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Sociological Study of Occupational Challenges and Quality of Life Among the Nurses of Secondary Care Hospital in District Layyah

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Abstract

It is well acknowledged that nursing is among the most difficult occupations in the healthcare industry. This is due to the fact that nurses encounter a multitude of problems when providing healthcare services in hospitals. Nursing is widely regarded as one of the most demanding professions, placing practitioners at the intersection of patient need and institutional pressure. Day after day, nurses navigate heavy workloads, extended shifts, and environments where essential resources are often insufficient. These realities do not simply make the job difficult; they shape the overall wellbeing of those who carry it out. This study was designed to examine how such occupational challenges translate into real consequences for nurses' quality of life, with a focus on secondary care hospitals in District Layyah, Pakistan. Layyah comprises three tehsils, namely Layyah, Karor Lal Esan, and Choubara, and Tehsil Layyah was selected for this inquiry given its accessibility and its four functioning public secondary care hospitals. From these hospitals, 150 nurses were recruited as study participants using a proportionate sampling approach, ensuring representation across facilities. Data were collected through a structured questionnaire developed specifically for this purpose, and analysis was carried out using SPSS version 26, drawing on both descriptive and inferential statistical techniques. What emerged from the findings was a clear and multi-layered picture: occupational challenges among nurses in this setting were not isolated inconveniences but interconnected pressures with measurable effects on their quality of life. Regarding workload and job demands, nurses frequently worked overtime due to staff shortages (3.97±1.26) and reported physical exhaustion after duty (3.92±0.99). In terms of organizational and administrative issues, lack of resources and proper medical equipment emerged as the most pressing concern (4.07±1.01). Concerning social and psychological challenges, feeling stress due to job responsibilities was most prominent (3.77±0.92), followed by depression due to workload (3.67±1.04). With respect to quality of life, staff shortages were found to increase stress and reduce well-being (3.93±1.12), while low salary and benefits were identified as the leading organizational factor reducing overall life satisfaction (3.95±0.98). Psychological pressure from work was reported as the greatest contributor to lowered quality of life, whereas physical health indicators remained near the neutral category (3.37±1.16), suggesting nurses maintained moderate physical health despite occupational burdens. Emotional well-being scores, including motivation toward the nursing career (3.30±1.15), also hovered near neutrality. Respondents recommended adequate salary and professional respect (17.3%), sufficient hospital resources and equipment (15.3%), and

increased nursing staff to reduce workload (12.7%) as priority interventions to improve occupational conditions and quality of life.
Keywords: Challenges, Quality of life, workplace stress, nurses, health, secondary care hospital

Introduction

Nursing stands among the most demanding of all professions, and those who practice it routinely encounter pressures that take a toll on both their personal wellbeing and their experience of work itself (Babapour et al., 2022). What distinguishes nursing from many other fields is its fundamentally holistic orientation, which calls on practitioners to view each patient not as a collection of symptoms but as a whole person embedded in a broader social and physical environment. Nurses offer their presence, comfort, and support to individuals who are in pain, facing illness, navigating loneliness, or approaching the end of life (Das et al., 2018).Central to how nurses experience their profession is the question of work-life quality, which depends, in large part, on how well personal needs and organizational demands can be reconciled. When this balance is achieved, the benefits extend beyond individual nurses to the institutions they serve, reflected in stronger productivity, reduced staff turnover, and improved psychosocial outcomes. Conversely, when this balance is disrupted, the consequences reach patients directly, affecting the quality of care they receive, the costs associated with that care, and the overall functioning of healthcare systems (Biresaw et al., 2020). Work-life quality is not shaped by any single factor but is instead the product of a wide and intersecting range of influences (Van et al., 2020). These include the nature of nursing tasks themselves, the conditions under which work takes place, compensation and job security, autonomy and involvement in decision-making, workplace safety, exposure to psychosocial stressors, and the ongoing effort to maintain a meaningful boundary between professional responsibilities and family life (Abadiga et al., 2019).

