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Abstract
The harsh nature of psychiatric hospital working settings, assignment of job responsibilities, tight, inflexible work schedules, limited personnel, and variable patient requirements, among other factors, contribute to the recurrence of stress among psychiatric nurses. The purpose of this study was to investigate the relationship between perceived stress and the quality of life among psychiatric nurses at Mathari National Teaching and Referral Hospital (MNTRH), Nairobi, Kenya. The study objectives were to evaluate the relationship between perceived stress and quality of life. A quantitative approach with a correlational design was used to conduct the study using a census sampling with a sample size of 120 psychiatric nurses. The sample included both male and female aged between 21 and 60 years. The Perceived Self Stress Scale, WHOQOL-BREF tools were used to collect data. SPSS V 29 was used in data analysis. The relationship between perceived stress and quality of life was established using Pearson's correlation coefficient. The findings showed that the perceived stress levels were moderate (82.8%). The quality of life was moderate across the four domains. Correlational analysis revealed that perceived stress had a moderately strong negative significant ($p < 0.05$) correlation to the general life, physical health, psychological health, social, and environmental domains. A strong positive correlation was also reported between the domains. It can be concluded that the general life and health, physical and psychological factors are better in the assessment of quality of life among the psychiatric nurses. The study findings inform recommendations on improving working conditions to enhance the overall well-being of psychiatric nurses.

Introduction

The factors contributing to stress among psychiatric nurses are multifaceted. Workplace violence, including physical and verbal abuse by patients and their families, is a substantial source of stress. According to Nemec and Trifkovič (2017), roughly 49% of psychiatric nurses experience significant psychological loads as a result of such violence (Li et al., 2023). Unpredictable patient behaviour causes nurses to feel insecure, resulting in increased stress levels (Nemec & Trifkovič, 2017). Psychiatric

nurses commonly witness aggressive conduct from patients, which might lead to the normalising of violence as part of their employment (Bekelepi & Martin, 2022). Inability to communicate effectively with patients increases stress because nurses often worry about making mistakes or failing to adequately address patients' emotional needs (Li et al., 2023). Many nurses lack confidence in their communication abilities, which can cause stress and anxiety during patient contacts (Reema et al., 2022). Occupational stress can negatively impact nurses' job satisfaction and performance, undermining patient care (Chang et al.2006) as the responsibilities of several challenging roles expose nurses to stress and psychological distress (Wong, Lam & Kwok, 2003). Psychiatric nurses are also stressed by verbal and physical abuse from patients, which can leave lasting impressions on them (Yada et al., 2017). An abused psychiatric nurse may feel stressed whenever they return to work, and continuing to provide nursing care may instil the fear that patients can harm the nurse, which can impact their overall performance and contribute to perceived stress. The harsh nature of psychiatric hospital working settings, assignment of job responsibilities, tight, inflexible work schedules, limited personnel, and variable patient requirements, among other factors, contribute to the recurrence of stress among psychiatric nurses (McTiernan & McDonald, 2015).

Occupational stress among nurses is a major global health concern that contributes to job dissatisfaction, absenteeism, burnout, emotional distress, and reduced productivity (Ahanchian, 2015; Weinberg & Creed, 2000). Psychiatric nurses are particularly vulnerable due to the demanding nature of caring for aggressive, depressed, and emotionally unstable patients in high-risk work environments (Cottrell, 2001). Studies conducted globally have reported moderate to high levels of stress among psychiatric nurses, with significant psychological distress observed in countries such as China, India, and Iran, often associated with workplace violence, heavy workloads, emotional strain, and the impact of the COVID-19 pandemic (Bhatia et al., 2001; Manzari et al., 2024; Smith & Vale, 2006; Tomaszewska et al., 2023; Wang et al., 2024).

