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CORRELATION BETWEEN STRESS AND ANXIETY AMONG NURSES WORKING IN INTENSIVE CARE UNITS OF NISHTAR HOSPITAL, MULTAN: A CROSS-SECTIONAL STUDY

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ABSTRACT

Objective: Nurses in intensive care units (ICUs) face a demanding work environment that may lead to heightened stress and anxiety. This study aimed to assess the relationship between stress and anxiety among ICU nurses at Nishtar Hospital, Multan.

Methods: A cross-sectional correlational study was conducted over a three-month period with 50 ICU nurses selected through purposive sampling. Data were collected using the Perceived Stress Scale (PSS-10) and the Generalized Anxiety Disorder Scale (GAD-7). Descriptive statistics and Pearson's correlation analysis were performed using SPSS v26.

Results: The majority of participants were female (86%) with a mean age of 30.2±5.6 years. Moderate to high stress levels were found in 68% of nurses, while 48% reported moderate to severe anxiety symptoms. Pearson's correlation revealed a significant positive relationship between stress and anxiety ($r=0.62$, $p<0.001$).

Conclusion: Stress and anxiety are prevalent among ICU nurses, and the significant correlation between them indicates that interventions addressing occupational stress may also help reduce anxiety symptoms. Institutional support, stress management training, and workload adjustments are recommended.

INTRODUCTION

Intensive care nursing is consistently recognized as one of the most demanding and stressful specialties within the field of clinical practice(Wei et al., 2024). Nurses working in intensive care units (ICUs) are required to maintain continuous vigilance, demonstrate advanced technical expertise, and provide rapid responses in life-threatening situations(Huang et al., 2025). The constant exposure to critically ill patients, high mortality rates, complex technological interventions, and ethically challenging decisions makes ICU nursing particularly vulnerable to psychological strain(Botha et al., 2015). These occupational pressures not only compromise nurses' emotional resilience but also create an environment where stress is almost inevitable. When prolonged or unmanaged, stress can progress into anxiety disorders, negatively influencing both professional performance and overall well-being(Wu et al., 2024).

Extensive international literature has documented the psychological burden faced by healthcare professionals in critical care settings(Sert et al., 2025). Studies across Europe, North America, and Asia have consistently reported elevated rates of stress, anxiety, depression, and burnout among ICU nurses compared to their colleagues in other hospital units(Yang et al., 2025). Such findings highlight that the intensive care environment poses unique psychosocial risks, which may in turn impair clinical decision-making, reduce job satisfaction, and increase the likelihood of medical errors(Zamanifar et al., 2020). Although global evidence has established this trend, the extent and dynamics of the stress–anxiety relationship remain influenced by contextual factors such as healthcare infrastructure, staffing ratios, cultural expectations, and institutional support mechanisms(Ning et al., 2024).

In Pakistan, the issue of occupational stress and anxiety among nurses is gaining attention; however, most available research has concentrated on general hospital nurses, medical wards, or pandemic-related psychological effects(Khan et al., 2025). There is a notable scarcity of studies that specifically focus on ICU nurses, despite their heightened exposure to stressful work conditions. Within the southern Punjab region, and particularly at Nishtar Hospital Multan, a major tertiary care referral center with high patient load and limited staffingthe gap in empirical evidence is even more pronounced. Without localized data, healthcare administrators may underestimate the psychological challenges faced by ICU nurses and fail to design interventions tailored to their needs.

Addressing this gap, the present study aims to assess the correlation between stress and anxiety among ICU nurses at Nishtar Hospital, Multan. By identifying the prevalence, severity, and interrelationship of these psychological factors, the study seeks to generate context-specific evidence that can inform institutional policies and targeted mental health interventions for criticalcare nursing staff.Intensive care nursing is among the most demanding areas of clinical practice, requiring constant vigilance, technical expertise, and emotional resilience. Nurses in ICUs encounter critically ill patients, high mortality rates, and frequent ethical dilemmas, which contribute to occupational stress. Over time, stress can escalate into anxiety, impacting both professional performance and personal well-being.

