

DOI: <https://doi.org/10.63332/joph.v4i1.3671>

Nurses' Challenges and Strategies for Enhancing Care Quality and Safety

Abdullah Saleh Ahmed Alzahrani¹, Salha Ali Al Shehri², Ruwaida Abdullah Aljazzar³, Ahlam Zainalabdeen Alharbi⁴, Dalal Thweeb Daghish Alshmmmary⁵, Mashael Fallag Ageel Alshammari⁶, Rasha Lafi Mejze Al Enzy⁷, Seham Lafi Mejze Alenzi⁸, Asma Lafi Mejze Al Enzy⁹, Abeer Fahad Farhan Alenazi¹⁰, Huda Ibrahim Al Mashhad¹¹, Sarah Abdullah Alamri¹², Kahdijah Salman Al Jumayan¹³, Aqeelah Ali Alowiwi¹⁴, Manal Abdulmaqsud Altaroti¹⁵

Abstract

The global healthcare landscape continually emphasizes the critical importance of high-quality and safe patient care, with nurses serving as the foundational providers at the point of care, significantly influencing patient outcomes. Persistent issues, including adverse events, patient dissatisfaction, and nursing workforce challenges, necessitate a comprehensive understanding of the obstacles nurses face and the strategies they employ to uphold standards. The objective of this review was to systematically synthesize existing literature to identify the principal challenges encountered by nurses and explore effective strategies for enhancing the quality and safety of care delivery. This integrative literature review, utilizing a rigorous systematic approach to collate findings from diverse international studies, revealed that major challenges include pervasive occupational burnout, suboptimal nurse-to-patient staffing ratios, communication breakdowns, and a poor organizational work environment. Key strategies identified for enhancing care quality and safety center on fostering supportive work climates, implementing robust staffing policies, utilizing professional development programs focused on precision health and safety competencies, and strengthening interprofessional collaboration. The major recommendation is for healthcare systems to implement multi-faceted, nurse-centered interventions that address both systemic and individual factors. In conclusion, addressing nurses' challenges through strategic, evidence-based initiatives is essential for improving the nursing work environment, which directly correlates with enhanced patient care quality and safety. The implications of these findings are substantial for healthcare policymakers and organizational leadership, guiding targeted resource allocation and policy development.

Keywords: Nurse Challenges, Care Quality, Patient Safety, Nursing Workforce, Work Environment, Staffing Ratios.

¹ Nurse Technician, Ibn Sina hospital

² Nurse Technician, North Jeddah specialist dental center

³ Nursing Technician, Health Surveillance Centers at Jeddah Islamic Port

⁴ Nursing Administration, King Abdulaziz University

⁵ Nursing technician, Executive Management of Human Resources in Hail Health Cluster

⁶ Nursing technician, Center operations management (patient experience) in Hail Health Cluster

⁷ Nursing technician, Al Shamli General Hospital

⁸ Nursing technician, Alshamli general hospital

⁹ Nursing Specialist, Al Shamli General Hospital

¹⁰ Infection prevention and control director, Alshamli general hospital

¹¹ nurse, Qatif Central Hospital

¹² Nursing, King Salman Bin Abdulaziz Medical City

¹³ Nursing technician, Maternity and Children's Hospital in

¹⁴ NURSE, Prince Mohammed bin Fahd Hospital

¹⁵ nurse, Prince Mohammed Bin Fahd Hospital

Introduction

The provision of high-quality, safe healthcare is a universal imperative, fundamentally dependent on a competent and resilient nursing workforce (Sherwood & Barnsteiner, 2021). Care quality and patient safety are cornerstones of modern healthcare systems, directly influencing patient outcomes, satisfaction, and overall public health metrics (Starkweather et al., 2018). Nurses, as the largest group of healthcare professionals, are positioned at the interface of patient care, making their professional environment, well-being, and capacity for effective practice central to achieving these objectives (Cao et al., 2025). The intricate nature of contemporary healthcare, characterized by increasing patient acuity and

complexity, places immense pressure on nurses globally (Dimitrios Theofanidis et al., 2022). This evolving context necessitates continuous vigilance and strategic planning to ensure that the quality of care provided remains consistently high and minimizes harm to patients (Sherwood & Barnsteiner, 2021).

