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STRESS AND DEPRESSION AMONG NURSES: IMPACT ON QUALITY OF LIFE IN TIRANA'S HOSPITAL CENTERS

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Abstract

Introduction:

The mental health of healthcare professionals, particularly nurses, is an increasingly important issue in modern healthcare systems. Daily exposure to stressful situations, multiple responsibilities, and emotional burdens significantly affect the mental well-being of these professionals. However, in many cases, their psychological needs remain underestimated, impacting not only their personal quality of life but also the effectiveness of patient care.

Objective:

The aim of this study is to assess the impact of stress and depression on the quality of life of nursing staff in hospital centers in the city of Tirana. Through a questionnaire distributed across five hospital centers, the study aims to identify the levels of stress and depression, and their correlation with the physical, emotional, and social dimensions of quality of life.

Methodology:

The research method is based on data collection using standardized questionnaires: the Perceived Stress Scale (PSS) for stress, the Beck Depression Inventory (BDI) for depression, and the WHOQOL-BREF for quality of life. Data collection was conducted between February 2025 and May 2025 (over a four-month period). The questionnaire was completed via the Google Forms platform. Responses were gathered from 410 nursing staff members working in hospital centers in the city of Tirana.

Conclusions:

The findings of this study demonstrate a strong correlation between high levels of stress and depressive symptoms with a significant reduction in quality of life among nursing staff. The negative effects of these psychological phenomena manifest as persistent fatigue, deterioration of interpersonal relationships, and a noticeable decline in professional performance, which directly affects the quality of care provided to patients. The study highlights the need for structured interventions such as psychological support, improved working conditions, and early identification of symptoms, in order to maintain mental health and improve the quality of healthcare services.

Keywords: *Stress, stress management, nursing staff, psychological well-being, quality of life, professional performance, emotional support, etc.*

Introduction

Mental health is a fundamental component of overall well-being and directly affects quality of life and the ability to cope with daily challenges. Healthcare professionals, particularly nurses, are exposed to a wide range of psychological stressors due to the nature of their work. Continuous contact with patients in critical condition, shift work, high emotional burden, and heavy responsibilities make nursing one of the professions most at risk for mental health problems.

According to a report by the World Health Organization (WHO), published on April 25, 2024, at least one-quarter of healthcare and caregiving workers have reported symptoms of anxiety and depression. These symptoms are normal reactions to staff shortages, low wages, inadequate and unsafe working conditions, highly stressful environments, and the lack of necessary workplace safety measures. *(World Health Organization, 2024, April 25)*

From a professional standpoint, extended working hours, lack of regular breaks, pressure to make quick decisions, and high physical and mental workload pose a continuous risk for professional burnout. Moreover, insufficient staffing often forces nurses to take on tasks beyond their normal capacity, creating a continuous cycle of stress and dissatisfaction.

According to the JD-R (Job Demands-Resources) theoretical model, the lack of emotional support from supervisors and ineffective communication in the workplace are linked to increased stress levels and decreased psychological well-being among healthcare professionals. An authoritarian management style and the absence of social support are considered risk factors for burnout and long-term mental health problems. *(Bakker, A. B., & Demerouti, E., 2007)*

These factors not only affect the personal lives of nurses but also have direct consequences on professional performance. A nurse experiencing chronic stress is more likely to make mistakes in practice, have difficulties in relationships with colleagues and patients, and experience feelings of disengagement from work. This worsens not only the work environment but also lowers the overall quality of healthcare services provided.

In Albania, the mental health of healthcare professionals remains an underexplored topic, while the need for preventive and supportive interventions is essential.

The aim of this paper is to analyze the factors affecting the mental health of professionals, particularly nurses, and to assess the role of nursing care in managing psychological challenges. Through this work, it is intended to raise awareness about the importance of mental well-being in the workplace and the need for supportive structures for healthcare professionals.

The importance of mental health among nursing staff

- Mental health is an essential component of overall health and influences how individuals think, feel, behave, and interact with others. It encompasses the ability to cope with everyday challenges, make healthy decisions, build positive relationships, and contribute to the community. The mental health of nursing staff holds particular importance for the effective functioning of healthcare systems, as it directly affects the quality of services provided and patient safety.

