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(REVIEW ARTICLE)

THE ASSOCIATION BETWEEN STRESS MANAGEMENT AND EMOTIONAL WELL-BEING AMONG NURSING STAFF IN SAUDI ARABIA'S MAKKAH HEALTH CLUSTER

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ABSTRACT

Stress has been among the most widespread occupational risks among nurses, especially in high-demanding healthcare environments like the Makkah Health Cluster in Saudi Arabia. Persistent stress has an adverse effect on emotional health resulting in burnout, decreased job satisfaction, and low-quality patient care. This following systematic review aimed to address the following question: *What is the association between stress management interventions and emotional well-being among nursing staff in the Makkah Health Cluster, Saudi Arabia?* The goal was to synthesize qualitative data concerning the connection between stress management methods and emotional well-being of nurses in this setting.

A systematic search was carried out in databases including PubMed, CINAHL, and Scopus following PRISMA guidelines to identify qualitative studies published in 2015-2025. Inclusion criteria was restricted to studies that are carried out in Saudi Arabia, or are related to the Makkah Health Cluster, that investigated stress management interventions or coping mechanisms among nurses. This review synthesized seven qualitative studies involving nurses working in hospital wards, intensive care unit, and community health care centers in Makkah Health Cluster. The data showed that the emotional well-being was always influenced by the coping practices and stressors. Nurses also identified high workloads, pandemic-related challenges, and Hajj pressures as the major stressors.

To address them, the nurses used a combination of problem-oriented approaches (teamwork, task-sharing, etc.), emotional approaches (venting, humor, withdrawal, etc.), and spiritual approaches (prayer, religious reflection, etc.), which offered them resilience and purpose. Positive emotional outcomes were associated with organizational support through visible leadership, equitable distribution of workloads, and uniform policies. In general, the review indicates that management of stress in this situation is best where personal and organizational and cultural supports are used to reinforce and strengthen resilience, job satisfaction as well as workforce retention in Makkah Health Cluster. These findings underscore the necessity of integrating the stress management programs within national healthcare agendas such as the Saudi Arabia vision 2030, whereby the welfare of the nurses should be at the center of sustainable health system practices.

Keywords: Stress Management, Emotional Well-Being, Nurses, Saudi Arabia, Makkah Health Cluster

1 INTRODUCTION

Nursing is among the most stressful careers in the world, as nurses are under constant pressure, which challenges their emotional, psychological, and physical abilities. Such stressors include extended shifts, excessive workloads, ethical conflicts, witnessing patient suffering, and routine life-and-death decisions (Gómez-Urquiza et al., 2017). Occupational stress may cause emotional exhaustion, depersonalization, and reduced personal accomplishment, which risk both the well-being of nurses and the quality of patient care (Mudallal et al., 2017).

Emotional well-being can be defined as the ability to control emotions, be resilient, and maintain psychological stability amidst challenges. Effective Stress management has been linked to lower burnout rates, increased job satisfaction, and increased engagement at work (West et al., 2016). Stress management includes personal approaches, such as, mindfulness exercise, physical activities, and spirituality, along with organizational interventions, such as, supportive leadership, team coping strategies, and formal wellness programs.

In Saudi Arabia, the nursing workforce is faced with unique challenges due to the rapid healthcare expansion under Vision 2030 and increasing demands for high-quality care (Almutairi, 2015). The Makkah Health Cluster has a particularly challenging status, considering that it has to provide care during the annual pilgrimage of Hajj. This mega event attracts millions of pilgrims globally, who require nurses to work under circumstances of high patient throughput, culturally diverse populations, and frequently, under emergent or urgent medical conditions (Alzahrani et al., 2022). Additionally, the COVID-19 pandemic took a toll on nurses in Makkah, who were exposed to higher risk of infection, mental stress, and unprecedented workloads (Alsubaie et al., 2019).

Saudi qualitative studies have shown that nurses have applied culturally distinguishable stress management mechanisms, such as spirituality, prayer, peer and familial social support, in dealing with occupation pressures (Al-Gamal et al., 2018). Teamwork, professional unity, and religious encouragement have been reported as vital stress buffers during Hajj (Alzahrani et al., 2022). However, despite these insights, no systematic review has been conducted examining associations between stress management mechanisms and emotional well-being in nurses in the Makkah Health Cluster.

1.1 Problem Statement

Stress among nurses in Saudi Arabia is a well-documented phenomenon but the majority of the research is either quantitative surveys on burnout or general research on coping. A qualitative evidence synthesis examining stress management's association with emotional well-being in the specific, high-pressure environment of Makkah is needed. Without such insight, interventions will not adequately consider nurses' experiences in daily life, so decreasing effectiveness and cultural relevance. This points to a strong need for a systematic review aggregating qualitative evidence pertinent to the Makkah Health Cluster.