The presence and position of nurses in the European countries demonstrate that nurses are the largest share of the workforce in health care and are critical in providing care in hospitals, community, and long-term care. The OECD estimates that the average nurse per 1,000 populations in the European Union countries was approximately 8.4 nurses in 2022, compared to about 7.3 in 2010, showing a slow growth of the workforce. However, there is wide variation among countries: nations such as Finland, Ireland, and Germany report 12 or more nurses per 1,000 populations, while some Southern and Eastern European countries have significantly lower densities (OECD, 2024). In wider Europe, such nations as Switzerland and Norway have more than 14-18 nurses per 1000 individuals, and other countries have less than 5 nurses per 1000, which is indicative of workforce imbalances (The Global Economy, 2024). Altogether, regardless of the growing numbers, Europe has challenges such as ageing nursing personnel, shortages of workforce, and increasing demand as the population ages, and nurse retention and training are instrumental policy priorities (OECD, 2024).

The position and size of the nursing population in Asian countries demonstrate significant differences in the capacity and healthcare development. The WHO (2023) estimates that the average nurse per 1,000 population in most of the Asian areas is still way below that of Europe, with a number of countries having a below 3 nurse-per-1000 population ratios. Advanced healthcare systems are illustrated by high-income countries that have comparatively more powerful nursing workforces, over 10 nurses per 1,000 population. Conversely, other countries with high populations, such as India, Pakistan and Bangladesh have significantly lower ratios, usually below 2 nurses per 1,000 individuals, which underscores severe deficits. The World Bank (2023) indicates that other factors leading to these shortages are high population growth, migration of nurses to better paying nations and lack of capacity to train more nurses. Altogether, although the improvement of the nurse education level and the growth of the working force happen in certain

countries in Asia, the region still has much to do to attain the equilibrium of the nurse distribution, the adequate staffing level, and the quality of healthcare provision.

Pakistan is a rapidly growing country in terms of population, according to recent census population of Pakistan is accorded as 212,215,030 million. Pakistan is the fifth largest state in the world in terms of population. It means that Pakistan has a lot of human resources available. The ratio of population of men and women is nearly the same with nearly half of the population being males (51 per cent) and almost half being females (49 per cent). But only 21.9 percent women participate in labor force suggesting that mostly women in Pakistan prefer to stay at home (World Bank, 2019).

The nursing workforce has faced a variety of socio-cultural challenges which have substantially changed its status (O'Lynn and Tranbarger, 2006). The mother of the nursing profession, Florence Nightingale, was concerned with working in a traditional caring practice and womanhood for maintaining harmony in prescribed society moral values (Evans, 2003). However, thousands of minority women who played the role like doing more with less, have downplayed the image of the nursing to sisterhood only (Nelson, 2011). Socio-cultural barriers have been reported in nursing in the study conducted in Iran (Nasrabadi et al., 2004) and Spain, where gender roles have been also found to have a strong influence (Mosqueda-Díaz et al., 2013). Stereotypical images of the nurses continue to be portrayed in the media as angels of mercy and sexy nurses (Gordon and Nelson, 2005). Hindus believe that female nurses will not get marriage proposals as they work at night and deal with male patients (Hollup, 2014).

Need for the Study

Nursing is a profession most challenging in the health sector, which demands constant physical activity, emotional stability, and socialization with patients and other professionals. In Pakistan, most nurses in the secondary care hospitals are characterized by various occupational problems, which include high workloads, insufficient professional appreciation, understaffing, and unfavorable working environments. The challenges do not only influence their job performance but also greatly increase their overall quality of life, their physical, psychological, and social well-being. Although they play a significant role in patient care, few sociological studies have been developed to investigate the ways in which these challenges impact the lives of nurses in smaller districts like Layyah. Thus, there is an urgent necessity to examine this problem to get to know the lived experiences of nurses, determine which aspects affect their work satisfaction and life quality, and offer the evidence-based information to make their working conditions and welfare policies better.

Objectives

1. To study the socio-economic status of nurses in the study area.
2. To find out the main occupational challenges faced by nurses in hospitals.
3. To assess the quality of life of nurses.

Review of Literature

Occupational Challenges

Aslam *et al.* (2024) assessed the rates of stress and its associated aspects in nurses in government hospitals and informed approaches to improve their working conditions and overall health. Studies suggest that there are severe problems concerning job satisfaction, occupational challenges, harassment and workplace violence among nurses. Results of the logistic regression showed that age, educational qualification, marital status and professional experience were found to have a small influence on job satisfaction among nurses in the public sector hospital.