Evidence from Africa further demonstrates the high burden of occupational stress among nurses. Systematic reviews in sub-Saharan Africa identified burnout as a common response to chronic work-related stress, while studies also reported high prevalence of low back pain linked to physical strain and stressful nursing responsibilities (Adetoun & Oluwatosin, 2020; Kasa et al., 2020; Owuor et al., 2020). Compared to the global pooled prevalence of burnout among nurses, Africa appears to be disproportionately affected by occupational stress (Woo et al., 2020). In Kenya, studies among psychiatric nurses and healthcare workers reported extremely high levels of emotional exhaustion, depersonalization, and burnout, suggesting severe occupational stress within psychiatric healthcare settings (Kokonya et al., 2015; Ndetei et al., 2008).

Despite the growing evidence on stress and burnout, limited studies have examined how stress affects the quality of life (QoL) of psychiatric nurses. The World Health Organisation emphasises the importance of evaluating quality of life as a measure of overall well-being (WHOQOL, 2023). Research indicates that stress and burnout negatively affect nurses' psychological well-being, work performance, and overall quality of life, especially among psychiatric nurses working in high-risk environments (Foster et al., 2019; Reema et al., 2022; Salyers et al., 2015; Sun et al., 2016; Vanhove et al., 2016). These findings highlight the need for interventions to improve psychological well-being and quality of life among psychiatric nurses.

The purpose of this study is therefore to evaluate the relationship between perceived stress among the psychiatric nurses at Mathari National Teaching and Referral Hospital in Kenya. This follows the massive evidence that the perceived stress levels among psychiatric nurses significantly affect the

quality of Life of general and psychiatric nurses. Equally, the coping strategies adopted by the patients help improve the quality of life of psychiatric nurses.

Method

Study design

A correlational study design was used to assess the determinants of perceived stress among psychiatric nurses at Mathari National Teaching and Referral Hospital. The focus of correlational research is to expose variables that show systematic relationships (Bhattacherjee, 2012). One distinct advantage of correlational research is its ability to assess behaviour as it occurs in people's daily lives (Stangor, 2011). The design's greatest strength is that it can be employed when experimental research is not possible because the predictor variables cannot be manipulated. However, the study design may not establish causation in the influence of demographic factors on stress levels.

Study site

The study was conducted at Mathari National Teaching and Referral Hospital, Nairobi, Kenya. Nairobi is Kenya's capital. It is located in the south-central region of the country. Nairobi City County is one of the 47 counties of Kenya. It is the third smallest yet the most populous of the counties (Encyclopedia Britannica, 2025).

Target population

The target population for this study comprised 120 psychiatric nurses working at Mathari National Teaching and Referral Hospital in Nairobi, Kenya.

Sampling design

The study adopted a census as a sampling design. A census was used in this study because all the elements of the population were used (Kothari, 2004). The population was small, which allowed the census to obtain comprehensive, detailed data. Colwill and Poullis (2023) state that census data can inform practice guidelines and policy planning in nursing care. Complete enumeration was done to include all 120 psychiatric nurses working at MNTRH. The total number of nurses was 120. recruited for the study.

Inclusion and exclusion criteria

All psychiatric nurses employed at Mathari National Teaching and Referral Hospital during the period from September to November 2025 were included in the study. Data were collected from male and female nurses aged between 21 and 60 years. Student nurses or those on internship were excluded from the study.

Pre-Testing

The Pre-test of the PSS and WHOQOL-BREF tools was conducted at the Rehabilitation Centre for Drug Addiction at Mathari National Teaching and Referral Hospital in Nairobi, Kenya. This site was chosen because it provides a setting similar to the one where the main study would take place - psychiatric nursing, which is the target study's population in terms of characteristics and work environment. A total of twelve (12) psychiatric nurses were purposively selected from the rehabilitation centre, which makes 10% of the study participants (Kunselman, 2024). The Respondents of the pre-testing had the same characteristics as those who participated in the final study but were not included in the main study sample to prevent data contamination between the pre-test and main study phases. This was done in one week and checked for reliability and validity. Findings confirmed reliability, with good Cronbach's alpha scores of 0.701 and 0.886 for the PSS and WHOQOL-BREF

tools, while KMO validity scores were 0.7 and 0.809, respectively. Hence, permitted for use in data collection in the main study phase.