1.2 Aim of the Review

The main aim of this systematic review is to investigate and integrate qualitative research evidence on the association between stress management and emotional well-being among nursing staff in the Makkah Health Cluster, Saudi Arabia.

1.3 Justification of the Review

The current review is timely and justified for several reasons. First, nurses are the most significant cadre of healthcare professionals in the Makkah Health Cluster, and their ability to cope with stress directly influences service provision in the course of routine care as well as in mass gatherings such as Hajj. Secondly, Makkah has unique cultural, spiritual, and logistical challenges that could shape how stress is perceived and coped with. For example, whereas Western models emphasize on personal coping strategies, Saudi nurses may favor reliance on communal, familial, and faith-based coping strategies (Al-Gamal et al., 2018). Thirdly, integration of qualitative evidence will ensure that nurses' points of view and experiences are put in the center of the understanding to complement existing quantitative results. Finally, this work is in line with Saudi Vision 2030 goals, which place a strong focus on strengthening healthcare human resources and improving workforce well-being.

1.4 Research Question

What is the association between stress management and emotional well-being among nursing staff in Saudi Arabia's Makkah Health Cluster?

Objectives of the Review

- **Broad Objective**

To systematically review the relationship between stress management and emotional well-being among nursing staff in the Makkah Health Cluster, Saudi Arabia

- **Specific Objectives**
  - To explore stress management strategies adopted by nurses in the Makkah Health Cluster.
  - To examine how these stress management strategies influence the emotional health of nurses.
  - To identify the barriers and facilitators of effective stress management.
  - To generate evidence-based recommendations for culturally sensitive interventions that promote emotional well-being among nurses**.**

Significance of the Review

This review encompasses various facets of relevance. From a practical perspective, it intends to offer administrators in the field of healthcare valuable insights into how stress management impacts Makkah nurses' emotional well-being, thus guiding interventions that could decrease burnout and increase job satisfaction. From a cultural perspective, results will provide an insight into how spiritual, religious, and social coping resources are incorporated into stress management practice in Saudi environments. On a policy level, this review will be useful in conceptualizing evidence-based wellness programs and culturally sensitive and contextually relevant mental health interventions.

More broadly, then, by advancing professional nurses' emotional well-being, this review aims to promote workforces' resilience, patient outcomes, and the generally efficient operation of the healthcare system in Makkah.

2 METHODS

2.1 Introduction

Systematic reviews are powerful instruments of collecting quality evidence published research and particularly effective in health policy informatics, clinical decision-making, and identifying knowledge gaps (Shaheen et al., 2023). This systematic review aims to examine the relationship between stress management and emotional well-being among nursing professionals in Makkah Health Cluster in Saudi Arabia. Through the synthesis of qualitative evidence, this review explores the lived experiences, challenges, and facilitators associated with stress management strategies and their effect on the emotional well-being of nurses.

2.2 Review Design

This study adopted a qualitative evidence synthesis method to explore the association between stress management and emotional well-being among the nursing staff in the Makkah Health Cluster, Saudi Arabia. The review was conducted in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020), a tool which promotes clarity, reproducibility, and methodological rigor in evidence synthesis (Page et al., 2021).

2.3 Eligibility Criteria

Table 1: PICOS Inclusion Criteria

Element	Inclusion Criteria
Population	Registered nurses and nursing staff working in the Makkah Health Cluster
Phenomenon	Stress management practices and coping strategies
Context	Healthcare institutions in the Makkah Health Cluster (e.g., hospitals, PHCs)
Outcome	Emotional well-being, resilience, psychological health, job satisfaction
Study Design	Qualitative studies (interviews, focus groups, phenomenology, ethnographies, case studies)
Language	English publications
Time Frame	Studies published between 2015 and 2025
Setting	Saudi Arabia, specifically Makkah Health Cluster

The review applied the PICOS approach (Population, Phenomenon of Interest, Context, Outcome, Study design) to develop inclusion and exclusion criteria. PICOS helps ensure clarity and consistency in selection of evidence and in informing systematic reviews beyond intervention-centric research (Eriksen & Frandsen, 2019).

2.4 Exclusion criteria:

- Studies outside Saudi Arabia or unrelated to Makkah.
- Quantitative-only studies.
- Reviews, commentaries, or editorials.
- Non-English publications.
- Studies without a focus on stress management or emotional well-being.
- This model was appropriate given that stress management among nurses is inherently context-specific, and emotional well-being is best captured through qualitative accounts of lived experiences (Methley et al., 2014).