According to Ashraf et al. (2024), occupational issues among nurses working in government hospitals are a major concern which affects their personal well-being as well as the quality of their patient care. The majority of respondents were women (70%) and between 25-35 years old (55%). Bachelor's degree was held by 60% of the nurses and diploma in nursing was held by 40%. The three most frequently reported stressors were heavy workload (70%), long working hours (60%) and poor working relationships (45%). Binary logistic regression analysis showed that females were 1.5 times more likely to suffer from stress than males ($p<0.05$). Nurses working 40+ hours per week were 1.3 times more likely to report stress ($p < 0.05$) and nurses with less than 6 years of experience were 1.8 times more likely to suffer stress ($p < 0.05$). The study reveals that the problems faced by the nurses are very high in the government hospitals, which are mostly due to overload of work, excessive working hours, and lack of working relationship. These issues are important and need to be addressed through specific interventions to improve the health of nurses and the quality of health care services.

Khan et al. (2025) stated that nursing is a challenging profession worldwide, frequently linked to significant stress levels stemming from various aspects of the healthcare setting. The aim of this study was to determine the prevalence of stress and the factors contributing to it among the nurse working in tertiary care hospital of Peshawar Pakistan. The study involved 366 nurses with mean age 31.06±6.54 years, 23.5% were male and 76.5% were female. Overall, 56.0% of nurses reported difficulties with the Supervisor/Matron/Head Nurse and 75.4% of nurses agreed that political involvement of others can be a source of stress when at duty. In addition, 60.7% of nurses reported that they were not able to take holidays that they wanted. Almost 82.0% agreed to have been experiencing job stress, and 76.0% agreed to being personally stressed. Stress was identified as being common among nurses, and key stressors were low pay, influence of politics, difficulties with supervision and lack of holiday.

Quality of Life

Babar and Khan (2020) positioned nurses as central figures in the delivery of healthcare services and investigated how this role shapes their overall quality of life, drawing on data from DHQ Hospital in Gujranwala City. Their study adopted a multidimensional framework, identifying eight distinct domains as relevant determinants: sociodemographic characteristics, work-related factors, availability of physical facilities, work-life balance, work design, work context, broader work-world conditions, and economic wellbeing. Among these, three emerged as particularly significant. Physical facilities, work-life balance, and economic wellbeing each showed a positive and statistically meaningful association with nurses' quality of life, suggesting that tangible working conditions and financial security are not peripheral concerns but core contributors to how nurses experience their professional lives.

Oyediran *et al.* (2022) investigated the impact of occupational stress on the perceived quality of life among clinical nurses in various hospitals in Nigeria. The results showed that almost half of the respondents (48.0%) expressed high levels of occupational stress as compared to 44.2% and 7.8% low and moderate levels of occupational stress, respectively. Stress among nurses was mainly caused by high workloads (83.9%), long or regular night shifts (71.1% and 67.5%), lack of resources (67.8%), emotional strain from aggressive patients (62.6%), poor remuneration (61.6%), and extended hours without breaks (58.5%). Also, 52.2% of the respondents described their quality of life regarding work as positive, and 38.8% described it as negative. They concluded that work-related stress has a negative influence on the quality of life of nurses.

Methodology

Research Method: The present study employed a descriptive research design, consistent with the framework articulated by Burns and Grove (2003), who define the purpose of descriptive research as capturing a situation as it naturally exists. Rather than manipulating variables or testing interventions, this approach allows researchers to observe, document, and interpret phenomena in their real-world context, making it well suited to identifying patterns, characterizing behaviors, and laying the groundwork for hypothesis development. Descriptive designs have a well-established presence across disciplines including education, nutrition, epidemiology, and the behavioral sciences, all of which share a commitment to systematic observation and thorough analysis as the basis for understanding complex issues. This design was selected because it aligned well with the nature of the study population and the research questions being asked, and it remained practical within the constraints of available time and resources.

Study Area: The present research was conducted in the district Layyah. District Layyah consisted of three tehsils (Layyah, Karor Lal Esan, and Choubara). Tehsil Layyah was specifically chosen conveniently to conduct the current study due to its geographical accessibility, availability of secondary care hospitals, and feasibility in terms of time, resources, and data collection from nurses working in the selected healthcare facilities.