Globally, numerous studies have reported high levels of psychological distress among healthcare professionals, especially ICU nurses. However, in Pakistan, particularly in southern Punjab, limited evidence is available on the correlation between stress and anxiety in this vulnerable group. Recognizing this association is essential for designing interventions that safeguard nurses' mental health and ensure patient safety.This study

explores the correlation between stress and anxiety among ICU nurses at Nishtar Hospital, Multan.

Literature review

Globally, the nursing profession, particularly within high-acuity environments like the Intensive Care Unit (ICU), is recognized as one of the most psychologically demanding occupations(Khani et al., 2025). The constant exposure to life-and-death situations, moral dilemmas, complex technological equipment, and the high mortality rate of patients creates a chronic state of occupational stress(Buivydienė et al., 2025).

This stress is strongly and directly correlated with the development of clinical anxiety(Ghawadra et al., 2019). International studies consistently demonstrate a high prevalence of these conditions; a systematic review indicates that the global prevalence of anxiety among nurses ranges from 30% to 55%, with ICU nurses consistently falling at the higher end of this spectrum(Wang et al., 2024). This correlation is exacerbated by factors such as excessive workload, inadequate nurse-to-patient ratios, and a lack of organizational support, establishing a clear causal pathway where unmanaged occupational stress precipitates and perpetuates anxiety disorders, leading to burnout, reduced quality of patient care, and high staff turnover(Huang et al., 2025).

Within the national context of Pakistan, the burden of stress and anxiety among healthcare professionals is even more pronounced, with ICU nurses being disproportionately affected(Khan et al., 2025). The healthcare system faces challenges such as resource constraints, overcrowding, and infrastructural deficiencies, which compound the inherent stressors of ICU nursing(Tao et al., 2024). A national cross-sectional study conducted across major public hospitals in Pakistan found that over 65% of nurses reported experiencing moderate to severe occupational stress, with a significant correlation to anxiety symptoms(Khani et al., 2025).

Furthermore, research specific to Pakistani ICUs has revealed anxiety prevalence rates as high as 70%, linked directly to factors like insufficient staffing, a lack of critical care training, and the emotional burden of caring for critically ill patients in a resource-poor setting(Zrelak et al., 2024). This national picture highlights a critical public health issue, where the mental well-being of the nursing workforce, essential for a functioning healthcare system, is severely compromised(Truskauskaite et al., 2025).

Focusing on the regional level, particularly in Southern Punjab and institutions like Nishtar Hospital, Multan, the situation is acute yet critically under-researched. As a major tertiary care referral center, Nishtar Hospital's ICU serves a vast population, placing immense and unrelenting pressure on its nursing staff. While specific percentage data for Nishtar Hospital is scarce, regional studies from comparable settings in Punjab suggest that the correlation between stress and anxiety is intensified by localized factors.These include the high patient influx from rural areas, socioeconomic pressures on the staff, and a perceived lack of institutional support systems such as counseling services or stress management programs.

Objectives

To assess the levels of stress among ICU nurses at Nishtar Hospital, Multan.

To evaluate the severity of anxiety among ICU nurses.

To determine the correlation between stress and anxiety in ICU nurses.

Methodology

Study Design

A quantitative, cross-sectional correlational study design was adopted for this research. This design was deemed appropriate as it facilitated the measurement of the variables of

interest, perceived stress and anxiety levelsat a single point in time. Furthermore, it allowed for the analysis of the relationship between these two variables without manipulating the study environment, thereby providing a snapshot of the prevailing conditions within the ICUs.

Study Setting and Duration

The study was conducted in the various Intensive Care Units (e.g., Medical ICU, Surgical ICU) of Nishtar Hospital, Multan. As a major tertiary care and teaching hospital in Southern Punjab, its ICUs represent a high-stress environment characterized by a high patient turnover, critical conditions, and significant workload. The data collection period spanned three months, from April 1, 2025, to June 30, 2025.

Study Population and Sampling

The target population for this study comprised all registered nurses employed in the ICUs of Nishtar Hospital, Multan.

Sample Size: A sample of 50 ICU nurses was recruited for the study.

