

EXPLORING THE IMPACT OF NIGHT SHIFTS ON NURSES' MENTAL HEALTH AND JOB SATISFACTION IN THE HOSPITALS OF PAKISTAN

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Abstract

Night shift duties are an essential part of nursing services, but they may create serious psychological, physical, professional, and social challenges for nurses. The present study aimed to explore the impact of night shift duties on nurses' stress, fatigue, job satisfaction, work-life balance, and coping strategies. A qualitative research approach was used to understand the lived experiences of nurses working night shifts. Data were collected through participants' responses and analyzed thematically to identify major patterns emerging from their experiences. The findings revealed five major themes: psychological and emotional stress, physical fatigue and sleep disturbance, job satisfaction challenges, work-life imbalance, and coping strategies and adaptation. Participants reported that night duties increased mental pressure, emotional exhaustion, tiredness, disturbed sleep, reduced job satisfaction, and difficulty maintaining family and social responsibilities. However, nurses also used coping strategies such as peer support, spiritual practices, caffeine consumption, and adjusted sleep routines to manage night shift demands. The study was guided by the Job Demands–Resources Model, which explains how increased job demands such as workload and night duty pressure can affect nurses' well-being, while supportive resources may reduce negative outcomes. The study concludes that night shift duty significantly affects nurses' psychological well-being, physical health, job satisfaction, and work-life balance. Therefore, hospital administration should improve staffing levels, provide rest facilities, offer psychological support, and develop fair shift schedules to promote nurses' health and quality of patient care.

INTRODUCTION

The healthcare system is a complex and continuously operating structure that depends heavily on the availability and performance of nursing staff. Nurses serve as the backbone of hospital care, ensuring patient safety, monitoring clinical conditions, administering treatments, and providing emotional support to patients and their families. Globally, nurses and midwives account

for approximately 50% of the total health workforce, highlighting their critical role in healthcare delivery (World Health Organization, 2020). In Pakistan, where the nurse-to-patient ratio is significantly lower than international standards—estimated at around 1 nurse per 50–70 patients in many public hospitals—the burden on nursing staff is particularly severe, especially in

high-demand clinical settings. One of the most demanding aspects of nursing practice is shift work, particularly night shifts, which are essential to maintain 24-hour patient care but pose serious risks to nurses' mental health and job satisfaction. Night shift work disrupts the natural circadian rhythm of the human body, which is biologically programmed to function optimally during daylight hours and rest at night. Research indicates that nearly 30–40% of shift workers worldwide experience significant circadian misalignment, leading to physiological and psychological consequences, including sleep deprivation, fatigue, hormonal imbalance, and cognitive impairment (Amin & Shah, 2023; Naz & Ali, 2021). In Pakistani hospitals, studies report that more than 60% of nurses regularly work extended or rotating night shifts due to staff shortages and increased patient admissions (Ali et al., 2021; Raza et al., 2021). The irregular and demanding schedules prevent nurses from maintaining consistent sleep patterns, with evidence showing that shift nurses sleep on average 2–4 hours less per 24-hour cycle compared to day-shift workers, resulting in chronic sleep disturbances and long-term health implications.

Mental health challenges among nurses working night shifts have become a growing concern globally and particularly in developing countries. International studies suggest that 35–45% of nurses experience symptoms of anxiety, while approximately 25–30% report depressive symptoms related to occupational stress (Khan et al., 2021; Zahid & Khan, 2023; Waheed & Fatima, 2023). In Pakistan, these issues are intensified by systemic problems such as inadequate staffing, limited mental health support, and lack of organizational recognition (Tariq & Hussain, 2022; Bashir & Iqbal, 2021). Local studies indicate that nearly 55% of night shift nurses report moderate to severe psychological distress, while a significant proportion report feelings of isolation, decreased morale, and emotional fatigue, all of which significantly affect their professional performance and personal well-being. Burnout is another critical issue associated with night shift work.