Population of the Study: All registered nurses in secondary care hospitals in Tehsil Layyah, District Layyah were the population of the study.

Sampling and Sample Size: Barreiro and Albandoz (2001) define sampling as the process of selecting a fraction of a population or universe, which is to act as a representative subset. It is well known that the proportions of sample required with increase in population size decrease proportionally, whereas when populations are small, the proportions of the sample required are larger. The present study was conducted in tehsil Layyah. There were many primary health centers; four health care centers (DHQ, THQ hospital Chowk Azam, Kot Sultan and Chobara) were chosen on the basis of simple random sampling. The list of registered nurses was obtained from the respective health care centers. Utilizing a proportional sampling procedure, a sample of 150 respondents was selected from the four public hospital of tehsil Layyah. Details of sample size is given below:

Hospital Name	Total no. of registered nurses	Selected Nurses
DHQ	170	104
Chowk Azam	27	17
Kot Sultan	26	16
Chobara	21	13
Total	244	150

Data Collection Tool: The structured questionnaires are one of the most important instruments in social sciences in data gathering as explained by Neuman (2001). The researcher designed his own questionnaire to get data from the nurses for his research.

Data Analysis: Data analysis refers to a systematic procedure used to examine, clean, transform, and model data in order to find useful information, draw conclusions, and aid in decision making (Babbie, 2016). SPSS-26 was used for data analysis and both descriptive and inferential statistical techniques were applied for the analysis.

Results and Discussion

Socio-Economic and Demographic Characteristics: It was found that a considerable part (46.0%) of the nurses belonged to the age group of 31–40 years. The findings indicate that around two-thirds (67.3%) of the respondents had completed BS Nursing and slightly over half (52.7%) of the respondents had 1-5 years of professional experience. Around 29% of respondents were

working as staff nurses. However, over half (52.0%) of the respondents were serving as charge nurses. A significant part of the respondents (78.7%) were permanent employees of the primary healthcare centers. A large proportion (69.3%) of the respondents were married and most of them (56.7%) were from rural areas. It was found that the maximum commuting distance of more than 20 km is the largest category, accounting for 40.0% of the respondents and a large proportion (45.3%) used public transport for commuting to the hospital. It reveals that the largest proportion of respondents (60.0%) worked on a 'rotational' shift pattern, with this being the most common shift pattern for nurses and a majority of respondents (76.7%) worked 6–8 hours a day.

Table 1: Respondents' views about workload and job demand challenges

Workload and job demand challenges	Mean	S.D.	Rank
I frequently work overtime due to the shortage of staff.	3.97	1.26	1
I have difficulties taking breaks during duty hours.	3.93	1.03	2
Physically exhausted after completing duty.	3.92	0.99	3
Emergency situations increase my work pressure.	3.80	1.02	4
Excessive workload during most shifts.	3.78	1.21	5
Care of too many patients at the same time.	3.67	1.13	6
Insufficient time to complete my assigned tasks.	3.08	1.06	7

A 5-point Likert scale (1 = strongly disagree to 5 = strongly agree) was used to assess respondents' attitudes toward workload and challenges of job demands. Based on the study findings, it was found that the respondents "frequently work overtime due to the shortage of staff" (3.97±1.26), they faced difficulties taking breaks during duty hours (3.93±1.03) and they "physically exhausted after completing duty" (3.92±0.99). These challenges were ranked as 1st to 3rd, respectively. The mean values of these challenges were close to the "agree" category.

Similarly, the statements "Emergency situations increase my work pressure" (3.80±1.02), "Excessive workload during most shifts" (3.78±1.21) and "Care of too many patients at the same time" (3.67±1.13) were ranked as 4th to 6th, respectively. The mean values of these challenges fall between the "neutral" and the "agree" categories but inclined towards the "agree" category.

However, the statement "Insufficient time to complete my assigned tasks" (3.08±1.06) was ranked lowest as 7th. The mean value tended towards the "Neutral" category.