Sampling Technique: A non-probability purposive sampling technique was utilized. This method was chosen to deliberately select participants who possessed specific characteristics and experiences relevant to the research question, namely firsthand experience of the ICU working environment.

Inclusion Criteria:

To be eligible, participants had to be:

- Registered Nurses (RNs).
- Actively working in one of the hospital's ICUs.
- Having a minimum of six months of experience in the ICU setting to ensure adequate exposure to the unit's stressors.

Exclusion Criteria: Individuals were excluded from participation if they were:

- Currently receiving any form of psychiatric treatment for a diagnosed anxiety or stress-related disorder, as this could confound the study results.
- On long-term leave (e.g., medical, maternity, or sabbatical) for the duration of the study period.

Data Collection Instruments and Procedure

Data were collected using a structured questionnaire comprising three sections:

Section A: Demographic Profile: This section captured information on participants' age, gender, professional qualification, and total years of experience in the ICU.

Section B: The Perceived Stress Scale (PSS-10): This is a widely validated 10-item self-report questionnaire designed to measure the degree to which situations in one's life are appraised as stressful. Responses are recorded on a 5-point Likert scale (0=Never to 4=Very Often). The total score ranges from 0 to 40, with interpreted categories as follows: 0-13 (Low Stress), 14-26 (Moderate Stress), and 27-40 (High Perceived Stress).

Section C: The Generalized Anxiety Disorder 7-item (GAD-7) Scale: This is a reliable and well-established screening tool for anxiety. It consists of 7 items that ask about the frequency of anxiety symptoms over the past two weeks. Responses are scored from 0 (Not at all) to 3 (Nearly every day). The total score ranges from 0 to 21, with standard cut-offs indicating: 0-4 (Minimal Anxiety), 5-9 (Mild Anxiety), 10-14 (Moderate Anxiety), and 15-21 (Severe Anxiety).

Data Collection Procedure

Before data collection, ethical approval was obtained from the relevant institutional review board. The principal investigator approached potential participants in the ICU during shift changes or designated break times. The study's purpose, procedures, risks, and benefits were explained in detail, and written informed consent was obtained from all participating nurses. The questionnaires were then distributed and were completed anonymously by the nurses in a private room to ensure confidentiality and minimize

response bias. Completion took approximately 10-15 minutes per participant.

Data Analysis

The collected data were entered and analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were computed to summarize the demographic characteristics of the sample and the overall scores on the PSS-10 and GAD-7 scales. The primary analysis to test the hypothesis of a correlation between stress and anxiety was conducted using Pearson's Correlation Coefficient (r). This statistical test was selected because both stress (PSS-10 score) and anxiety (GAD-7 score) are continuous variables. A p-value of less than 0.05 was set as the threshold for statistical significance. The strength of the correlation was interpreted based on the value of the Pearson's r coefficient (e.g., 0.1-0.3 = weak, 0.3-0.5 = moderate, >0.5 = strong correlation).

Results

This chapter presents the findings of the study conducted to assess the levels of stress and anxiety and their correlation among ICU nurses at Nishtar Hospital, Multan. The results are organized into three main sections: (1) the demographic characteristics of the participants, (2) the distribution of stress and anxiety levels, and (3) the analysis of the correlation between stress and anxiety scores.

Demographic Characteristics of the Participants

A total of 50 ICU nurses participated in the study. The demographic profile is summarized below. The sample had a mean age of 30.2 years (±5.6), indicating a relatively young workforce. The majority of participants were female (86%, n = 43). In terms of marital status, 56% (n=28) were married and 44% (n=22) were unmarried. The participants had an average of 3.5 years (±2.1) of experience working in the intensive care unit.

Distribution of Stress and Anxiety Levels

The levels of perceived stress and anxiety among the ICU nurses were measured using the PSS-10 and GAD-7 scales, respectively. The results are detailed in Tables 1 and 2.