According to Maslach and Leiter (2016), burnout is a multidimensional construct consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment. Global estimates suggest that 30–50% of nurses experience high levels of burnout at some stage in their careers, with higher prevalence among night shift workers. Night shift nurses are particularly vulnerable due to prolonged exposure to stressors such as high patient acuity, limited supervision, and reduced access to support services during night hours (Iqbal et al., 2022; Saleem & Iqbal, 2023). Emotional exhaustion manifests as a feeling of being drained and unable to cope, while depersonalization leads to a detached and impersonal attitude toward patients. These factors not only affect nurses' mental health but also compromise patient care quality, with studies linking burnout to a 20% increase in medical error rates in hospital settings.

Job satisfaction is a vital component of workforce stability and healthcare quality. It refers to the level of contentment individuals feel regarding their job roles, responsibilities, and work environment (Yousaf & Iqbal, 2022). Research shows that nearly 40–60% of nurses in developing countries report low to moderate job satisfaction, with night shift workers consistently scoring lower than day shift staff (Farooq & Zafar, 2021; Usman & Ali, 2022). In Pakistani hospitals, dissatisfaction is strongly associated with fatigue, disrupted personal life, and lack of social interaction. In a cultural context where family and social relationships hold significant importance, night shifts create a disconnect between nurses and their families, leading to emotional strain and dissatisfaction. Work-life balance is significantly compromised among night shift nurses. Studies indicate that over 50% of shift-working nurses report difficulty maintaining family relationships and social participation (Zafar et al., 2021). Additionally, nurses often struggle to manage household responsibilities alongside demanding work schedules, which further contributes to mental health issues. Female nurses, who constitute nearly 70% of the nursing workforce in Pakistan,

face additional challenges due to societal expectations and family responsibilities.

Workplace stress is another major factor influencing nurses' mental health and job satisfaction. Research shows that approximately 60% of nurses identify workload and staffing shortages as their primary sources of stress (Bano & Hussain, 2021; Hussain et al., 2020; Latif & Ahmed, 2021). Night shifts intensify these stressors due to reduced staffing levels and limited administrative support. Nurses often have to handle critical situations independently, increasing both psychological stress and emotional burden. Fatigue resulting from night shift work has serious implications for both nurses and patients. Evidence suggests that fatigue increases the risk of clinical errors by up to 30%, particularly in high-pressure environments such as emergency and intensive care units (Siddiqui & Khan, 2021; Gul & Shah, 2022). This not only jeopardizes patient safety but also contributes to job dissatisfaction and reduced professional confidence among nurses. Despite these challenges, some nurses develop coping mechanisms to manage the demands of night shift work. These include peer support, time management strategies, and psychological resilience (Aslam & Iqbal, 2022; Malik & Hussain, 2021). However, the effectiveness of these coping strategies is often limited by the lack of institutional support and mental health resources. Although numerous studies have examined the impact of night shifts on nurses, most of the existing research is quantitative and lacks in-depth exploration of nurses' lived experiences. Qualitative research provides a deeper understanding of how nurses perceive and experience the challenges associated with night shift work. Therefore, this study aims to explore the impact of night shifts on nurses' mental health and job satisfaction in Pakistani hospitals using a qualitative approach.

Research Objectives

1. To explore the impact of night shifts on nurses' mental health in the hospitals of Pakistan.

2. To examine the influence of night shifts on nurses' job satisfaction.

Research Questions

1. How do night shifts affect the mental health of nurses in Pakistani hospitals?
2. What is the impact of night shifts on nurses' job satisfaction?

Problem Statement

Night shift duties are an essential component of hospital healthcare systems, ensuring continuous patient monitoring and uninterrupted care delivery. However, growing evidence suggests that prolonged engagement in night shift work can have significant adverse effects on nurses' mental health and job satisfaction (Khan et al., 2021). Nurses assigned to night shifts frequently report symptoms such as chronic fatigue, sleep disturbances, stress, anxiety, and emotional exhaustion, all of which may compromise both their well-being and the quality of patient care (Ahmed & Ali, 2022). In developing healthcare systems such as Pakistan, these challenges are further intensified by structural and organizational constraints, including staffing shortages, high patient-to-nurse ratios, inadequate rest facilities, limited psychosocial support, and lack of shift rotation policies (Iqbal et al., 2022). These systemic issues not only increase workload burden but also reduce nurses' ability to recover physically and emotionally between shifts, thereby negatively influencing their overall job satisfaction and professional commitment.