Overall, it was found that the majority of the respondents frequently experience overtime due to the shortage of staff and they face difficulties taking breaks during duty hours. It was observed that most of the nurses are physically exhausted after completing duty and emergency situations in hospitals increase their work pressure. Similarly, Shekhani *et al.* (2024); Hassan (2023) reported that over timing due to the shortage of staff experience by the nurses in the secondary healthcare hospitals.

Table 2: Respondents' perception about their social and psychological challenges

Social and psychological challenges	Mean	S.D.	Rank
Feeling stress due to job responsibilities	3.77	.92	1
I experience depression due to workload	3.67	1.04	2
Lack of respect from patients or attendants.	3.60	1.03	3
Mental health affected due to workplace conflicts	3.52	0.98	4
Emotionally exhausted after dealing with patients.	3.38	1.07	5
I feel job insecurity in my current position.	3.18	1.15	6
My job negatively affects my family life	2.73	1.16	7

According to results presented in Table 2, it was noted that the statements "Feeling stress due to job responsibilities" (3.77±0.92), "I experience depression due to workload" (3.67±1.04), "Lack of respect from patients or attendants" (3.60±1.03) and "Mental health affected due to workplace

conflicts" (3.52±0.98) were ranked as 1st to 4th, respectively. The average values of these challenges gravitated towards the "agree" categories.

However, the statement "Emotionally exhausted after dealing with patients" (3.38±1.07), "I feel job insecurity in my current position" (3.18±1.15) and "My job negatively affects my family life" (2.73±1.16) were ranked as 5th to 7th, respectively. The mean value tended towards the "Neutral" category.

Overall, it was found that the majority of respondents felt stress due to job responsibilities and they experienced depression due to workload. It was noted that nurses felt a lack of respect from patients or attendants and their mental health was affected due to workplace conflicts. Aslam *et al.* (2024) also assessed the rates of stress and its associated aspects in nurses in government hospitals and informed approaches to improve their working conditions and overall health. Studies suggest that there are severe problems concerning job satisfaction, occupational stress, harassment and workplace violence among nurses.

Table 3: Respondents' perception about physical health and well-being.

Physical Health and Well-being	Mean	S.D.	Rank
Physically healthy during working	3.37	1.16	1
I rarely experience work-related illnesses or injury.	3.18	1.18	2
I maintain a balanced diet despite my work schedule	2.99	1.21	3
I can get adequate rest and sleep despite work demands.	2.86	1.19	4
I feel energetic enough to perform my duties efficiently.	2.85	1.21	5
My physical health allows me to engage in leisure or recreational activities.	2.69	1.04	6
My work does not cause frequent fatigue or physical exhaustion	2.61	1.04	7
Overall physical health and well-being	2.94		

According to results, it was noted that the statements "Physically healthy during working" (3.37±1.16), and "I rarely experience work-related illnesses or injury" (3.18±1.18) were ranked as 1st to 2nd, respectively. The mean values of these statements were close to the "neutral" category. It means that mostly nurses were physically healthy while rarely experiencing work-related illness or injury.

However, the statement "I maintain a balanced diet despite my work schedule" (2.99±1.21) and "I can get adequate rest and sleep despite work demands" (2.86±1.19) were ranked as 3rd to 4th, respectively. The average values of these challenges gravitated towards the "neutral" categories. Likewise, the statement "I feel energetic enough to perform my duties efficiently" (2.85±1.21), "My physical health allows me to engage in leisure or recreational activities" (2.69±1.01) and "My work does not cause frequent fatigue or physical exhaustion" (2.61±1.04) were ranked as 5th to 7th, respectively. The mean value tended towards the "Neutral" category. The overall mean value of 2.94 represents a medium level of physical health and wellbeing for nurses, suggesting that there is an important effect of occupational responsibilities and workload on physical health and wellbeing.

Based on the overall results, it was found that the respondents were to some extent physically healthy during working, they rarely experience work-related illnesses or injury and maintained a balanced diet despite their work schedule. The study findings were aligned with those of Kausar *et al.* (2024), who reported that work-related stress, excessive workload, and inadequate organizational support stand out as some of the significant factors contributing to low physical health and well-being of nurses.