Nurses are instrumental in coordinating care, implementing treatment plans, and constantly monitoring patient conditions, which positions them as primary agents for detecting and preventing adverse events (Aiken et al., 2012). Their continuous presence at the bedside allows for early identification of subtle changes in patient status, representing a crucial safeguard in the patient safety continuum (Ausserhofer et al., 2013). Research consistently demonstrates a significant correlation between a positive nursing work environment and favorable patient outcomes, including lower mortality rates and reduced failure-to-rescue incidents (Aiken et al., 2011). Furthermore, the quality of care, often perceived by patients, is inextricably linked to the professional demeanor and performance of nurses (Cao et al., 2025). Therefore, the structural and relational characteristics of the nursing practice environment are paramount determinants of the overall quality and safety within healthcare organizations (Cho et al., 2015).

Despite their pivotal role, nurses face a confluence of systemic and professional challenges that threaten their ability to deliver optimal care (Chien, 2022). Occupational burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, has emerged as a pervasive issue, exacerbated by the stressors of demanding clinical environments (Abraham et al., 2021).

High patient-to-nurse ratios, frequently necessitated by staffing shortages, elevate workload and fatigue, directly compromising the attentiveness and meticulousness required for safe care (Babamohamadi et al., 2023). Communication barriers, both within the interprofessional team and between nurses and patients, introduce significant risks for medical errors and negatively affect patient satisfaction (Andriyanto, 2019; Cullati et al., 2019). These challenges are compounded by issues such as workplace violence, which further degrades the professional environment and psychological safety of nurses (Cao et al., 2025).

Organizational factors, such as leadership support, organizational climate, and resource allocation, profoundly influence nurses' capacity to provide quality and safe care (Caricati et al., 2014). A supportive work climate, where nurses feel respected and empowered, is strongly associated with higher levels of job satisfaction and professional commitment (DeCola & Riggins, 2010). Conversely, environments characterized by poor safety culture, inadequate resources, and punitive error reporting systems can stifle professional practice and deter nurses from reporting crucial safety concerns (Ausserhofer et al., 2013). Furthermore, broader societal and political decisions surrounding healthcare funding, staffing mandates, and professional development opportunities

shape the operational realities for nurses (Starkweather et al., 2018; Duffield et al., 2019). The integration of new technologies and the push towards precision health also demand continuous upskilling and policy adjustments to maximize nurses' impact (Starkweather et al., 2018).

To counteract these challenges, a variety of strategies have been proposed and explored across the literature to enhance care quality and safety (Sherwood & Barnsteiner, 2021). The implementation of competency-based education programs, focusing on quality improvement and patient safety principles, is essential for preparing the next generation of nurses (Drateru, 2019; Sherwood & Barnsteiner, 2021). Organizational interventions must prioritize improving the work environment, recognizing that a healthy workplace is foundational to quality care (Amaliyah & Tukimin, 2021). Strategies such as Magnet recognition programs, which emphasize shared governance and professional autonomy, have been shown to correlate with superior patient outcomes (Aiken et al., 2012). Addressing burnout through wellness programs, workload management strategies, and fostering peer support is crucial for retaining experienced staff and maintaining professional engagement (Dimitrios Theofanidis et al., 2022; Cao et al., 2024).

Understanding the interplay of challenges and strategies requires considering established theories that govern professional practice, such as Bandura's Social Cognitive Theory, which underscores the importance of self-efficacy in professional performance (Bandura, 1986). A nurse's belief in their ability to execute safety protocols or intervene in a complex situation is heavily influenced by their working conditions and available support (Chen et al., 2012). Moreover, the concept of a learning organization, where continuous quality improvement is embedded in the culture, suggests that systemic change is necessary to sustain high standards of care (Favez, 2022). The challenges encountered by specific demographic groups, such as male nurses, also point to the need for inclusive strategies that address diverse professional needs and experiences within the workforce (Ashkenazi et al., 2017).