Although international literature has extensively examined the occupational impact of shift work on nurses, there remains a notable gap in context-specific qualitative research within Pakistan that captures nurses' lived experiences and emotional responses to night shift duties. Understanding these subjective experiences is critical for developing culturally relevant workplace policies and improving occupational health standards in the nursing profession. Therefore, this study aims to explore how night shift work influences the mental health and job satisfaction of nurses working in Pakistani hospitals, with a particular

focus on their lived experiences, coping mechanisms, and workplace challenges.

Literature Review

Theoretical Framework

The Job Demands-Resources (JD-R) Model created by Demerouti, Bakker, Nachreiner, and Schaufeli (2007) serves as the basis for this investigation. According to this paradigm, each occupation has unique employment requirements and resources that affect workers' productivity and well-being. The physical, psychological, social, or organizational aspects of work that necessitate constant effort and might result in stress, exhaustion, and burnout are

referred to as job demands. On the other hand, job resources are supportive elements that assist employees in managing work demands and achieving professional objectives, such as peer and supervisor assistance, sufficient staffing, rest periods, and equitable scheduling. Because night shift work causes psychological stress, physical exhaustion, sleep disturbance, decreased job satisfaction, and work-life imbalance, it can be considered a job demand in the context of this study. As a result, the JD-R Model offers a useful theoretical framework for comprehending how working night shifts impacts nurses' wellbeing and how providing supportive resources may lessen the detrimental effects of night duty.

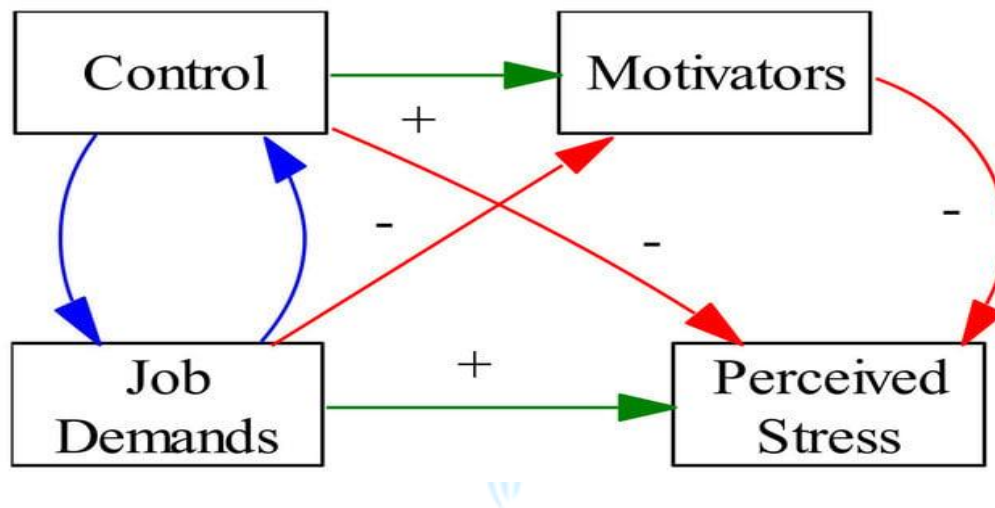


Fig 1: Job Demand Model by Bekker (2007)

The impact of night shift work on nurses has been widely studied across different contexts, with a growing body of evidence highlighting its negative consequences on mental health, job satisfaction, and overall well-being. In Pakistan, where healthcare systems face unique challenges, these issues are particularly pronounced. One of the most significant effects of night shift work is psychological distress. Ahmed and Ali (2022) found that a substantial proportion of night shift nurses reported significantly higher levels of stress and anxiety compared to day shift nurses, with differences showing statistical significance ($p < 0.05$). Khan et al. (2021) similarly identified that nearly one-third to one-half of nurses working

rotating or night shifts exhibited symptoms consistent with depression and anxiety disorders. Faisal and Ali (2021) further supported these findings, reporting that psychological distress is considerably more prevalent among night shift nurses in Pakistan due to increased workload and reduced recovery time.