A systematic review published in the *International Journal of Environmental Research and Public Health* emphasizes that psychological support and the promotion of mental well-being among nurses are crucial to prevent staff turnover, reduce the quality of care, and improve clinical performance. *(Wojciechowski, E., et al., 2021)*

- Patient-related stressors may include physical or verbal aggression from patients or their relatives, daily exposure to illness, suffering, death, or even patients' suicides. Work-related stressors may include time pressure, responsibility for medical decision-making, and societal expectations placed on healthcare

professionals. Additionally, healthcare workers often face organizational difficulties such as interdisciplinary teamwork, rigid hierarchies, staff shortages, increased administrative demands, and technological changes, such as the adoption of new diagnostic tools. *(Jackson, Debra, et al., 2007)*

Chronic exposure to such stressors can significantly impact mental health. It has been clearly demonstrated that many of the factors mentioned above are closely linked to mental health issues among workers in general. *(Gray, Patricia, et al., 2019)*

Factors affecting mental health problems among nursing professionals

- Anxiety

Anxiety is a psychological condition characterized by persistent feelings of worry, tension, and fear. It can significantly impair both professional and personal functioning, especially among nursing staff who are constantly exposed to emotional strain and workplace stress. In recent years, anxiety among nurses has become a serious global health concern, particularly in European countries. A 2022 meta-analysis reported that approximately 29% of nurses experienced anxiety symptoms during the COVID-19 pandemic. *(Galanis, Panagiotis, et al., 2022)*

In Italy, 62.8% of nurses reported high levels of anxiety (Pappa, Sofia Ntella, et al., 2020), while in France, the figure was around 50%. In Germany, 19% of nurses were identified with clinical anxiety, compared to 17.8% of physicians. *(de Vries, et al., 2021)*
These data highlight a clear need for psychosocial support, workload management, and institutional preventive interventions to protect the mental health of this professional group.

- Stress

Stress is defined as a state of physical and/or emotional tension that arises in response to external or internal demands that exceed the individual's capacity to effectively cope with them.

Various European studies have reported high levels of stress in this profession: in Sweden, 48% of nurses reported severe work-related stress symptoms *(Lindström et al., 2021)*; in the Netherlands, the figure was 42% *(Tran, Bach Xuan, et al., 2020)*; while in the United Kingdom, 44% of nurses were diagnosed with chronic stress. These findings underline the need for effective stress management strategies and support programs that enhance the mental and physical well-being and performance of nursing staff.

- Depression

Depression is one of the most frequently diagnosed mental health disorders and can severely impair a nurse's ability to care for patients, performance, interpersonal communication, physical health, and overall quality of life. *(Alacacioglu, Ahmet, et al., 2009)*

Depression is also a leading cause of disability and imposes a significant economic burden on society. Moreover, women are more frequently affected by depression than men. The impact of depression on nurses is particularly important due to the highly stressful nature of the profession, which demands intense emotional and physical engagement.

Personal and professional consequences

- Impact on quality of patient care

One of the most significant international studies in this field is the RN4CAST project—an international study conducted across 12 European countries, including Italy, Belgium, England, and Germany. It involved over 33,000 nurses in 488 hospitals and examined the relationship among work environment, staffing levels, and patient outcomes. According to this study, a significant proportion of nurses reported

low quality of care (22%) and perceived clinical safety risks (7%). Additionally, 30% reported high levels of burnout, which was associated with increased clinical errors and job dissatisfaction.

- Risk of profession dropout and self-harm

Chronic stress, burnout, and depressive symptoms are directly linked to the desire to leave the nursing profession and an increased risk of self-harm behaviors. European studies—such as Heinen et al, 2012 analysis—show that over 9% of nurses across 10 European countries expressed a desire to leave their profession, with higher prevalence in countries with heavier workloads and low organizational support. Feelings of powerlessness, lack of control, and absence of psychological support are cited as factors that may lead to self-harm, especially in environments where staff well-being is not a priority.

- Additional burdens on colleagues caused by staffing shortages

Nurse shortages increase workload for remaining staff, who must cover extra shifts and face heightened pressure. A UK study by the Health and Social Care Committee (2023) reported that over 70% of nurses experienced overload due to staffing gaps. This negatively affects both their mental health and the quality of patient care.