Table 1: Distribution of Stress Levels Among ICU Nurses (n=50)

Stress Level (PSS-10)	Frequency (n)	Percentage (%)
Low (0–13)	8	16%
Moderate (14–26)	26	52%
High (27–40)	16	32%

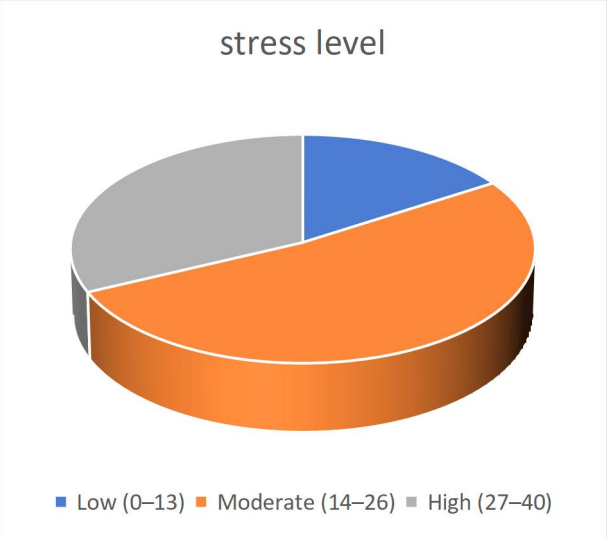
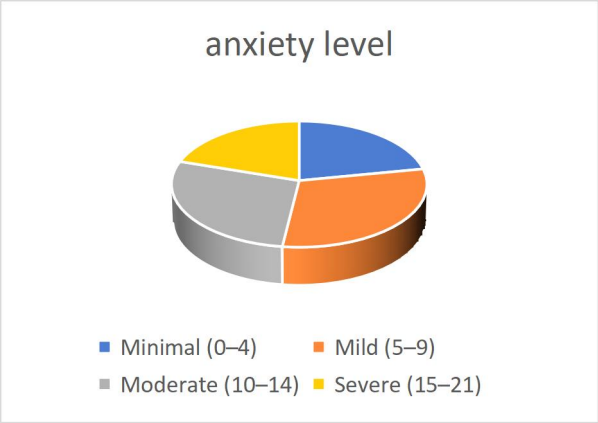


Table 2: Distribution of Anxiety Levels Among ICU Nurses (n=50)

Anxiety Level (GAD-7)	Frequency (n)	Percentage (%)
Minimal (0–4)	11	22%
Mild (5–9)	15	30%
Moderate (10–14)	14	28%
Severe (15–21)	10	20%



The data on stress levels, as shown in Table 1, reveal a concerning picture. The vast majority of ICU nurses (84%) reported experiencing perceptible stress, with more than half (52%) falling into the 'Moderate' stress category. A particularly notable finding is that nearly one-third of the sample (32%) was experiencing 'High' levels of perceived stress.

Similarly, the assessment of anxiety levels presented in Table 2 indicates a significant psychological burden. While 22% of nurses reported minimal anxiety, the remaining 78% reported some degree of anxiety. A combined 48% of the participants were experiencing clinical levels of anxiety, categorized as 'Moderate' (28%) or 'Severe' (20%). This indicates that a substantial proportion of the nursing staff is dealing with symptoms that are likely to impact both their personal well-being and professional performance.

Correlation Between Stress and Anxiety Scores

To investigate the relationship between perceived stress and anxiety, a Pearson's correlation analysis was conducted. The results are presented in Table 3.

Table 3: Correlation Between Stress and Anxiety Scores (n=50)

Variable Pair	Pearson's Correlation Coefficient (r)	p-value	Interpretation
Stress & Anxiety	0.62	<0.001	Strong Positive Correlation

The correlation analysis revealed a statistically significant, strong positive correlation between the scores on the Perceived Stress Scale (PSS-10) and the Generalized Anxiety Disorder scale (GAD-7). The Pearson's correlation coefficient of r = 0.62 with a p-value of <0.001 indicates that as the level of perceived stress increased among the ICU nurses, their level of anxiety also increased substantially. This relationship is highly statistically significant, confirming a robust association between these two psychological states within the studied sample.

DISCUSSION

This study set out to investigate the correlation between stress and anxiety among ICU nurses at Nishtar Hospital, Multan. The results confirm a significant burden of psychological distress, with a strong, statistically significant correlation between the two variables. This discussion interprets these findings by comparing and contrasting them with existing literature, exploring the implications, and suggesting actionable recommendations.