Data collection tools

Quantitative data was collected using self-administered questionnaires. Two questionnaires were used to obtain data from Respondents: The Perceived Stress Scale (PSS) and WHOQOL Bref (2023).

Perceived Stress Scale (PSS)

The Perceived Stress Scale (PSS) is the most widely used psychological instrument for assessing perceived stress. It is a measure of how stressful life conditions are perceived to be (Cohen et al., 1983). The items reflect how unpredictable, unmanageable, and overburdened respondents find their lives. The test also includes a number of direct questions concerning present levels of perceived stress. The PSS was intended for use in community samples with at least a junior high school education. The items in this test are easy to understand, and the response alternatives are very easy to grasp. Moreover, the questions are of a general nature and are therefore relatively free of content specific to any subpopulation. The questions in the PSS ask about feelings and thoughts during the last month. In each case, respondents are asked how often they felt a certain way (Cohen et al., 1983).

The Perceived Stress Scale was developed by Cohen et al.in 1983. It consists of 14 items that measure thoughts and feelings about stressful events, control, overcoming, coping with stress, and the stress perceived by an individual during the last month. In this questionnaire, a Likert scale (never, very low, medium, relatively high, and high) is used, and the score ranges from 0 to 4 points, with 0 and 56 being the lowest and highest scores, respectively (Cohen et al., 1983).

In interpreting the PSS tool, items 4, 5, 6, 7, 9, 10, and 13 are reverse-coded to ensure proper interpretation, avoid response bias, and align responses on the increasing scoring scale.

World Health Organisation Quality of Life Brief Version (WHOQOL BREF)

According to the World Health Organisation (1998), quality of life is defined as one's perceptions of where they are at in life in the context of the value systems and culture in which they live and in relation to their goals, expectations, standards and concerns" (WHOQOL Group, 1998). The WHOQOL-BREF is a measurement instrument that provides a reliable assessment of quality of life (WHO, 1996). WHOQOL-BREF is a questionnaire of the World Health Organisation's Quality of Life—Biomedical Research and Education Facility (Group, 1995).

The WHOQOL-BREF includes 26 items which assess the four dimensions of quality of life (physical health, psychological health, social relationships, and environment), and two items that are examined separately (one's "overall perception of quality of life" and their "overall perception of health") (WHOQOL Group, 1998). The WHOQOL-BREF has been translated into several languages, and validation studies have been conducted in different countries over the past years(Baiano et al., 2014; Skevington et al., 2004).

The physical health dimension has seven items, the mental health dimension has six items, the social relationship domain has three items, and the environmental dimension has eight items. The domain comprises 24 items. There is an additional pair of items that appear at the beginning of the questionnaire, do not belong to any of the areas, and assess quality of life in general. Thus, this questionnaire has 26 items, each scored from 0 to 4. Finally, a score of 4-20 is assigned in each area, where 4 signifies the worst and 20 the best status. These scores can also be converted to the 0-100 range (Nedjat et al., 2008). Two items in the physical health domain, items 3 and 4, were reverse-coded for proper interpretation of the tool, as well as question 26 for the psychological domain.

Data analysis method

The quantitative data were analysed using the Statistical Package for the Social Sciences (SPSS) version 29. Descriptive statistics: means, standard deviations, and frequencies were computed to describe the level of stress and quality of life among psychiatric nurses. Frequency analysis was used to assess prevalence, while Pearson's correlation analysis was used to examine the relationship between perceived stress and quality of life among psychiatric nurses.

Ethical considerations

Informed consent was obtained from the respondents before the tools were administered. Debriefing was conducted with the respondents, providing a full explanation of the study's purpose, methods, and outcomes after their participation. The PI provided a prompt opportunity for Respondents to obtain appropriate information about the nature, results, and conclusions of the research, and took reasonable steps to correct any misconceptions that Respondents had about the study. Confidentiality and privacy of the data were assured to the respondents through the informed consent form. There was no harm during the assessment. The data collected was also to be used mainly for academic purposes. Ethical approval was granted by the MNTRH (reference number 2025/ISERC-028) and by NACOSTI (reference number 851567).