- Emotional load and professional burnout

Professional burnout is a state of deep emotional and physical exhaustion resulting from prolonged stress and high work demands. It is a global issue among nurses, adversely affecting patient safety, care quality, healthcare provider health, and nurse retention. Studies indicate that 38% of healthcare professionals experience chronic work-related consequences—such as weak health, depersonalization, and low personal accomplishment—directly affecting care quality. The pressure to deliver high-quality care, in combination with close emotional involvement in patient care, makes nurses particularly vulnerable to professional burnout. *(Ngjela, J., p. 1, 2024)*

Connections between job satisfaction, depression, anxiety, and stress among nurses

Job satisfaction reflects employees' attitudes toward their work, including work conditions, compensation, job content, and relationships with colleagues and supervisors. Highly job engagement—characterized by energy and commitment—is linked to lower levels of anxiety and depression symptoms. For instance, a longitudinal Norwegian study involving multiple professions (including nurses) found that job engagement predicted reduced anxiety and depression symptoms two years later. Job satisfaction also strengthens task control, work-life balance, and psychological resilience to stressors. Promoting a supportive and fair work environment is thus crucial to prevent mental health issues and ensure optimal patient care.

Specifically, in nursing—where daily exposure to stressful situations is inevitable—job satisfaction plays a key role in mental health. Recent studies demonstrated that nurses with low job satisfaction more frequently experience symptoms of depression, anxiety, and stress. A 2024 study found a statistically significant negative correlation between job satisfaction and levels of these psychological disorders, suggesting that improving working conditions can help reduce psychological burden among nurses. *(Karadağ, Yilmaz & Duran, 2024)* Furthermore, a systematic review indicated that job satisfaction is closely related to reduced burnout and secondary traumatic stress, especially in mental health service settings. *(Lee et al., 2021).* These findings support the need for structured interventions aiming to boost job satisfaction as a means of improving nurses' psychological well-being.

Study Methodology

This study used a quantitative approach to better understand how stress and depression are affecting the lives of nurses working in hospital centers across Tirana, Albania. The aim was not only to measure these challenges but also to offer practical solutions that can support their mental health and overall well-being.

Study design and tools used

Between February and May 2025, data were gathered using three widely recognized and validated tools:

- The **Perceived Stress Scale (PSS)** – to gauge how nurses perceive and respond to stress
- The **Beck Depression Inventory (BDI)** – to identify symptoms of depression
- The **WHOQOL-BREF** – a World Health Organization instrument that measures quality of life across four domains: physical, psychological, social, and environmental

The survey was distributed electronically via Google Forms. A total of 410 nurses from various hospital centers in Tirana took part in the study, selected through a random sampling process.

Main Hypothesis

The study assumed that higher levels of stress and depression are strongly linked to lower quality of life among nurses working in Tirana's hospital centers.

Study Objectives

- To determine the level of stress and depression among nursing staff in Tirana's hospital centers.
- To evaluate the impact of stress on nurses' quality of life in physical, emotional, and social domains.
- To assess how depression affects the overall quality of life within this professional group.
- To identify statistical correlations between stress levels and quality of life.
- To identify statistical correlations between depression levels and quality of life.
- To analyze demographic factors (such as age, gender, and socio-economic status) that may influence levels of stress, depression, and quality of life.
- To examine the impact of academic workload on increasing stress and depression levels among nursing staff.
- To identify coping strategies used by nurses to manage stress and depression, and to evaluate their effectiveness.
- To offer concrete recommendations for healthcare institutions aimed at improving the mental health and quality of life of nursing personnel.

Ethical Considerations

This study was conducted in accordance with established ethical standards, ensuring voluntary participation, informed consent, and the protection of participants' anonymity and confidentiality.

Data Analysis

Below are the data analyses collected via the standardized questionnaires (stress, depression, and quality of life) among nursing staff at hospital centers in the city of Tirana.

The questionnaire was distributed electronically through a link created on the Google Forms platform.

Who participated?

- **Education:** From the collected data, it resulted that 49.8% of the participants in the study have a bachelor's degree, 44.9% have master's studies, 2.4% have specializations, and 2.9% have doctoral studies.
- **Financial status:** From the data, it resulted that 5.1% of participants specified they have a low financial status, 57.12% medium, 30.2% reported a good financial status, and 7.6% very good.
- **Marital status:** 38% of participants are married, 2.2% divorced, 1.2% widowed, and 8.8% are cohabiting.

- **Sleep:** From the data collected, 73.9% of participants (nursing staff) sleep less than seven hours per night and 26.1% sleep more than seven hours per night.