2.5 Search Strategy

A comprehensive and systematic search strategy was employed to identify relevant qualitative studies. The following databases were searched:

- PubMed/MEDLINE
- CINAHL (via EBSCOhost)
- Scopus
- Web of Science
- Saudi Digital Library (SDL)
- Google Scholar (for grey literature and theses)

Boolean operators, MeSH terms, and free-text keywords were applied. Manual searches of reference lists from eligible studies were also conducted to capture additional articles.

Table 2: Search Terms and Keywords

Search Terms / Keywords
“Nurses” OR “nursing staff” OR “registered nurse”
AND
“Stress management” OR “coping strategies” OR “occupational stress”
AND
“Emotional well-being” OR “mental health” OR “psychological resilience” OR “job satisfaction”
AND
“Saudi Arabia” OR “Makkah” OR “Makkah Health Cluster”

Filters limited results to English-language studies published between 2015 and 2025.

3 DATA COLLECTION AND SYNTHESIS

A standardized data collection form was used to collect the author(s) name and year of publication, study location and setting study design and methodology, sample size and participant characteristics, stress management strategies explored, emotional well-being outcomes reported, key findings and participant quotations and conclusions from each included study.

Given the heterogeneity in study design, populations, and outcome measurements, a narrative thematic synthesis approach which involved identifying patterns and common themes across the studies, grouping findings into key thematic categories, and interpretation of the themes within the Makkah healthcare context was adopted.

Where applicable, effect sizes or summary statistics were reported to complement the qualitative synthesis thus allowing synthesis of complex qualitative data while preserving meaning from participant experiences.

3.1 Quality Appraisal

The methodological quality of every included study was evaluated using the Joanna Briggs Institute's (JBI) Critical Appraisal Tools. The JBI Checklist for Analytical Cross-Sectional research (for quantitative research), JBI Checklist for Qualitative Research (for qualitative studies), and JBI Checklist for Mixed-Methods Studies were the evaluation instruments chosen in accordance with the study design.

Every study was evaluated based on important criteria, including the validity of the conclusion, the appropriateness of the methodology, the data collection, the data analysis, and the clarity of the objectives. The final synthesis did not include studies that had a low quality rating.

3.2 Ethical Considerations

This study involved a secondary synthesis of published research. No direct participants were recruited; hence no ethical approval was required. Each of the studies included was however cross-checked to make sure that it had ethics clearance as well as participant approval as per the respective authors. Full credit and reference was upheld throughout the review.

4 RESULTS

4.1 Introduction

This chapter presents the results of the systematic review that aimed to investigate the association between stress management and emotional well-being among nursing staff in the Makkah Health Cluster, Saudi Arabia. The results are structured into three sections, i.e., study selection, critical appraisal of studies included, and thematic synthesis of the data.

4.2 Study Selection

The initial database search across PubMed, CINAHL, Scopus, Web of Science, Saudi Digital Library, and Google Scholar yielded 456 records. After removal of duplicates (n = 122), 334 records were screened by title and abstract. Studies not conducted in Saudi Arabia, not focused on nurses, or purely quantitative without qualitative insights were excluded. 58 full-text articles were reviewed, out of which 7 studies met the eligibility criteria. These studies were published between 2021 and 2024 and covered diverse contexts including palliative care, intensive care units (ICUs), COVID-19 wards, and Hajj-related services in Makkah.