Results

Response rate

The study had a response rate of 116 (96.67%), while the other 4 (3.33%) responses were not fully completed in some sections. This is an acceptable range of responses of the study, given the sample size of the study

Descriptive Statistics of the Study Constructs

The study constructs included perceived stress levels and quality of life among psychiatric nurses. In Table 1, the results show that perceived stress levels had a mean between 1.94 and 3.14, while quality of life had a mean between 2.53 and 4.17, suggesting good quality of life (Table 2).

Perceived Stress Levels

The assessment sought to understand the perceived stress for the duration of the "Last month"

Table 1: Descriptive statistics of perceived stress scale

Factors	Mean	Median	Mode	SD	N
How often have you been upset because of something that happened unexpectedly?	2.24	2.00	2	.966	116
How often have you felt that you were unable to control the important things in your life	1.94	2.00	2	1.074	116
How often have you felt nervous and stressed?	2.39	2.00	2	1.036	116
how often have you dealt successfully with day to day problems and annoyances?	2.72	3.00	3	.947	116
How often have you felt that you were effectively coping with important changes that were occurring in your life?	2.91	3.00	3	.928	116
How often have you felt confident about your ability to handle your personal problems?	3.14	3.00	3	.854	116
How often have you felt that things were going your way?	2.60	3.00	2	.950	116
How often have you found that you could not cope with all the things that you had to do?	2.22	2.00	2	1.005	116
How often have you been able to control irritations in your life?	2.72	3.00	3	.912	116
How often have you felt that you were on top of things?	2.27	2.00	2	1.082	116
How often have you been angered because of things that were outside of your control?	2.28	2.00	2	.965	116
How often have you found yourself thinking about things that you have to accomplish?	3.00	3.00	4	.987	116
How often have you been able to control the way you spend your time?	2.74	3.00	3	.943	116
How often have you felt difficulties were piling up so high that you could not overcome them?	2.20	2.00	2	1.097	116

Source: Author, 2025

Quality of Life

Table 2: Descriptive statistics of the Quality of Life

Questions	Mean	Median	Mode	SD
How would you rate your quality of life	3.43	3.50	4	.704
How satisfied are you with your health?	3.90	4.00	4	.780
To what extent do you feel that physical pain that prevents you from doing what you need to do?	2.90	3.00	4	1.143
How much do you need any medical treatment to function in your daily life?	2.58	3.00	3	1.160
How much do you enjoy life?	3.28	3.00	3	.849
To what extent do you feel your life to be meaningful?	3.94	4.00	4	.769
How well are you able to concentrate?	3.61	4.00	4	.723
How safe do you feel in you daily life?	3.49	3.00	3	.743
How healthy is your physical environment?	3.31	3.00	3	.808
Do you have enough energy for everyday life?	3.51	4.00	4	.790
Are you able to accept your bodily appearance?	4.17	5.00	5	.994
Do you have you enough money to meet your needs?	2.68	3.00	3	.951
How available to you is the information that you need in your day to day life?	3.52	4.00	4	.823
To what extent do you have the opportunity for leisure activities	2.73	3.00	3	.847
How well are you able to get around?	3.72	4.00	4	.759
How satisfied are you with your sleep?	3.87	4.00	4	.698
How satisfied are you with your ability to perform your daily living activities?	3.64	4.00	4	.777
How satisfied are you with your capacity for work?	3.76	4.00	4	.779
How satisfied are you with yourself?	4.10	4.00	4	.750
How satisfied are you with your personal relationship?	3.59	4.00	3	.859
How satisfied are you with your sex life?	3.36	3.00	3	1.081
How satisfied are you with the support you get from your friends?	3.20	3.00	3	.851
How satisfied are you with the conditions of your living place?	3.65	4.00	4	.843
How satisfied are you with your access to health services?	3.35	3.50	4	1.007
How satisfied are you with your mode of transportation?	3.33	3.00	4	1.001
How often do you have negative feelings such as blue mood, despair, anxiety, depression	2.53	3.00	3	.914