- **Lifestyle:**

- In response to whether they perform physical activities, 52.7% of participants reported that they do, while 47.3% do not.

- 14.6% of participants specified that they are tobacco users, and 85.4% are not.

- From the collected data, 67.8% consume coffee daily and 32.3% do not.

- In response to whether they consume alcohol, 8.8% are alcohol consumers and 91.2% are not.

- **Regarding emotional outbursts**, 56.8% of participants declared that they had been sad sometimes due to unexpected events, 15.6% quite often, and 13.9% very often.

- **Regarding feelings of nervousness and stress**, 48% reported experiencing them sometimes, 24.1% quite often, and 13.7% very often.

- With respect to **perception of control over life events**, 55.1% of participants felt that sometimes things were not going as they wished, 20.5% quite often, and 7.3% very often.

- **Facing the tasks they had to fulfill.** Another concerning indicator is that 46.8% of participants reported that sometimes during the last month they were not able to cope with all the tasks they had to complete, 15.1% quite often, and 3.2% very often. However, 13.4% of nurses stated they had never experienced such a situation, while 21.5% specified that this feeling occurred almost never. These data suggest a high psychological and operational burden on nursing staff.

- **Control of irritability in daily life.** From the data it results that 49.5% of respondents specified that sometimes in the last month they were able to control irritability in their lives; 23.2% quite often were able to control irritability, 11% of participants specified very often in the last month they were able to control irritability, 7.8% never, and 8.5% almost never.

- **On the emotional aspect,** 46.6% felt angry sometimes due to events beyond their control, while 16.8% and 7.3% reported such feelings quite often and very often, respectively.

- **Regarding feelings of sadness,** 32.2% reported the presence of sensitivity to sadness, including 9.5% who felt continuously sad and could not remove that state, while 54.9% of participants did not feel sad.

- **Regarding self-criticism and guilt,** 45.6% of participants were critical of themselves for their weaknesses or mistakes, 43.4% felt they were worse than others, while 9% blamed themselves constantly for mistakes made. These data are clear indicators of impaired self-esteem and the potential for the development of depressive symptoms.

- **In terms of worry and irritability,** 57.8% of participants reported feeling more worried and irritated than before, while 31.5% did not show any change in this aspect.

- **Regarding interest in social relationships,** 49.8% reported a loss of interest in others, and 33.7% responded that this interest had dropped compared to previous periods. As for physical fatigue, 44.6% felt

more tired than before, 10% reported constant fatigue, and 8.8% felt tired when performing almost any activity.

- On productivity: 63.4% of participants reported that they could work as before, 23.4% specified they needed extra effort to start doing something, 12.7% answered they had to push themselves a lot to do something, 0.5% specified they could not do any work at all.

- On fatigue: 44.6% of nursing staff responded that they get tired more easily than before, 36.6% specified that they do not get more tired than usual, 10% answered that they are very tired all the time, 8.8% report that they get tired by doing almost everything.

- On health: 54.4% specified that they are not more concerned about their health than usual, 24.6% reported that they are not worried about physical problems such as pain, stomach discomfort, or constipation, 18.3% specified that they are very concerned about physical problems and find it difficult to think about other things.

- Regarding the perception of quality of life, 48.5% of participants declared that they rate their quality of life as good, 31% as neither good nor bad, and 16.6% as very good. Only a small percentage, 2.7%, rated their quality of life as poor and 1.2% as very poor, showing that despite the emotional burden, most of the staff still maintain a relatively positive perception of their life overall.

- In the question related to life satisfaction in the last two weeks, 40% of participants expressed moderate satisfaction, 28.3% declared themselves very satisfied, while 12.2% reported extremely high satisfaction. In contrast, 13.7% stated that they liked life a little and 5.9% expressed that they did not like it at all.

- Regarding social support, 37.3% of participants were neither satisfied nor dissatisfied with the help provided by colleagues, 35.4% were satisfied, while 12.4% expressed some dissatisfaction. As for negative mood feelings, despair, anxiety, and depression, 42.9% reported experiencing them rarely, 21.2% never, and a significant portion, 17.8%, relatively often.

- On physical pain: The data shows that 38.3% of respondents specified that in the last two weeks, physical pain did not hinder them at all from doing what they needed to do; 28.5% reported that physical pain hindered them a little, on average 22.2% of participants in the study answered, 8.8% specified physical pain hindered them a lot from doing what they needed to do and extremely much was specified by 2.2% of participants.