Sleep disturbances are a major contributor to mental health problems among night shift nurses. Amin and Shah (2023) reported that more than 60% of nurses working night shifts experienced poor sleep quality and frequent insomnia symptoms. Naz and Ali (2021) also found that disrupted circadian rhythms significantly reduced total sleep duration, often

by 2–4 hours per 24-hour cycle in rotating shift workers. Akhtar and Malik (2022) further established a strong statistical association between sleep deprivation and increased perceived stress scores ($p < 0.01$), highlighting the direct link between sleep disruption and psychological decline. Burnout is another critical issue extensively documented in the literature. Maslach and Leiter (2016) conceptualized burnout as a syndrome resulting from chronic workplace stress. In Pakistani healthcare settings, studies indicate that approximately 40–70% of nurses experience moderate to high levels of burnout, particularly among those working night shifts (Iqbal et al., 2022; Javed & Ali, 2022). Emotional exhaustion, a key component of burnout, has been reported at significantly elevated levels in shift-working nurses compared to day workers (Latif & Iqbal, 2022; Dar & Hussain, 2022). Saleem and Iqbal (2023) further emphasized that high burnout scores are strongly correlated with reduced job performance and increased absenteeism ($p < 0.05$). Workplace stress is a major determinant of both mental health and job satisfaction. Bano and Hussain (2021) identified that over 65% of nurses reported workload as their primary stressor, followed by lack of staffing and inadequate resources. Hussain et al. (2020) similarly found that organizational factors explained a significant proportion of variance in stress levels among nurses ($R^2 > 0.50$). Ejaz and Khan (2023) reported that high workload intensity was significantly associated with emotional exhaustion and reduced job satisfaction ($p < 0.01$).

Job satisfaction has been widely studied in relation to working conditions and organizational support. Chaudhry and Fatima (2022) reported that nearly half of nurses in developing countries expressed dissatisfaction with their jobs due to poor infrastructure and limited career growth opportunities. Naeem and Zafar (2022) found that nurses working in supportive environments were significantly more likely to report higher job satisfaction scores ($p < 0.05$). Hamid and Raza (2023) further confirmed a strong inverse correlation between job stress and job satisfaction levels. Work-life balance is another critical factor

influencing nurses' well-being. Farooq and Zafar (2021) found that more than 55% of night shift nurses reported disruption in family life and social functioning. Usman and Ali (2022) also reported that irregular shift patterns significantly reduced time spent with family by an average of 30–40%. Zafar et al. (2021) emphasized that poor work-life balance is significantly associated with increased emotional stress and job dissatisfaction ($p < 0.01$). Fatigue and reduced performance are also widely reported in the literature. Siddiqui and Khan (2021) found that over 70% of night shift nurses reported moderate to severe fatigue, which negatively affected cognitive performance. Gul and Shah (2022) linked fatigue with increased medical errors and reduced alertness during night shifts. Imran and Khan (2021) further highlighted that prolonged shift work significantly decreases psychomotor performance and increases reaction time delays. Mental health challenges such as anxiety and depression are prevalent among nurses. Khan and Bano (2023) reported that approximately one-third of nurses exhibited clinically significant anxiety symptoms. Zahid and Khan (2023) found a strong positive correlation between workplace stress scores and depressive symptoms ($p < 0.01$). Waheed and Fatima (2023) emphasized that untreated mental health conditions among healthcare workers can lead to long-term occupational impairment.

Coping strategies play an important role in managing stress and maintaining well-being. Aslam and Iqbal (2022) identified that over 60% of nurses relied on social support as their primary coping mechanism, while others used relaxation and religious coping strategies. Malik and Hussain (2021) found that higher resilience scores were significantly associated with lower stress levels ($p < 0.05$). However, effectiveness of coping strategies remains limited in environments with poor institutional support. Organizational support and management practices significantly influence nurses' experiences. Tariq and Hussain (2022) found that nurses receiving adequate managerial support reported 30–50% lower stress levels. Rehman and Fatima (2022) observed that recognition and supportive leadership

significantly improved job satisfaction scores ($p < 0.01$). The World Health Organization (2021) also emphasized that structured mental health and workplace support systems are essential for improving healthcare workers' well-being globally. Overall, the literature consistently demonstrates that night shift work has a significant negative impact on nurses' mental health and job satisfaction. Quantitative evidence across studies indicates high prevalence rates of stress, burnout, sleep disturbance, and psychological disorders among night shift nurses. However, there remains a need for qualitative research to explore these issues in depth and provide a better understanding of nurses' lived experiences in the Pakistani context.