Despite the wealth of literature, a cohesive synthesis that systematically maps the current landscape of nurses' challenges and corresponding evidence-based strategies to enhance care quality and safety is needed. Therefore, the purpose of this review is to comprehensively synthesize and critically analyze the existing academic literature regarding the major challenges faced by nurses and the effective strategies implemented to enhance care quality and safety in diverse healthcare settings.

Statement of the Problem

The provision of safe, high-quality patient care is a universal benchmark for healthcare excellence, yet achieving and sustaining this standard is continually hampered by persistent challenges within the nursing profession (Sherwood & Barnsteiner, 2021). While the fundamental role of nurses in safeguarding patient well-being is undisputed, the chronic and intensifying pressures on the nursing workforce pose a significant, systemic threat to these critical outcomes (Starkweather et al., 2018). The core problem resides in the gap between the expected level of high-quality, safe care and the deteriorating conditions and systemic deficiencies that impede nurses' capacity to consistently deliver it (Aiken et al., 2012).

A primary challenge is the pervasive strain on the nursing workforce, notably characterized by escalating rates of occupational burnout (Abraham et al., 2021). Burnout, a significant occupational hazard, compromises the cognitive function and emotional resilience of nurses, directly increasing the risk of errors and decreasing vigilance (Dimitrios Theofanidis et al., 2022; Feng et al., 2004). This strain is often rooted in unmanageable workload, a function of inadequate nurse-to-patient staffing ratios, which forces nurses to manage an overwhelming number of complex patient needs (Babamohamadi et al., 2023). Studies have robustly demonstrated that inadequate staffing levels correlate directly with higher patient mortality rates and adverse events, underscoring this as a major

public health concern (Aiken et al., 2011; Cho et al., 2015).

Beyond individual workload, the organizational and systemic environment frequently acts as a deterrent to quality and safety initiatives (Ausserhofer et al., 2013). A less-than-optimal nursing work environment, defined by factors such as lack of leadership support, poor physician-nurse relations, and limited professional autonomy, diminishes job satisfaction and commitment among nurses (Caricati et al., 2014; DeCola & Riggins, 2010). Poor organizational climate has been directly linked to detrimental patient outcomes, highlighting that the work environment is not merely a human resources issue but a patient safety concern (Ausserhofer et al., 2013; Aiken et al., 2012). The existence of communication barriers, whether due to hierarchy, lack of interprofessional respect, or cultural differences, further fragments care delivery and escalates the potential for errors (Andriyanto, 2019; Cullati et al., 2019).

While the literature identifies numerous challenges, the evidence base for effective, scalable, and sustainable strategies to simultaneously address these multifaceted issues remains fragmented (Duffield et al., 2019). Healthcare systems often implement isolated interventions, such as short-term wellness programs or technological upgrades, without a comprehensive, integrated strategy to reform the core issues of workload, environment, and professional empowerment (Starkweather et al., 2018). There is a persistent need for a scholarly synthesis that moves beyond merely describing the problems to systematically mapping the most promising and evidence-based solutions that can be translated into policy and practice (Sherwood & Barnsteiner, 2021). This gap in synthesized, evidence-based knowledge hinders the ability of healthcare leaders and policymakers to implement high-impact, nurse-centric reforms (Starkweather et al., 2018).

The increasing complexity of patient care, the documented effects of workforce strain, and the imperative for continuous quality improvement necessitate a focused scholarly effort (Favez, 2022). A critical and comprehensive review is required to consolidate the dispersed findings on nurses' challenges and effective enhancement strategies across various care settings and geographical contexts. Such a synthesis will not only solidify the understanding of the underlying causes of declining care quality and safety but also provide a robust, evidence-informed framework for developing targeted, high-impact interventions. The current landscape suggests a persistent disconnect between the documented challenges and the consistent implementation of comprehensive, systemic solutions, forming the central research gap this review aims to address (Duffield et al., 2019).

Research Objectives

This review seeks to achieve the following objectives:

1. To identify the major challenges encountered by nurses that impact their ability to provide high-quality and safe patient care.
2. To explore and synthesize the effective strategies employed by nurses and healthcare organizations to enhance care quality and patient safety.
3. To propose evidence-based recommendations and implications for policy, practice, and education to address nurses' challenges and improve care outcomes.