- On sleep quality: 34.9% of participants report that in the last two weeks they were neither satisfied nor dissatisfied with their sleep, 31.2% answered that they are satisfied with their sleep in the last two weeks, 17.8% reported they are dissatisfied with their sleep in the last two weeks, 9.5% specified that they are very satisfied with their sleep in the last two weeks, 6.6% of participants who took part in the study specified that they are very dissatisfied with their sleep in the last two weeks.

- On work ability: 44.9% reported that they are satisfied with their ability to work in the last two weeks, 27.1% specified they are neither satisfied nor dissatisfied with their ability to work, 17.6% answered they are very satisfied, 7.6% report they are dissatisfied with their ability to work in the last two weeks, 2.9% specified they are very dissatisfied with their ability to work in the last two weeks.

- Presence of negative feelings, such as low mood, despair, anxiety, depression: 42.9% reported rarely having negative feelings, 21.2% specified never having negative feelings, 17.8% answered relatively often having negative feelings, 12.4% report very often having negative feelings, 5.6% specified always having negative feelings.

These results reflect the presence of a wide spectrum of emotional, mental, and physical concerns within the nursing staff. The data highlight the need for structured strategies to timely identify risk factors and offer specialized interventions to support the mental health and well-being of this professional group, which faces high psychological and physical burden daily.

Discussions

- Sleep deprivation and physical fatigue

A high percentage of nurses (73.9%) sleep less than seven hours per night, increasing the risk of chronic fatigue, work errors, and mental health problems. This calls for a review of work schedules and ensuring adequate rest time.

- Emotional distress and depressive symptoms

Many participants reported feelings of nervousness, sadness, and self-criticism. A significant portion shows symptoms similar to depression, indicating a high psychological burden in the workplace.

- Social support and interpersonal relationships

Support from colleagues is weak or neutral for a large number of nurses. This highlights the need to improve interpersonal relationships and build a more emotionally supportive work environment.

- Quality of life and productivity

Although most rate their quality of life as good, fatigue, decreased productivity, and negative feelings are evident. This suggests that a positive self-perception may mask deeper issues requiring structured intervention.

Recommendations

Measures to improve nurses' mental health in the workplace.

1. **Creating a safe and supportive work environment.**
Improving working conditions is a fundamental component in preserving the mental health of nursing staff. Ensuring a stable work environment, with balanced schedules and avoiding prolonged shifts, helps significantly in reducing stress and professional fatigue. Changes in work schedule structure, including more manageable shifts and regular rest periods, are necessary to protect nurses' physical and psychological well-being. Promoting a work culture based on support, understanding, and cooperation among colleagues and leaders also helps reduce emotional load and build a positive work climate, which reflects on the quality of patient care.

2. **Empowerment through training and education on mental health.**
Offers for continuous professional training focusing on enhancing stress management skills are essential. Training in techniques such as time management, relaxation, mindfulness, and coping with emotional load help prevent professional burnout. Additionally, educating nurses about early symptoms of mental disorders like chronic stress, anxiety, and depression equips them with the ability to better identify and manage psychological difficulties. These interventions increase emotional resilience and positively influence performance and service quality.

3. **Promoting seeking psychological help.**
Facilitating access to psychological support services is an important measure in preserving nurses' mental health. Providing psychological counseling in the workplace or referral to specialized centers should be ensured confidentially and without prejudice. Early psychological interventions help prevent symptom worsening and restore emotional balance, preserving functional capacities and professional engagement of nursing staff.

4. **Reducing stigma towards mental health issues.**
Stigma associated with mental health issues and help-seeking often constitutes a barrier to obtaining

necessary interventions. Building an organizational culture that promotes openness, understanding, and serious treatment of these issues is essential. Through continuous awareness and education of health staff about the importance of mental health, help-seeking can be encouraged as a responsible and professional act, not a sign of weakness. Normalizing discussion about mental health should be a priority for every health institution.

5. **Improving financial conditions and professional motivation.**
Financial motivation and additional benefits are key factors in maintaining job satisfaction and reducing workplace-related stress. Increasing compensation, offering bonuses, extended leave, and opportunities for career advancement are measures that boost morale and a sense of appreciation among nurses. These incentives not only strengthen professional stability but also contribute to creating a more productive and sustainable work environment in the long term.

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