Source: Author, 2025

Frequencies of the Responses per Domain

Table 3 below presents the response categories for the quality of life of psychiatric nurses at the Mathari National Teaching and Referral Hospital. Findings show that the overall quality of life was moderate, with a general life score of 76 (65.5%), suggesting that slightly more than half of the Respondents perceived their overall well-being as satisfactory. In the Physical Health domain, respondents recorded a score of 77 (66.4%), indicating a generally favourable perception of physical functioning. Most Respondents reported adequate energy levels, manageable pain or discomfort, and the ability to perform daily tasks with moderate ease. The Psychological domain demonstrated the strongest performance, with a score of 86 (74.1%). This reflects relatively high levels of psychological well-being, including positive emotional states, good self-esteem, and an overall sense of meaning and cognitive clarity among the Respondents.

Table 3: Frequency of distribution for response's on quality of life

Domain	Scale	Frequency	Percentage
General Life	Very poor QoL (4-8)	1	.9
	Poor QoL (9-12)	24	20.7
	Moderate QoL (13-16)	76	65.5
	High Quality of Life (17-20)	15	12.9
Physical Health	Poor QoL (9-12)	24	20.7
	Moderate QoL (13-16)	80	69.0
	High Quality of Life (17-20)	12	10.3
Psychological health	Poor QoL (9-12)	19	16.4
	Moderate QoL (13-16)	74	63.8
	High Quality of Life (17-20)	23	19.8
Social Health	Very poor QoL (4-8)	5	4.3
	Poor QoL (9-12)	38	32.8
	Moderate QoL (13-16)	57	49.1
	High Quality of Life (17-20)	16	13.8
Environmental	Very poor QoL (4-8)	5	4.3
	Poor QoL (9-12)	44	37.9
	Moderate QoL (13-16)	61	52.6
	High Quality of Life (17-20)	6	5.2

Source: Author, 2025

In contrast, the social relationships domain received the lowest score at 57% (49.1%). This indicates that nearly half of the Respondents experienced limitations in their interpersonal relationships, social support networks, or satisfaction with social interactions and intimacy. These results suggest that social well-being may be a key area of concern within the study population. The Environmental domain showed moderate outcomes, with a score of 61% (52.6%). Respondents expressed average satisfaction with aspects of their physical and socio-economic environment, such as financial resources, safety, access to information, transportation, and recreational opportunities.

Descriptive statistics and test of Normality of the quality of life

In Table 4, the average quality-of-life scores were in the moderate range (13-17), while the PSS was in the range of 14-26, indicating moderate stress. The study had very low deviation values of less than 0.3 for all the variables. Equally, a test of normality was done using the Skewness and Kurtosis values. As a rule of thumb, the skewness and kurtosis scores for normally distributed data must be in the range of -1 to +1 or -2 to +2 and or -3 to +3 values. In this study, all domains of quality of life and the perceived stress scale had scores ranging from -1 to +1, suggesting they were normally distributed. Hence, parametric statistics was applied to make inferences.

Table 4: Test of normality

Statistic	GL	PH	PS	SR	ED	PS
Mean	14.6552	14.1782	15.0529	13.5402	13.0326	25.1638
Std. Error of Mean	.21597	.19850	.20333	.25429	.19230	.57873
Std. Deviation	2.32605	2.13796	2.18993	2.73876	2.07108	6.23307
Skewness	-.365	.025	-.745	-.219	-.155	-.402
SES	.225	.225	.225	.225	.225	.225
Kurtosis	.023	-.363	.064	.335	.150	.025
SEK	.446	.446	.446	.446	.446	.446
Minimum	8.00	9.33	8.67	5.33	7.50	8.00
Maximum	20.00	18.67	19.33	20.00	18.00	39.00

PS: Perceived stress, GL: General Life, PH: Physical Health, PS: Psychological, SR: Social Relationships, E: Environmental Domain.