Literature Review

Care quality in nursing is a multifaceted construct encompassing the effectiveness, efficiency, patient-centeredness, equity, and timeliness of nursing services (Sherwood & Barnsteiner, 2021). It is an outcome measure reflecting the degree to which nursing care increases the likelihood of desired patient health outcomes and is consistent with current professional knowledge (Favez, 2022). Patient safety is a core dimension of quality, specifically concerning the prevention of errors and adverse events, including infections, falls, and medication errors, that could result in harm to the patient (Ausserhofer et al., 2013). These concepts are fundamentally intertwined, as a safer environment is

a prerequisite for high-quality care, and both are directly influenced by the competence and environment of the nursing staff (Sherwood & Barnsteiner, 2021). The literature consistently emphasizes that a focus on systemic issues, rather than individual nurse error, is essential for sustainable improvement in both domains (Aiken et al., 2012).

The professional capacity of nurses to deliver quality and safe care can be partially understood through the lens of Bandura's Social Cognitive Theory, which posits that behavior, environmental factors, and personal factors interact dynamically (Bandura, 1986). A crucial personal factor is self-efficacy, the belief in one's ability to successfully execute the required actions, which is influenced by the supportive or prohibitive nature of the work environment (Chen et al., 2012). An environment characterized by poor staffing or high workload can diminish a nurse's self-efficacy, subsequently impacting their performance in critical safety tasks (Babamohamadi et al., 2023). Conversely, environments that foster professional empowerment, collaboration, and learning support higher self-efficacy and, thus, better quality of care (Caricati et al., 2014).

One of the most persistent and critical challenges facing nurses is the widespread prevalence of occupational burnout, a syndrome conceptualized with dimensions of emotional exhaustion, depersonalization, and reduced personal accomplishment (Feng et al., 2004). This strain is often a direct consequence of chronic, excessive workload and inadequate support systems within the clinical setting (Abraham et al., 2021; Babamohamadi et al., 2023). Burnout significantly degrades care quality, as emotionally exhausted nurses are more prone to errors, less engaged in patient advocacy, and may display reduced empathy (Dimitrios Theofanidis et al., 2022). Research supports that a poor work environment is a primary predictor of burnout, underscoring the necessity of organizational reforms over mere individual coping strategies (Cao et al., 2024).

The configuration of the nursing work environment and staffing ratios are foundational challenges with direct consequences for patient outcomes (Aiken et al., 2012). Lower nurse-to-patient ratios, frequently observed due to staffing shortages, increase the demands on individual nurses, leading to hurried care and compromised surveillance (Aiken et al., 2011). Multiple large-scale, cross-sectional studies have established a clear link: better staffing and higher levels of baccalaureate-educated nurses correlate with lower patient mortality and improved safety indicators (Aiken et al., 2011; Cho et al., 2015). A positive organizational climate, characterized by strong management, nurse participation in decision-making, and good teamwork, directly contributes to a safer patient environment (Ausserhofer et al., 2013).

Effective communication is non-negotiable for safe and coordinated care, yet it remains a significant challenge (Andriyanto, 2019). Communication barriers, often manifesting as inadequate handovers or unclear physician orders, are recognized as major contributors to preventable medical errors (Andriyanto, 2019). Furthermore, interprofessional conflict, stemming from power imbalances, role ambiguity, or personality clashes, can jeopardize the quality of teamwork and patient safety (Cullati et al., 2019). When team conflicts are left unaddressed, they can lead to crucial information being withheld or miscommunicated, threatening the coordinated delivery of care (Cullati et al., 2019). This highlights that relational dynamics in the workplace are as critical as structural factors in determining care quality (Caricati et al., 2014).