Table 3: Respondents' perception about the impact of psychological and emotional well-being on the quality of their life

Psychological and Emotional Well-being	Mean	S.D.	Rank
I feel motivated and positive about my nursing career.	3.30	1.15	1

I rarely feel anxious or depressed due to work-related issues.	3.26	1.26	2
I feel satisfied with my personal and professional life balance.	3.10	1.09	3
I can manage stress arising from my work effectively	3.07	1.08	4
I experience a sense of personal accomplishment in my work.	3.01	1.21	5
My job does not negatively affect my emotional health	2.83	1.19	6
I feel mentally relaxed at the end of my workday.	2.74	1.25	7

It was found that the statements "I feel motivated and positive about my nursing career" (3.30±1.15), and "I rarely feel anxious or depressed due to work-related issues" (3.26±1.26) were ranked as 1st to 2nd, respectively. The mean values of these statements fell between the 'neutral' and the 'agree' categories but tended toward the 'neutral' category. It means that mostly nurses were motivated and positive about their nursing career and they rarely feel anxious or depressed due to work-related issues.

"Feeling satisfied with the balance of personal and professional life" (3.10±1.09), "Managing work-related stress effectively" (3.07±1.08) and "Satisfied with personal accomplishment in work" (3.01±1.21) were ranked 3rd to 5th, respectively. The mean scores for each of these statements were clustered around the "neutral" categories.

Ranked 6th was "My job does not have a negative impact on my emotional health" (2.83±1.19) and 7th was "I feel relaxed mentally at the end of my workday" (2.74±1.25). The mean scores of these statements ranged from 'disagree' to 'neutral' but were in the 'neutral' direction.

Based on the overall results, it was found that the respondents were to some extent motivated and positive about their nursing career. They rarely felt anxious or depressed due to work-related issues, and they were to some extent satisfied with their personal and professional life balance. Rahman et al. (2025) also reported that health-related quality of life (HRQL) is a multi-dimensional concept; physical, psychological, social and environmental. There are a number of pressures impacting nurses' physical and emotional health and their daily functioning, and that negatively influences their HRQL. This study highlighted the need for nurses to face physical and mental problems and improve their well-being.

Table 4: Respondents' perception about social and environmental well-being

Social and environmental well-being	Mean	S.D.	Rank
I receive adequate support from my colleagues and supervisors.	3.16	1.17	1
My overall quality of life allows me to maintain a healthy social life.	3.16	1.22	2
I feel respected by staff and patients.	3.00	0.99	3
My work environment is safe and conducive to professional practice.	2.98	1.13	4
I have enough resources and facilities at my workplace.	2.77	1.02	5
I can participate in social or community activities outside work.	2.72	1.07	6
I have enough time for family and friends.	2.59	1.12	7

Table 4 represents the respondents' perceptions of social and environmental well-being of the nurses working in secondary care hospitals. The result shows that the highest mean score was for the statement, "I receive adequate support from my colleagues and supervisors" (Mean = 3.16; S.D. = 1.17); this statement ranked first and nurses moderately agreed that they receive support from coworkers and supervisors in their workplace. Likewise, the statement 'Overall quality of life enables me to have a healthy social life' placed in second position and received a high mean score (Mean = 3.16, S.D. = 1.22) with a moderate satisfaction level with social well-being. The third most frequently used statement was "I feel respected by staff and patients" with a mean value of 3.00 (S.D. = 0.99), indicating a somewhat positive attitude for respondents on the level of respect they feel in the work environment. Furthermore, the respondents had a moderately positive attitude towards the safety of the workplace and appropriate conditions for professional practice (Mean = 2.98, S.D. = 1.13). Comparatively lower mean scores were found for having adequate resources

or facilities at work (Mean = 2.77), to engage in social/community activities outside of work (Mean = 2.72), and to have sufficient time for family and friends (Mean = 2.59). The lowest-ranked statement reflects that the demanding work schedules and occupational responsibilities restrict nurses' opportunities to have personal and family relationships. In general, the results indicate moderate social and environmental health among nurses and point to issues of work-life balance, social inclusion, and access to work resources.

Overall results indicate that the nurses feel moderate levels of social support, social well-being and respect in their workplace, which has a positive impact on their social and environmental well-being.