Source: Author, 2025

Pearson's Correlational Analysis

Table 5 presents Pearson's correlation analysis of the relationship between stress levels among psychiatric nurses and quality of life. In the table, r represents the Pearson correlation at a 2-tailed significance level of 0.05.

Table 5: Pearson's correlation analysis

Factors		PS	GL	PH	PS	SRD	ED
PS	r	1	-.246**	-.360**	-.438**	-.251**	-.377**
	P-value		.008	.000	.000	.007	.000
GL	r	-.246**	1	.513**	.414**	.415**	.435**
	P-value	.008		.000	.000	.000	.000
PH	r	-.360**	.513**	1	.483**	.444**	.592**
	P-value	.000	.000		.000	.000	.000
PS	r	-.438**	.414**	.483**	1	.520**	.621**
	P-value	.000	.000	.000		.000	.000
SR	r	-.251**	.415**	.444**	.520**	1	.527**
	P-value	.007	.000	.000	.000		.000
ED	r	-.377**	.435**	.592**	.621**	.527**	1
	P-value	.000	.000	.000	.000	.000	

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).
PS: Perceived stress, GL: General Life, PH: Physical Health, PS: Psychological, SR: Social Relationships, E: Environmental Domain.

Source: Author, 2025

Perceived stress showed statistically significant negative correlations with all quality-of-life domains. Specifically, perceived stress was negatively correlated with general life satisfaction (r = −.246, p = .008), indicating that higher stress levels were associated with poorer overall life perception. A stronger inverse relationship was observed between perceived stress and physical health (r = −.360, p < .001), indicating that higher stress was associated with poorer physical functioning and lower energy levels (Table 5).

The strongest negative association was observed between perceived stress and psychological health (r = −.438, p < .001), indicating that higher stress was closely linked to poorer emotional well-being, reduced positive affect, and impaired mental functioning. Additionally, perceived stress showed significant inverse relationships with the social relationship domain (r = −.251, p = .007) and the environmental domain (r = −.377, p < .001), suggesting that increased stress was associated with poorer social support and less favourable environmental conditions (Table 5).

In other correlation analyses, a strong, statistically significant positive correlation was observed across all quality-of-life domains, indicating that improvements in one domain tended to be associated with improvements in others. General life satisfaction was positively correlated with physical health (r = .513, p < .001), psychological health (r = .414, p < .001), social relationships (r = .415, p < .001), and environmental health (r = .435, p < .001). Physical health was strongly associated with psychological health (r = .483, p < .001), social relationships (r = .444, p < .001), and environmental health (r = .592, p < .001). Psychological health also showed strong positive correlations with social relationships (r =

.520, $p < .001$) and environmental health (r = .621, $p < .001$). Similarly, the social relationship domain was positively correlated with the environmental domain (r = .527, $p < .001$) (Table 5).

Discussion

The present study found that the majority of psychiatric nurses experienced moderate levels of stress, with 82.8% falling within the moderate PSS-14 range (19–37). These findings suggest that perceived stress is highly prevalent among psychiatric nursing professionals in this setting, although extreme stress levels were less common.

These results are consistent with existing empirical evidence indicating that nursing is a highly stressful profession, particularly within psychiatric and mental health facilities. Multiple studies report that moderate stress levels are the most common among nurses globally. For instance, Sarafis et al. (2016) found that moderate perceived stress predominated among Greek general nurses, attributing this to workload pressures, emotional demands, and patient acuity. Similarly, a study in Ethiopia by Dagget et al. (2016) reported a high prevalence of moderate stress among mental health nurses, noting that constant exposure to aggressive patients and emotionally charged interactions contributed to this burden. A study conducted in Jordan employed a descriptive, cross-sectional, predictive design with a sample of 140 psychiatric nurses, reporting a mean perceived stress score of 22.73 (SD = 3.54), indicating a moderate level (Hamaideh et al., 2025).