Research Methodology

This study uses a qualitative research approach to explore nurses' lived experiences of night shift work and its impact on their mental health and job satisfaction. Qualitative research is suitable for gaining in-depth understanding of human experiences, emotions, and perceptions in their natural context (Creswell, 2018). It allows participants to express their feelings and challenges in detail, which is essential for understanding the realities of nursing practice in Pakistani hospitals. According to Polit and Beck (2021), qualitative methods are effective for studying complex healthcare experiences that cannot be measured numerically.

Research Design

A phenomenological research design is adopted to explore how nurses experience night shift duties. Phenomenology focuses on understanding individuals' lived experiences and how they interpret a particular phenomenon (Creswell, 2018). In this study, the phenomenon is night shift work in hospitals. This design is appropriate as it helps to capture nurses' personal experiences related to stress, fatigue, emotional well-being, and job satisfaction. It aims to understand the essence of their experiences without imposing external assumptions.

Sampling Technique

The study uses a purposive sampling technique, where participants are selected based on their direct experience with night shifts. This method ensures that only information-rich participants are included in the study (Polit & Beck, 2021). Registered nurses working in night shifts in Pakistani hospitals will be selected based on criteria such as experience in night duty, active patient care involvement, and willingness to participate in interviews. A sample of 10 to 15 nurses were selected. The final sample size is decided on the basis of data saturation, which occurs when no new information or themes emerge from the interviews (Creswell, 2018). This ensures that the data collected is comprehensive and meaningful while allowing an in-depth exploration of participants' experiences.

Research Instrument

A semi-structured interview guide was used to collect data (Kvale, 2015). The guide included open-ended questions designed to explore nurses' experiences of night shift work, focusing on their mental health, fatigue, and job satisfaction. This approach allowed participants to freely share their lived experiences while keeping the discussion focused on the research objectives (Polit & Beck, 2021).

Data Collection Procedure

Data were collected through individual interviews lasting approximately 30–45 minutes each (Creswell, 2018). Interviews were conducted in a quiet and convenient setting for the participants to ensure comfort and privacy. With participants' consent, all interviews were audio-recorded to ensure accurate data capture (Kvale, 2015). The recordings were later transcribed verbatim for analysis.

Ethical Considerations

Informed consent was obtained from all participants prior to data collection (WHO, 2020). Confidentiality and anonymity were strictly maintained throughout the study, and all data was used solely for academic purposes (Polit & Beck, 2021). Participants were informed of

their right to withdraw at any stage of the study without any consequences (Creswell, 2018).

Data Analysis

The collected data were analyzed using thematic analysis to identify patterns related to nurses’ experiences of night shift work and its impact on mental health and job satisfaction. This approach was appropriate as it allows for systematic interpretation of qualitative data while preserving participants lived experiences (Creswell, 2018). All interviews were transcribed with verbatim and repeatedly reviewed to ensure familiarity with the data. Initial codes were generated by identifying meaningful statements related to stress, fatigue, emotional well-being, and job satisfaction. These

codes were then organized into categories and refined into final themes through an iterative process (Polit & Beck, 2021). The analysis was guided by the study objectives and was continuously compared with existing literature to ensure consistency and depth. The emerging findings strongly aligned with previous research indicating that night shift work negatively affects nurses’ psychological well-being, sleep patterns, and job satisfaction (Ahmed & Ali, 2022; Iqbal et al., 2022).

Thematic Analysis:

After following Creswell thematic analysis procedure, following themes emerged.