Strategic approaches to enhance care quality often target the improvement of the nursing work environment (Amaliyah & Tukimin, 2021). Interventions that promote professional empowerment, such as shared governance models and increased nurse autonomy, are associated with higher levels of job satisfaction and professional commitment (DeCola & Riggins, 2010; Caricati et al., 2014). Cultivating a supportive organizational climate is also vital, requiring visible leadership support and recognition of nurses' efforts (Cao et al., 2024). A positive environment not only reduces burnout but also strengthens the organizational culture of safety, encouraging error reporting and continuous

quality improvement (Ausserhofer et al., 2013). Policy interventions focused on legislative changes for minimum nurse staffing levels are crucial systemic strategies (Starkweather et al., 2018).

Education and policy represent macro-level strategies for sustained quality and safety improvement (Sherwood & Barnsteiner, 2021). Competency-based education, focused on the principles of quality improvement, evidence-based practice, and patient safety, prepares nurses to be proactive agents of change (Sherwood & Barnsteiner, 2021; Drateru, 2019). Furthermore, policy-level changes are essential to address the systemic issues of workforce management and resource allocation (Duffield et al., 2019). Advocacy for precision health and its implementation requires federal and local policy strengthening to ensure that nurses are equipped and enabled to utilize data-driven approaches to personalize care and enhance safety (Starkweather et al., 2018). The literature supports that a focus on continuous professional development and robust policy structures are non-negotiable for future-proofing the nursing workforce (Chien, 2022).

Effective strategies must also acknowledge the diverse composition of the nursing workforce, addressing the unique challenges faced by different groups (Ashkenazi et al., 2017). For instance, specific demographic groups, such as male nurses, may encounter challenges related to stereotypes and a perceived lack of social support that can affect their career development and professional experience (Ashkenazi et al., 2017; Chen et al., 2012). Strategies for improving care quality must therefore be inclusive, promoting a work environment that supports all nurses through mentorship, social integration, and equitable treatment (Chen et al., 2012). Such comprehensive and targeted approaches are necessary to ensure the retention and full potential of the entire nursing workforce, ultimately benefiting patient care (Cao et al., 2024).

Results

The review systematically identified several major, interrelated challenges faced by nurses that significantly compromise the delivery of high-quality and safe patient care. Foremost among these is the pervasive issue of occupational burnout, a condition consistently described across diverse clinical settings (Abraham et al., 2021). This phenomenon, characterized by emotional exhaustion and depersonalization, is directly correlated with higher rates of nursing staff turnover and reduced professional engagement (Feng et al., 2004; Dimitrios Theofanidis et al., 2022). The primary antecedent of this burnout is often cited as excessive workload, itself a symptom of inadequate nurse-to-patient staffing ratios (Babamohamadi et al., 2023; Aiken et al., 2011). Multiple studies confirm that suboptimal staffing levels compromise a nurse's capacity for meticulous patient surveillance, directly correlating with adverse patient outcomes like increased mortality and 'failure-to-rescue' incidents (Cho et al., 2015; Aiken et al., 2011).

A second major cluster of challenges relates to the organizational and professional work environment (Aiken et al., 2012). A poor work climate, lacking elements such as strong management support, participatory decision-making, and professional autonomy, directly impacts job satisfaction and commitment, thereby affecting care quality (Caricati et al., 2014; DeCola & Riggins, 2010). Furthermore, communication breakdowns were repeatedly identified as a critical safety challenge (Andriyanto, 2019). Deficiencies in interprofessional communication, often exacerbated by hierarchical structures and unaddressed team conflicts, contribute to medical errors and create tension within the care team, ultimately fragmenting patient care (Cullati et al., 2019). The presence of workplace violence, both physical and verbal, further degrades the psychological safety of nurses, adding another layer of strain to an already challenging environment (Cao et al., 2025).

The synthesis of literature revealed that effective strategies for enhancement are multifaceted, targeting both organizational systems and professional development. A pivotal strategy identified is the cultivation of a supportive, professional work environment (Amaliyah & Tukimin, 2021). This includes implementing organizational policies that promote a positive safety culture, ensuring nurse

participation in unit and institutional policy-making, and recognizing the value of the nursing role (Ausserhofer et al., 2013; Caricati et al., 2014). Initiatives aimed at reducing nurse burnout, such as implementing evidence-based wellness programs and strategies for improved time management and control over practice, were shown to enhance perceived care quality (Cao et al., 2024; Dimitrios Theofanidis et al., 2022).

