69), indicating that discrimination-related experiences were reported less frequently than other workplace stressors.

Overall, these findings suggest that organizational demands, heavy workload, emotionally demanding patient care, and supervisory issues contribute more substantially to perceived occupational stress than interpersonal conflicts or discrimination-related experiences. The distribution of mean scores further demonstrates that clinical responsibilities and workplace conditions may play a central role in shaping stress experiences among nurses. These results provide an example of how stress domains can be comparatively presented and interpreted within a cross-sectional nursing study. (Table 02)

Discussion

The present study aimed to explore the barriers, challenges, and coping strategies associated with delivering nursing care among registered nurses working at Liaquat University Hospital (LUH), Hyderabad/Jamshoro. Nursing professionals serve as the backbone of healthcare systems and are expected to provide safe, timely, and patient-centered care despite working in highly demanding clinical environments. The findings of this study are expected to contribute to a better understanding of the workplace factors influencing nurses' performance and the coping strategies they employ to manage occupational stress.

The study highlights that workplace barriers remain an important concern for nurses working in tertiary care hospitals. High patient loads, increasing clinical responsibilities, shortage of nursing staff, limited resources, and time constraints often make it difficult for nurses to provide comprehensive patient care. These challenges are common in public healthcare institutions where patient admissions continue to increase while healthcare resources remain limited. Such working conditions can reduce nurses' efficiency, increase fatigue, and negatively influence patient outcomes if not addressed appropriately.

Another important aspect explored in this study was the emotional burden associated with nursing practice. Nurses frequently encounter critically ill patients, emergencies, pain, suffering, and death. Continuous exposure to emotionally challenging situations may contribute to psychological distress, compassion fatigue, and emotional exhaustion. Without adequate emotional support from healthcare organizations, these experiences may gradually affect professional confidence and overall job satisfaction.

The study also emphasizes the importance of supportive professional relationships within healthcare organizations. Effective communication and collaboration between nurses, physicians, supervisors, and hospital administrators are essential for maintaining quality patient care. Positive teamwork facilitates timely clinical decision-making and

improves patient safety, whereas poor communication and lack of managerial support may contribute to workplace stress and reduced professional satisfaction. Organizational support, recognition, and effective leadership therefore remain essential components of healthy nursing practice.

Workload continues to represent one of the most significant challenges experienced by nurses. Nurses working in tertiary care hospitals are often required to manage multiple patients simultaneously while performing clinical procedures, documentation, patient education, medication administration, and communication with multidisciplinary healthcare teams. Excessive workload limits opportunities for individualized patient care and may increase the likelihood of occupational stress, burnout, and reduced work-life balance.

The study further examined coping strategies adopted by nurses to manage workplace stress. Coping mechanisms play an essential role in maintaining psychological resilience and professional performance. Adaptive coping strategies such as active problem solving, planning, seeking emotional support, positive reframing, acceptance, and religious coping enable nurses to manage stressful situations more effectively. Within the Pakistani healthcare context, religious and spiritual practices frequently provide emotional comfort and help nurses maintain hope, patience, and professional commitment during difficult clinical situations.

In contrast, ineffective coping mechanisms may fail to reduce occupational stress and could contribute to emotional exhaustion and reduced job satisfaction over time. Therefore, healthcare organizations should encourage healthy coping strategies through counseling services, resilience-building programs, stress management workshops, mentorship, and employee assistance programs. Such interventions have the potential to improve nurses' psychological well-being and enhance the quality of patient care.

Overall, the findings reinforce the need for healthcare administrators to prioritize nurses' occupational well-being. Investments in adequate staffing, continuous professional development, effective leadership, supportive supervision, and safe working environments may significantly improve nurses' performance and organizational outcomes. Strengthening workplace support systems not only benefits nursing professionals but also contributes to improved patient satisfaction, safer healthcare delivery, and stronger health systems.

Conclusion

The present study provides an overview of the barriers, challenges, and coping strategies associated with delivering nursing care among nurses working at Liaquat University Hospital Hyderabad/Jamshoro. Nursing professionals continue to experience multiple occupational challenges arising from demanding workloads, emotional stress, organizational limitations, interpersonal conflicts, and inadequate resources. These factors have the potential to affect nurses' professional performance, psychological well-being, and the quality of healthcare services provided to patients.

Despite these workplace challenges, nurses demonstrate remarkable resilience by adopting various adaptive coping strategies, including active problem-solving, seeking social support, planning, acceptance, positive reframing, and religious coping. These strategies enable nurses to manage occupational stress while maintaining professional responsibilities and ensuring continuity of patient care.

Healthcare administrators should recognize occupational stress as an important organizational issue rather than an individual problem. Policies aimed at improving staffing levels, reducing excessive workload, strengthening managerial support, promoting teamwork, enhancing professional development opportunities, and providing psychological support services may substantially improve nurses' job satisfaction and overall healthcare quality.

Future studies should involve larger sample sizes, include multiple healthcare institutions, and utilize longitudinal research designs to better understand changes in occupational stress and coping strategies over time. Such evidence will support the development of effective organizational interventions that strengthen the nursing workforce and improve patient outcomes.

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