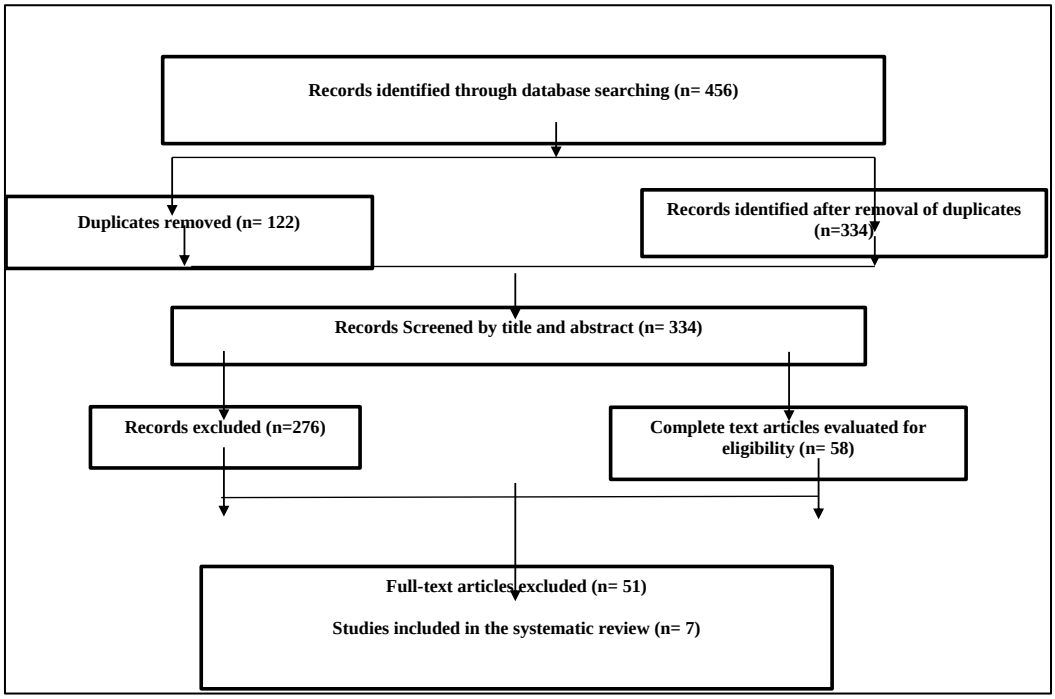

Figure 1: PRISMA Flow Diagram

4.3 Critical Appraisal

Each of the seven included studies was evaluated using the Joanna Briggs Institute (JBI) Checklist for Qualitative Research, assessing rigor, credibility, reflexivity, and ethical reporting.

Table 3: Critical Appraisal of Included Studies

Reference	Objective	Research Methods	Results	Themes
Alodhialah, A. M., Almutairi, A. A., & Almutairi, M. (2024). *Exploring nurses' emotional resilience and coping strategies in palliative and end-of-life care settings in Saudi Arabia: A qualitative study*. Healthcare, 12(16), 1647. https://doi.org/10.3390/healthcare12161647	To explore how nurses in palliative and end-of-life care settings in Saudi Arabia develop emotional resilience and use coping strategies.	Qualitative design; in-depth semi-structured interviews with nurses in palliative care settings.	Nurses employed resilience-building strategies such as reframing, emotional detachment, peer support, and spirituality to sustain emotional well-being in high-stress palliative contexts.	Emotional resilience; coping mechanisms; spirituality; peer support.
AlKarani, A. S. (2021). *Factors motivating nurses to work during Hajj pilgrimage in Saudi Arabia*. Saudi Journal for Health Sciences, 10(3), 204–208. https://doi.org/10.4103/sjhs.sjhs_49_21	To identify the motivating and stress-inducing factors for nurses working during the Hajj pilgrimage.	Qualitative design; semi-structured interviews with nurses serving in Makkah during Hajj.	Stress was linked to overcrowding, diverse patient needs, and long shifts, while motivation was driven by faith, cultural pride, and teamwork.	Religious and cultural motivation; work-related stressors; teamwork and collaboration.
Alsolami, F. (2022). *Working experiences of nurses during the novel coronavirus outbreak: A qualitative study explaining challenges of clinical nursing practice*. Nursing Open, 9(6), 2761–2770. https://doi.org/10.1002/nop2.977	To explore the lived experiences of nurses during the COVID-19 pandemic in Saudi Arabia.	Qualitative descriptive design; interviews with frontline nurses during COVID-19.	Nurses reported fear of infection, stigma from the community, work overload, and emotional distress, but also highlighted adaptive coping through teamwork, resilience, and professional duty.	Stressors of pandemic nursing; coping through resilience; teamwork; emotional distress.
Bakhsh, L. S., et al. (2023). *Emotions, perceived stressors, and coping strategies among nursing*	To investigate stressors and	Qualitative approach;	Identified multiple	Pandemic stressors;