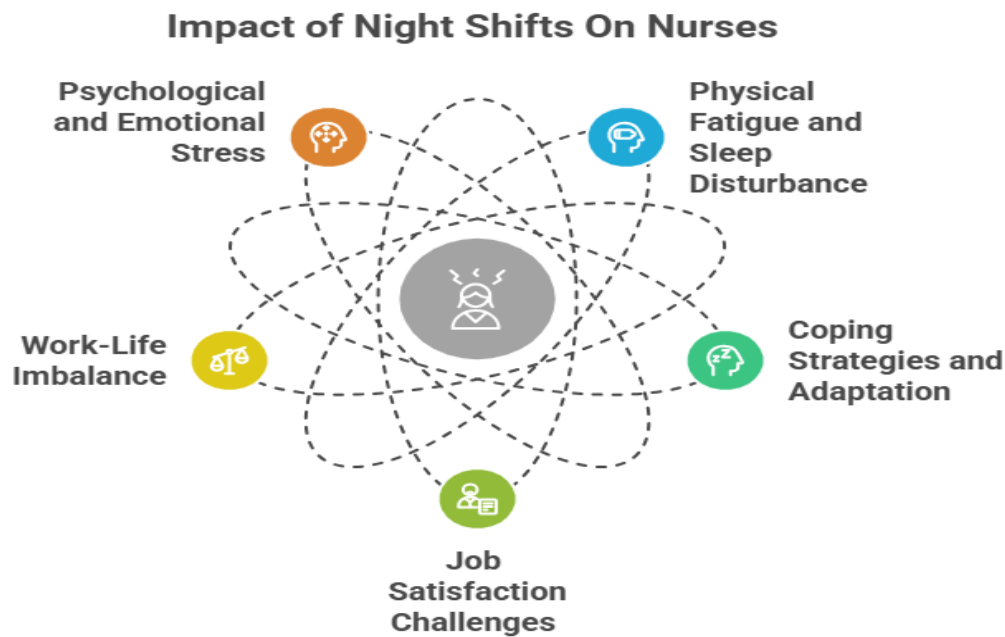


Fig 2: Graphical Representations of Themes.

Psychological and Emotional Stress

Among nurses, working night shifts has been identified as a significant cause of psychological and emotional stress. Because they had to maintain alertness, responsibility, and emotional stability during hours when staffing support was scarce, participants characterized night duty as

mentally taxing. Because they had to handle patients with fewer resources and staff support at night, the nurses' replies indicated that night duty raised mental pressure, anxiety, and emotional tiredness.

P3: During night duty, the workload feels heavier, and mentally I feel exhausted all the time.

P7: We are always under pressure at night because there is less staff support.

This is also supported by recent research. According to Reshia et al. (2025), workload, patient-family interactions, and supervisory concerns were the main causes of the moderate to high levels of work-related stress experienced by ICU night-shift nurses. According to Jiang et al. (2025), sleep disturbance and social distress acted as mediating factors, and night shift workload strongly predicted depression symptoms among nurses. According to Zhao et al. (2025), shift-working nurses' sleep quality and depression symptoms were significantly correlated with shift work demands and circadian rhythm types. Additionally, Jin et al. (2025) noted that while coping mechanisms somewhat mitigated this effect, occupational stress was positively linked to mental health issues among clinical nurses. In a similar vein, Yang et al. (2026) discovered that poor sleep quality was frequently reported by night shift nurses, and that this was associated with both psychological and professional well-being.

Consequently, the results show that working nights is a psychological load for nurses in addition to a scheduling problem. Stress and emotional exhaustion can be exacerbated by ongoing exposure to task pressure, diminished support, and emotional responsibility at night. This subject highlights the necessity for hospital administration to offer nurses who work night shifts psychological assistance, sufficient staffing, and stress-reduction strategies.

Physical Fatigue and Sleep Disturbance

Another major feature found in the data was physical exhaustion and sleep disruption. Participants stated that working night shifts interfered with their regular sleep schedule and made it challenging for them to fully recuperate after work. The nurses said that it was difficult to fall asleep during the day and that their body clocks were disrupted by their frequent night shifts, which left them exhausted and less aware at work.