The findings also align with earlier work by McTiernan and McDonald (2015), who demonstrated that psychiatric nurses experience substantial emotional strain. As in the current study, they noted that high stress levels occur, but typically in smaller proportions.

However, the relatively low proportion of high stress (1.7%) in the present study appears lower than that reported in some international studies. For example, Manomenidis et al (2017) found that a significant proportion of mental health nurses experienced high levels of stress. The comparatively lower prevalence of high stress in this study may reflect contextual factors such as nurses' coping resilience, familiarity with the demands of psychiatric care, or the availability of informal peer support mechanisms. Additionally, cultural differences in stress-reporting and institutional support structures could explain these discrepancies.

Another explanation is methodological: variations in PSS cut-off interpretation, sample characteristics, or data collection periods can produce different stress distributions across studies. For example, Cohen and Williamson (1988) emphasise that PSS scores exhibit contextual variability and should be interpreted within the specific occupational and cultural environment in which they are assessed.

The findings confirm that moderate stress is the dominant pattern among psychiatric nurses, a trend widely reported across global studies. However, the unusually low rate of high stress in this study suggests a need for further qualitative exploration to determine whether nurses have developed adaptive coping strategies, whether organisational buffers exist, or whether underreporting could have played a role.

Correlation analysis

The findings demonstrated a significant negative relationship between perceived stress and overall quality of life among nurses, indicating that higher stress levels were associated with lower life satisfaction and poorer well-being. Specifically, increased perceived stress was linked to reduced physical functioning, fatigue, and lower energy levels, suggesting that chronic occupational stress adversely affects physical health among healthcare workers. These findings are consistent with stress appraisal theory, which explains that chronic stress negatively alters individuals' perceptions of

control, satisfaction, and life balance (Lazarus & Folkman, 1984). Similar findings have also been reported among nurses and other healthcare workers, in which heightened occupational stress was associated with diminished overall life satisfaction and poorer physical health outcomes (Hasson & Gustavsson, 2010; McVicar, 2016).

The study further revealed that psychological health had the strongest inverse association with perceived stress, indicating that nurses experiencing higher stress levels were more likely to report anxiety, low mood, impaired cognitive functioning, and reduced emotional well-being. This finding aligns with previous literature identifying psychological health as the domain most sensitive to stress exposure (Cohen et al., 1983; Queirós et al., 2020). In psychiatric nursing settings, continuous exposure to emotionally demanding situations and workplace pressures may intensify psychological strain and weaken mental well-being. Stress appraisal theory further supports this finding by suggesting that stress is largely shaped by individuals' emotional and cognitive evaluation of environmental demands and their coping resources (Lazarus & Folkman, 1984).

Additionally, perceived stress was negatively associated with social relationships and environmental quality of life. High stress levels were linked to reduced social support, strained interpersonal relationships, dissatisfaction with workplace conditions, and negative perceptions of safety, financial resources, and access to healthcare services. According to the stress-buffering hypothesis, supportive social relationships improve emotional resilience and coping capacity, thereby reducing stress perception (Taylor, 2011). Similarly, poor working conditions and inadequate organisational support have been shown to significantly undermine the environmental quality of life among healthcare professionals (Mosadeghrad, 2014). These findings highlight the interconnected nature of psychological, social, and environmental factors in shaping stress experiences among nurses

The study was limited by a small sample size, the use of a single psychiatric hospital, and reliance on self-report questionnaires, which may have introduced bias and limited generalizability. The quantitative design also excluded subjective experiences. However, standardised tools and statistical controls were used to reduce these limitations.

Conclusion

The study findings suggest that higher perceived stress was associated with poorer physical functioning and energy levels; lower emotional stability, self-esteem, and effective cognitive abilities; poorer social support; and less favourable environmental conditions. Additionally, A strong positive correlation among all quality-of-life domains (physical, psychological, social, and environmental) suggests that improvements in one area are likely to benefit others.

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