Another high-impact strategy is the implementation of effective staffing policies and models that optimize nurse-to-patient ratios, recognized as a necessary systemic reform (Duffield et al., 2019; Starkweather et al., 2018). Legislated or mandated staffing standards, where successful, have been shown to directly improve patient outcomes and nurse retention (Aiken et al., 2011; Cho et al., 2015). Educational strategies are also foundational; the review strongly supports the use of competency-based education, including simulation and interprofessional training, to instill a deep understanding of quality improvement and patient safety principles from the earliest stages of a nursing career (Sherwood & Barnsteiner, 2021; Drateru, 2019). Furthermore, promoting ongoing professional development, particularly in areas like precision health, empowers nurses to embrace new roles and data-driven practice (Starkweather et al., 2018).

Strategies focused on empowerment and collaboration proved essential for sustained quality improvement. Fostering an environment that promotes nurse autonomy and provides adequate social support is critical for both the retention of experienced staff and the professional development of all nurses (Chen et al., 2012). Explicit training and organizational structures that facilitate effective interprofessional collaboration are necessary to mitigate the risks associated with communication barriers and team conflict (Cullati et al., 2019). Such a collaborative environment, where all team members feel safe to voice concerns and contribute to problem-solving, is a hallmark of a high-reliability organization and demonstrably improves patient safety (Ausserhofer et al., 2013).

Discussion

The synthesis of literature strongly confirms that the quality and safety of patient care are directly and profoundly dependent on the professional context and resilience of the nursing workforce (Sherwood & Barnsteiner, 2021). The results clearly establish a vicious cycle where systemic challenges, notably chronic understaffing and a detrimental work environment, fuel individual distress in the form of burnout, which subsequently degrades the quality of care delivered (Aiken et al., 2011; Abraham et al., 2021). This interpretation moves beyond viewing burnout as a personal failing, repositioning it as an organizational crisis with severe patient consequences, echoing the structural problem outlined in the statement of the problem (Dimitrios Theofanidis et al., 2022). The consistent finding that better staffing ratios correlate with lower patient mortality serves as a powerful evidence-based mandate for policy intervention, validating the need for legislative action over discretionary organizational management (Cho et al., 2015).

The strategies identified in this review, which focus on reforming the work environment and enhancing professional empowerment, align with Bandura's Social Cognitive Theory (Bandura, 1986). Improving the organizational climate, as noted by Caricati et al. (2014), does more than just boost morale; it fosters the self-efficacy necessary for nurses to confidently execute complex safety protocols. A supportive environment encourages proactive behavior, such as reporting errors, which is foundational to a robust safety culture (Ausserhofer et al., 2013). The finding that strategies targeting burnout, such as supportive work climates, enhance perceived care quality reinforces the idea that an investment in nurse well-being is a direct investment in patient safety (Cao et al., 2024).

The significance of addressing communication barriers and interprofessional conflict cannot be overstated in the context of high-reliability organizations (Cullati et al., 2019). The complexity of modern medical care necessitates seamless coordination, and fragmented communication is a primary source of error (Andriyanto, 2019). This highlights a key implication: improving safety

requires not just technical skill, but also a commitment to transforming relational dynamics and fostering a culture of mutual respect among all healthcare professionals (Amaliyah & Tukimin, 2021).

The review also points to the strategic importance of educational and policy interventions (Starkweather et al., 2018). Equipping nurses with competencies in quality improvement principles, as advocated by Sherwood and Barnsteiner (2021), empowers them to be active participants in systemic change, moving from passive implementers to active leaders in safety initiatives. The identified need for policy-level advocacy, particularly in integrating precision health, suggests that the scope of nursing influence extends beyond the bedside, requiring engagement in broader political and systemic arenas (Starkweather et al., 2018; Chien, 2022). This comprehensive approach, addressing challenges from the legislative level down to the unit culture, is critical for sustained enhancement of care quality and safety.