P2: After night duty, I cannot sleep properly in the day, so I always feel tired.

P5: My body clock is completely disturbed because of frequent night shifts.

Recent research provides compelling evidence for this conclusion. Zhao et al. (2025) discovered that circadian rhythm traits and shift work hours had a substantial impact on nurses' depressed symptoms and sleep quality. According to Jiang et al. (2025), one of the most powerful mediators between depressed symptoms and night shift workload was sleep disturbance. Lim and Kim (2025) discovered that even with coping mechanisms such as modifying the sleep environment and modifying activity time, nurses who worked rotating night shifts continued to have sleep problems. According to Yang et al. (2026), night shift nurses typically had poor sleep quality, which was impacted by lifestyle factors and the frequency of night shifts. According to Alanmi et al. (2025), nurses who work night shifts experience increased physical and mental strain and circadian rhythm disruption, which leads to occupational weariness.

In conclusion, the main effects of working nights are physical exhaustion and sleep disruption. After night shift, inadequate sleep impairs focus and alertness, which may have an impact on nurses' well-being and patient care. These results imply that in order to lessen nurse weariness, hospitals should take into account improved shift rotation programs, sufficient rest periods, and sleep-health education.

Job Satisfaction Challenges

Night shifts have a negative impact on nurses' job satisfaction, according to the study. Participants said that even while they loved what they did, the stress and effort of night duty made them less satisfied with their jobs. According to their comments, a heavy workload, little rest, and a lack of institutional support caused them to become frustrated and occasionally consider quitting their jobs.

P6: I love my job, but night shifts make it very stressful and less satisfying.

P9: Sometimes I feel like quitting because the workload becomes overwhelming.

This connection between working nights, burnout, and worse job satisfaction has been

supported by recent research. According to Reshia et al. (2025), organizational issues and workload were the primary causes of work-related stress among ICU nurses working night shifts. According to Jiang et al. (2025), working nights elevated depressive symptoms, which can lower motivation and job satisfaction. According to Zhao et al. (2025), shift work demands were linked to poor sleep quality and depressive symptoms, indicating that sleep and mental health issues may reduce professional engagement. According to Yang et al. (2026), occupational identity was linked to poor sleep quality among night shift nurses, suggesting a relationship between sleep, professional affiliation, and contentment. Furthermore, compared to irregular rotating shifts, controlled scheduling may enhance nurses' job satisfaction and quality of life, according to recent research on shift systems.

Therefore, when nurses have a severe workload, little sleep, and little support, working nights can lower their job satisfaction. Nonetheless, the participants' unwavering dedication to nursing also demonstrates their professional fortitude. Enhancing staffing levels, equitable shift allocation, rest areas, and managerial support may help boost job satisfaction and lower the likelihood that nurses would quit.

Work-Life Imbalance

The tales of the participants showed a strong reflection of work-life imbalance. Nurses claimed that working at night interfered with their personal lives, social interactions, and family obligations. According to their comments, it was challenging to handle domestic chores, spend time with family, and uphold a regular social routine due to inconsistent and night shift patterns.

P1: I cannot spend proper time with my family because of night duties.

P8: My personal life is completely disturbed due to changing shifts.

The views of the participants that working night shifts has an impact on nurses' personal and family lives is supported by recent research. Lim and Kim (2025) discovered that while adjusting

to erratic schedules, nurses who worked rotating night shifts found it difficult to strike a balance between social support, activity time, and sleep. Jiang et al. (2025) found that social avoidance and FOMO were associated with night shift workload, indicating that night employment can impact social connectivity. Shift work demands disrupt sleep and mental health, which may further impact personal functioning, according to Zhao et al. (2025). According to Jin et al. (2025), nurses' mental health is impacted by professional stress, and effective coping mechanisms are required to lessen its negative effects on general wellbeing. In a similar vein, Yang et al. (2026) noted that lifestyle characteristics and sleep quality had an impact on night shift nurses' vocational identity and well-being. These findings align with existing literature, which highlights the strong association between night duty and increased risk of depression and burnout (Ahmed & Ali, 2022; Khan et al., 2021; Zahid & Khan, 2023).