Bivariate Analysis (testing of hypotheses)

Hypothesis	Variables	Chi-square value	p-value	Gamma value	p-value	Results
H1: There is a significant relationship between age and quality of life of nurses	Age + Quality of life	10.54	.031*	0.226	.048*	Accepted
H2: There is a significant relationship between the nurses' quality of life in secondary care hospitals.	Professional education + Quality of life	18.36	.001**	0.387	.002**	Accepted
H3: There is a significant relationship between the nurses' professional experience and their quality of life	Professional experience + Quality of life	15.87	.003**	0.332	.002**	Accepted
H4: There is a significant relationship between the working hours of nurses and their quality of life	Working hours + Quality of life	1.59	$.452^{NS}$	-0.113	$.554^{NS}$	Rejected
H5: There is a significant association between the occupational challenges and quality of life of nurses.	Occupational challenges + Quality of life	103.19	.000**	-0.424	.000**	Accepted

H1: The statistical analysis shows that nurses' age and their quality of life are correlated with a Chi-square value of 10.54 and a p-value of .031, which is less than the level of significance 0.01. So, the hypothesis that there is a significant relationship between age and quality of life is accepted. In addition, the Gamma value (λ = 0.226) showed a moderately positive correlation with a significant P value of .048 between age and quality of life of nurses. This means that quality of life enhances as age goes up, which indicates that older nurses may be more experienced, more capable of coping with occupational difficulties, and therefore more flexible in the way they manage occupational stressors than younger nurses. Consequently, the hypothesis "There is a significant relationship between age and quality of life of nurses" is accepted.

H2: The results obtained from the Chi-square test (χ^2 = 18.36, P = .001) show a significant association between professional education and quality of life of nurses. Furthermore, the Gamma value (λ = 0.387, P = .002) indicates a moderate positive relationship, which means that highly qualified nurses had good quality of life. Thus, the hypothesis "There is a significant relationship between the nurses' quality of life in secondary care hospitals" is accepted.

H3: There is a highly significant relationship between the two variables (professional experience and quality of life) with a Chi-square value of 15.87 (P = .003). Moreover, there is a negative relationship between quality of life of nurses and professional experience as indicated by the

Gamma value ($\lambda = 0.332$, P = .002). Thus, the hypothesis that "There is a significant relationship between the nurses' professional experience and their quality of life" is accepted.

H4: The results of the Chi-square test ($\chi^2 = 1.59$, p = .452) show that there is no significant relationship between the working hours of the nurse and their quality of life. Similarly, the Gamma value ($\lambda = -0.113$, P = .554) shows a negative and non-significant correlation between the two variables. Thus, the hypothesis "There is a significant relationship between the working hours of nurses and their quality of life" is rejected.

H5: The Chi-square test results ($\chi^2 = 103.19$, P = .000) show that there was a significant relationship between the occupational challenges and quality of life of nurses. Likewise, the Gamma value ($\lambda = -0.424$, P = .000) indicates a statistically significant and negative relationship. Thus, the hypothesis that there is a significant association between the occupational challenges and quality of life of nurses is accepted.

Discussion

The chi-square analysis showed a positive relationship between age and quality of life for nurses, supporting H1. This study indicates that older nurses might be more satisfied with their lives, because they have gained more professional adaptation and coping skills. This is in line with the finding of Shah et al. (2020) which indicated that experience has positive effect on psychological well-being of nurses in public hospitals of Pakistan on the basis of age. Likewise, Bekker et al. (2018) discovered that senior nurses have greater resilience and life satisfaction than younger nurses. H2 was supported by the important relationship between professional education and quality of life; the more highly educated the nurse, the more significant the relationship. Well-educated nurses might be more capable at problem-solving and have more confidence in their work, which could lead to better perceived quality of life. This supports the findings of Akhtar and Aziz (2019) who found that academic qualifications were good predictors of occupational satisfaction among the nursing staff working in tertiary care units of Punjab and found by Karimi et al. (2017) that academic qualifications were associated with improvement in the quality of personal and professional life among nursing staff working in tertiary care units of Punjab.