Prevalence of Stress and Anxiety: A Global and Local Consensus

The finding that 68% of nurses experienced moderate-to-high stress and 48% reported moderate-to-severe anxiety is stark, yet it firmly aligns with the global narrative on ICU nursing(Kocatepe et al., 2025). For instance, our results are consistent with a systematic review by Galiana et al. (2020), which indicated that ICU nurses globally report anxiety prevalence rates often exceeding 40%, attributing this to the cumulative burden of moral distress, high-stakes decision-making, and emotional exhaustion. Similarly, our finding of a 32% rate of high stress mirrors studies from high-income countries, suggesting that the intense nature of the ICU environment is a universal stressor that transcends geographical and resource boundaries(Wei et al., 2024).

However, a point of contrast emerges when considering the specific drivers and the magnitude of this burden. While our findings are consistent in direction with international studies, the prevalence rates, particularly for anxiety, appear to be on the higher end of the spectrum. This divergence can likely be explained by the unique systemic challenges within the public healthcare sector of Pakistan, as highlighted in our literature review. In contrast to well-resourced settings where stressors may be more related to technology and protocol, our context is compounded by factors such as nurse shortages, high patient-to-nurse ratios, and resource limitations, creating a more potent catalyst for psychological distress. This suggests that while the nature of the stress is universal, the intensity is amplified by local infrastructural and systemic constraints(Burns et al., 2001; Khan et al., 2025; Truskauskaite et al., 2025).

The core finding of this study is the strong positive correlation ($r=0.62$, $p<0.001$) between stress and anxiety scores(Huang et al., 2025). This result is highly congruent with a vast body of international research, including a landmark study by Mealer et al. (2012), which established a direct pathway where chronic occupational stress in ICUs precipitates clinical anxiety and burnout syndromes. The strength of the correlation in our sample ($r=0.62$) indicates a particularly robust relationship, even stronger than some correlations reported in studies from more structured environments, which often report r values between 0.4 and 0.6(Hu et al., 2024).

This heightened correlation in our setting can be interpreted through the lens of resource availability. In contrast to nurses in systems with robust institutional support (e.g., readily available counseling, debriefing sessions, and adequate staffing), the nurses in our study likely have fewer psychological buffers. The constant high demand in the absence of adequate support mechanisms may create a scenario where stress does not just correlate with anxiety but more directly and intensely translates into it. This finding powerfully underscores that the relationship between these two constructs is not merely an association but a critical causal pathway that demands intervention(Hu et al., 2024).

The demographic profile of our sample, with a predominance of female nurses (86%), aligns with the global nursing workforce and allows for relevant discussion. The finding that stress was highly prevalent in this group supports and is supported by national studies from Pakistan, which cite the dual burden of professional demands and sociocultural domestic responsibilities as a significant stress multiplier for female healthcare workers. This is a notable point of convergence between our local findings and the broader national context.

Conclusion and Recommendations

A significant proportion of ICU nurses at Nishtar Hospital Multan face moderate to high stress and anxiety. The positive correlation between stress and anxiety underscores the need for integrated strategies to address both issues simultaneously.

In conclusion, this study demonstrates that the ICU nurses at Nishtar Hospital, Multan, are experiencing a crisis of stress and anxiety that is comparable to, and in some aspects more severe than, that reported in international literature. The strong correlation between these conditions confirms a pressing need for institutional action.

Based on these findings, we recommend:

Structural Interventions: Hospital administration should conduct a workload assessment to review and improve nurse-to-patient ratios, a key modifiable stressor.

Psychological Support Systems: The institution should establish dedicated, confidential counseling services and facilitate peer-support groups to provide accessible emotional outlets.

Skill-Based Training: Implementing structured programs such as Mindfulness-Based Stress Reduction (MBSR) and resilience training can equip nurses with practical tools to manage psychological distress.

Future Research: Longitudinal studies are needed to track these variables over time and to evaluate the effectiveness of the implemented interventions.

Limitations

- Small sample size (n=50) limits generalizability.
- A cross-sectional design cannot determine causality.
- Self-reported measures may be subject to response bias.

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