Conclusion & Recommendations

This comprehensive integrative review solidifies the critical link between the challenges faced by the nursing workforce and the resultant quality and safety of patient care. The review conclusively demonstrates that occupational burnout, stemming primarily from chronically inadequate staffing levels and poor work environments, is the most significant threat to high-quality care delivery. Deficiencies in organizational support, including a lack of professional empowerment and persistent communication barriers, further exacerbate the risk of medical errors and adverse patient outcomes. Conversely, the evidence-based strategies synthesized herein—centered on improving the work environment, optimizing staffing through policy, investing in competency-based education, and fostering robust interprofessional collaboration—offer a clear, multi-faceted roadmap for sustained improvement in care quality and patient safety. The literature underscores that the enhancement of care quality is not an incremental fix but requires a fundamental, systemic reform that prioritizes the health, professional autonomy, and support of the nurse. A healthy, well-supported, and adequately staffed nursing workforce is the single most critical determinant of a safe and effective healthcare system. The findings provide substantial justification for targeted policy and organizational interventions, confirming that addressing nurses' professional challenges yields direct and measurable improvements in patient outcomes.

Healthcare policymakers should enact and enforce minimum, acuity-adjusted nurse-to-patient staffing ratios, based on established evidence, to directly mitigate excessive workload and its associated risks of burnout and adverse patient events. This foundational step is crucial for establishing a safe working environment and providing nurses with the time necessary for meticulous patient care and accurate decision-making. Simultaneously, healthcare organizations must strategically invest in fostering a Magnet-like work environment, promoting shared governance, strong interprofessional relations, and a non-punitive culture of safety to encourage error reporting and continuous quality improvement.

To counteract the pervasive issue of occupational burnout, organizations should adopt systematic, structural interventions. This includes the provision of readily accessible mental health support and programs that enhance work-life balance and nurses' control over their practice, thereby addressing the root causes of exhaustion rather than just the symptoms. Furthermore, professional development efforts must be strengthened; nursing education programs and continuous professional development initiatives should integrate advanced competencies in quality improvement, patient safety science, and data-driven practice, such as precision health, to equip nurses as leaders in system improvement.

Finally, professional nursing organizations must intensify advocacy efforts to influence federal and local policies regarding workforce funding, professional protection (e.g., against workplace violence), and resources to support advanced nursing roles and autonomy. Such concerted policy

advocacy is necessary to create and sustain the structural conditions that enable all nurses to consistently deliver the highest standards of care quality and patient safety.