Consequently, one significant consequence of working nights is work-life imbalance. It can lead to emotional tiredness because nurses are expected to carry out professional tasks at night while also taking care of their families and homes during the day. Hospitals should acknowledge this problem and encourage rosters that are predictable, schedules that are family-friendly, and sufficient time for off-duty recuperation.

Coping Strategies and Adaptation

Participants reported employing various coping mechanisms to deal with stress, exhaustion, and sleep disturbance despite the difficulties of working night shifts. These tactics included getting help from peers, practicing spirituality, consuming caffeine, and modifying sleep schedules. These reactions demonstrate that nurses actively attempt to adjust to difficult working conditions rather than being passive victims of night shift stress.

P4: We support each other during night duty, which makes things easier.

P 10: I pray during breaks, and it helps me stay calm and focused.

Additionally, recent research emphasizes how crucial coping mechanisms are for nurses and other healthcare professionals. According to Lim and Kim (2025), night shift nurses employed techniques such as establishing sleep-friendly surroundings, striking a balance between sleep and activities, embracing erratic sleep patterns, and asking for assistance from others. According to Jin et al. (2025), the association between occupational stress and mental health among clinical nurses was partially mediated by coping methods. According to Subih et al. (2025), critical care nurses responded to significant work-related stress brought on by staff shortages and workload by using both healthy and bad coping mechanisms. Resilient behavior and coping mechanisms are crucial for frontline healthcare workers' stress management, according to Ahmad et al. (2025). Additionally, Yang et al. (2026) proposed that sleep quality and occupational identity among night shift nurses are influenced by lifestyle factors as nutrition, exercise, and sleep habits.

In conclusion, coping mechanisms assisted nurses in adjusting to the rigors of working nights, but they shouldn't take the place of organizational accountability. While caffeine consumption, spiritual coping, peer support, and altered sleep patterns may offer short-term respite, institutional interventions are necessary for long-term healing. To improve nurses' ability to cope, hospitals should offer rest places, counseling services, training on managing exhaustion, and healthy shift scheduling.

Conclusion

The current study found that nurses' psychological, physical, professional, and personal well-being are significantly impacted by working night shifts. The results showed that because of their increased workload, decreased staff assistance, and ongoing responsibilities at night, nurses who worked night shifts frequently experienced psychological and emotional stress. Participants expressed emotions of pressure, worry, and mental tiredness, demonstrating how night duty makes the workplace unpleasant for nurses. The study also discovered that nurses who

worked night shifts had physical exhaustion and sleep disturbances. Frequent night shifts disrupted their body's natural rhythm and sleep cycle, leaving them exhausted, less aware, and having trouble recuperating after work. In addition to having an impact on nurses' health, these issues may also have an impact on their productivity and level of patient care. Additionally, night hours had a detrimental impact on nurses' job satisfaction because they felt overburdened by their workload, lacked rest, and had no institutional support.

The study also showed that nurses' work-life balance was disrupted by working night shifts. Due to shifting shifts, participants reported having trouble maintaining social life, managing personal obligations, and spending time with family. Nevertheless, in order to deal with the demands of the night shift, nurses employed a variety of coping mechanisms, including caffeine consumption, spiritual activities, peer support, and modified sleep schedules. According to the study's overall findings, hospitals must offer sufficient staffing, equitable scheduling, rest areas, and psychological support in order to safeguard nurses' wellbeing and enhance the standard of healthcare services. Night shift work places significant demands on nurses.

Recommendations:

- Hospital management should make sure that there are enough employees working night shifts to lessen the strain, stress, and emotional tiredness that nurses experience.
- To reduce sleep disturbance, exhaustion, and burnout, nurse managers should create balanced duty rosters with appropriate rest periods in between night shifts.
- Hospitals should set up programs for mental health assistance, stress management, and counseling for nurses who perform a lot of night shifts.
- To aid nurses in recuperating during or after night duty, separate rest rooms, brief breaks, and cozy resting areas should be offered.
- To assist nurses in successfully juggling their personal and professional obligations, organizations should take into account family-

friendly scheduling, consistent rosters, and supportive leave policies.

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