Professional experience was also significantly related to quality of life, thus supporting H3. Those with higher number of years of service reported more favorable QOL, perhaps because of role clarity, familiarity with the institution, and emotional acclimations to job demands. Nawaz et al. (2021) also reported the positive correlation between experienced nurse's wellbeing and secondary care facilities in the southern parts of Punjab and usman and khalid (2019) also noted positive correlation between professional tenure and occupational stress and life quality perceptions in clinical setting of Pakistan. However, there was no statistical significance found between working hours and quality of life, which rejected H4. This indicates that there was no significant difference in work hours in terms of their quality of life in the study area, perhaps because "long shifts" has become the norm of the culture of secondary care hospitals and nurses have adapted to this situation psychologically. The result was similar to Rafique and Hussain (2020) who found that working hours alone failed to predict the quality of life, unless accompanied by poor sleep and supervisory support. Finally, H5 was strongly accepted, with occupational challenges demonstrating the highest and most significant association with quality of life. The negative gamma value confirms that there is an inverse relationship between the occupational challenges and the quality of life, meaning that when the challenges increase, quality of life decreases. This aligns with other sociological research on health care workers, as Abbas and Hameed (2021) showed that a number of work stressors—such as understaffing, role ambiguity, and poor institutional support—significantly lowered the quality of life in the work place for public sector nurses in Punjab, Pakistan, and Riaz et al. (2022) found that cumulative workplace adversity was

the most significant structural predictor of reduced well-being among frontline health care workers in low-resource settings.

Conclusion

The study concludes that nurses working in secondary care hospitals of District Layyah face multiple occupational challenges that negatively affect their quality of life and professional well-being. Most respondents were young and early in their careers, with a large proportion working as charge nurses on rotational shifts and commuting long distances to hospitals. The majority experienced heavy workloads, overtime duties, shortage of staff, lack of breaks during duty hours, physical exhaustion, inadequate hospital resources, insufficient administrative support, and low salary packages. In addition, psychological and social challenges such as stress, depression, work-related anxiety, and lack of respect from patients and attendants were commonly reported.

The findings further reveal that workload-related factors, organizational deficiencies, and psychological pressures significantly influence the physical, mental, social, and environmental well-being of nurses. Although nurses showed moderate levels of motivation, social support, and professional commitment, their quality of life remained affected by stress, work pressure, poor work–life balance, and limited institutional support. Overall, the study highlights the urgent need for supportive organizational policies, improved healthcare facilities, and better working conditions to enhance nurses' quality of life and professional performance in secondary care hospitals.

From results of the bivariate analysis, it can be concluded that the quality of life of nurses is affected primarily by their socio-demographic characteristics and workplace conditions. The positive role of age, education and experience indicates that maturity, professional training, and work experience improve coping and adaptation to job demands and thus enhance nurses' quality of life. But, in this study context, the quality of life is not significantly influenced by the family structure and working hours. The most important result is that occupational problems are strongly and negatively associated with quality of life among the nurses, indicating that increased occupational workload, stress and poor working conditions are associated with reduced quality of life. Hence, the aim of improving hospital working conditions and minimising occupational stress is crucial to improve overall quality of life for nurses in secondary care hospitals.

Recommendations

Based on the findings of the study, the following recommendations are proposed:

1. Hospital administrations should recruit sufficient nursing staff to reduce workload, overtime duties, and occupational stress among nurses.
2. Adequate salary packages, incentives, and professional recognition should be provided to improve nurses' job satisfaction and motivation.
3. Hospitals should ensure the availability of sufficient medical equipment, healthcare facilities, and other essential resources to support nurses in performing their duties effectively.
4. Administrative support systems should be strengthened by promoting fair management practices, positive supervision, and effective communication between nurses and hospital management.
5. Hospitals should introduce stress management programs, counseling services, and mental health support to reduce psychological pressure and work-related anxiety among nurses.
6. Policies should be developed to maintain proper duty schedules, adequate break times, and balanced working hours in order to improve work–life balance.

7. Awareness programs should be conducted for patients and attendants to promote respect and positive behavior toward nurses in healthcare settings.
8. Training and professional development opportunities should be provided regularly to enhance nurses' professional competence, confidence, and career growth.
9. Transport and commuting facilities may be facilitated for nurses, especially for those traveling long distances to hospitals.
10. Government and healthcare authorities should formulate policies aimed at improving the overall quality of life and workplace environment of nurses in secondary care hospitals.

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