References

- Abraham, C. M., Zheng, K., Norful, A. A., Ghaffari, A., Liu, J., & Poghosyan, L. (2021). Primary care nurse practitioner burnout and perceptions of quality of care. *Nursing Forum*, 56(3), 550–559.
- Aiken, L. H., Cimiotti, J. P., Sloane, D. M., Smith, H. L., Flynn, L., & Neff, D. F. (2011). Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. *Medical Care*, 49(12), 1047–1053.
- Aiken, L. H., Sermeus, W., Van den Heede, K., Baron-Antolin, B., Brzostek, T., Busse, R., Clarke, S. P., Dubois, V., Franklin, M. L., Griffiths, P., Murrells, T., Rafferty, A. M., Schreiber, H., Scott, A., Tishelman, C., Van Achterberg, T., & Schwendimann, R. (2012). Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*, 344, e1717.
- Amaliyah, E., & Tukimin, S. (2021). The relationship between working environment and quality of nursing care: An integrative literature review. *British Journal of Healthcare Management*, 27(7), 194–200.
- Andriyanto, A. (2019). Communication barrier between nurse and patient at the hospital: A systematic review. *Journal of Health Policy and Management*, 4(2), 105–110.
- Ashkenazi, L., Livshiz-Riven, I., Romem, P., & Grinstein-Cohen, O. (2017). Male nurses in Israel: Barriers, motivation, and how they are perceived by nursing students. *Journal of Professional Nursing*, 33(2), 162–169.
- Ausserhofer, D., Schubert, M., Desmedt, M., Blegen, M. A., De Geest, S., & Schwendimann, R. (2013). The association of patient safety climate and nurse-related organizational factors with selected patient outcomes: A cross-sectional survey. *International Journal of Nursing Studies*, 50(2), 240–252.
- Babamohamadi, H., Davari, H., Safari, A. A., Alaei, S., & Pordanjani, S. R. (2023). The association between workload and quality of work life of nurses taking care of patients with COVID-19. *BMC Nursing*, 22(1), 234.
- Bandura, A. (1986). *Social foundations of thought and action* (2). Prentice-Hall.
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802–1811.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Cao, Y., Gao, Y., & Chappell, K. (2025). Workplace violence against Chinese nurses from the perspectives of social media and news reports: A multilayer text mining analysis. *Journal of Advanced Nursing*.
- Cao, Y., Gao, Y., Shao, J., Shi, L., Sun, W., Yan, T., & Dong, Y. (2025). Perceived Care Quality of Frontline Clinical Nurses in China and Its Predictors: A Mixed-Methods Study. *Journal of advanced nursing*.
- Cao, Y., Wu, Q., Shi, L., Gao, Y., Chappell, K., & Shao, J. (2024). Differentiating occupational burnout among Chinese nurses: Moderating roles in nursing work environment and perceived care quality. *Healthcare*, 12(22), 2201.
- Caricati, L., Sala, R. L., Marletta, G., Giammanco, D., Iacono, A., & Cerasari, G. (2014). Work climate, work values and professional commitment as predictors of job satisfaction in nurses. *Journal of Nursing Management*, 22(8), 984–994.
- Chen, S. H., Fu, C. M., Li, R. H., Lou, J. H., & Yu, H. Y. (2012). Relationships among social support, professional empowerment, and nursing career development of male nurses: A cross-sectional analysis. *Western Journal of Nursing Research*, 34(7), 862–882.
- Chien, L. Y. (2022). Advocating for the health and wellbeing of our nurses. *Journal of Nursing Research*, 30(6), e238.

- Cho, E., Sloane, D. M., Kim, E. Y., Kim, S., Choi, M., Yoo, I. Y., Lee, H. S., & Aiken, L. H. (2015). Effects of nurse staffing, work environments, and education on patient mortality: An observational study. *International Journal of Nursing Studies*, 52(2), 535–542.
- Cullati, S., Bochatay, N., Maître, F., Laroche, T., Muller-Juge, V., Kossovsky, M., & Chopard, P. (2019). When team conflicts threaten quality of care: A study of health care professionals' experiences and perceptions. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*, 3(1), 43–51.
- DeCola, P. R., & Riggins, P. (2010). Nurses in the workplace: Expectations and needs. *International Nursing Review*, 57(3), 335–342.
- Dimitrios Theofanidis, R. N., Athanasios Boukas, R. N., & Antigoni Fountouki, R. N. (2022). A 'new pandemic' at hand: Burnout of nursing staff. *International Journal of Caring Sciences*, 15(3), 2028–2035.
- Drateru, K. C. (2019). Challenges experienced by student nurses during skill acquisition at the clinical area. *Nursing Primary Care*, 3(3), 1–4.
- Duffield, C., Twigg, D., Roche, M., Williams, A., & Wise, S. (2019). Uncovering the disconnect between nursing workforce policy intentions, implementation, and outcomes: Lessons learned from the addition of a nursing assistant role. *Policy, Politics, & Nursing Practice*, 20(4), 228–238.
- Favez, L. (2022). Quality indicators and quality improvement processes in Swiss nursing homes: A multi-study research project. (Doctoral dissertation). University of Basel.
- Feng, Y., Luo, H., & Ye, Z. H. (2004). Application of the MBI scale in the study of nurses' occupational burnout. *Chinese Mental Health Journal*, 18(7), 477–479.
- Sherwood, G., & Barnsteiner, J. (Eds.). (2021). *Quality and safety in nursing: A competency approach to improving outcomes*. John Wiley & Sons.
- Starkweather, A. R., Coleman, B., de Mendoza, V. B., Hickey, K. T., Menzies, V., Fu, M. R., & Harper, E. (2018). Strengthen federal and local policies to advance precision health implementation and nurses' impact on healthcare quality and safety. *Nursing outlook*, 66(4), 401-406.