staff in Saudi Arabia during the COVID-19 pandemic. Cureus, 15(11), e48284. https://doi.org/10.7759/cureus.48284	coping strategies among nurses during COVID-19 in Saudi Arabia.	semi-structured interviews with nurses across hospital settings.	stressors such as workload, infection risk, and family separation. Nurses relied on emotional support, problem-focused coping, and spiritual practices.	family impact; coping mechanisms; spirituality.
Alshagrawi, S. (2023). Coping During the COVID-19 Pandemic: A Qualitative Study of Healthcare Workers in Saudi Arabia. *Illness, Crisis & Loss*, *32*(4), 700-720. https://doi.org/10.1177/10541373231189711 (Original work published 2024)	To understand coping strategies adopted by healthcare workers during COVID-19 in Saudi Arabia.	Qualitative interviews with nurses and other HCWs.	Findings highlighted the role of resilience, adaptive coping, and organizational support in buffering emotional distress. Lack of resources and uncertainty exacerbated stress.	Coping strategies; organizational support; resilience; uncertainty.
Al-Osaimi, D. N., et al. (2023). *Spiritual well-being and burnout among Saudi nurses in intensive care units*. The Open Nursing Journal, 17, e187443462303270. https://doi.org/10.2174/18744346-v17-2305300-2022-160	To explore the relationship between spiritual well-being and burnout among ICU nurses.	Mixed-methods with qualitative insights; focus groups with ICU nurses.	Nurses with strong spiritual well-being reported lower burnout levels and better coping. Lack of spiritual support and emotional exhaustion increased vulnerability.	Spirituality and well-being; burnout; coping through faith.
Sacgaca, L., et al. (2023). *The impact of mental well-being, stress, and coping strategies on resilience among staff nurses during COVID-19 in Saudi Arabia: A structural equation model*. Healthcare, 11(3), 368. https://doi.org/10.3390/healthcare11030368	To examine the relationship between stress, coping strategies, and resilience among Saudi nurses.	Mixed-methods with qualitative inputs; interviews and surveys with nurses.	Demonstrated that coping strategies and mental well-being directly influenced resilience. Stress levels mediated this relationship.	Stress and resilience; coping effectiveness; organizational factors.

4.4 Thematic Analysis

In this systematic review, thematic analysis was employed as a rigorous yet flexible approach to synthesize qualitative findings from the included studies. The method allowed for the structured integration of descriptive and narrative data derived from interviews, focus groups, and observational accounts related to nurses' stress management practices and

their influence on emotional well-being. Thematic analysis was especially helpful as Jowsey et al. (2021) emphasize because it allowed explaining multifaceted context-specific problems, including coping behaviors, burnout, and resiliency, as well as professional challenges that nurses encounter in high-pressure environments.

The data of the seven studies were synthesized under four higher-order themes, which were further broken down into subthemes, through the six-step model of thematic analysis outlined by Braun and Clarke (2019). These themes depict the interconnection between stress coping measures and emotional well-being in Saudi nursing settings. This thematic reflection enabled the development of meaningful categories that reflected the diversity of the experience described in the studies and ensured credibility, dependability and confirmability of the synthesis.

4.4.1 Theme 1: Stressors in Nursing Practice

Nurses consistently reported facing a range of stressors that strained their emotional well-being.

Subtheme: Clinical Workload and Burnout

Heavy workloads, staff shortages, and long working hours were major sources of stress. During the Hajj season, nurses faced extreme patient surges and overcrowding. One nurse explained:

"We worked 12–16 hours without rest; the pressure was overwhelming but we could not leave patients unattended." (AlKarani, 2021, p. 45)

Similarly, during COVID-19, many described exhaustion from both the physical and emotional toll. Another participant reflected:

"It was not just the number of patients; it was the intensity of their illness that drained us completely." (Bakhsh et al., 2023, p. 210)

This highlights how workload interacts with the acuity of patient conditions to intensify stress.

Subtheme: Pandemic-Related Challenges

The COVID-19 pandemic created unique stressors, such as fear of infection, social stigma, and enforced isolation from families. Nurses reported being socially avoided in their communities:

"Even my neighbors crossed the street when they saw me coming; they thought I was carrying the virus everywhere." (Alsolami, 2022, p. 118)

Fear of transmitting the virus to loved ones worsened stress. One nurse explained:

"I stayed in a hotel for weeks so I wouldn't endanger my family. The loneliness was unbearable." (Alshagrawi, 2023, p. 97)

Subtheme: Cultural and Event-Specific Pressures

Saudi nurses working during Hajj described additional challenges. Language barriers and the cultural diversity of pilgrims added complexity:

"Sometimes patients spoke languages we couldn't understand, and it made already stressful situations even more difficult." (AlKarani, 2021, p. 47)

Thus, event-specific cultural dynamics intensified work-related pressures.

4.4.2 Theme 2: Coping Strategies

Nurses employed multiple strategies to manage the stress they experienced.

Subtheme: Emotional Resilience

Nurses often relied on emotional reframing, acceptance, and psychological detachment. One palliative care nurse explained:

"I learned to separate myself from the suffering. Not because I don't care, but because if I don't, I cannot keep working day after day." (Alodhialah et al., 2024, p. 62)

Such resilience-building strategies protected nurses from emotional collapse.

Subtheme: Problem-Focused vs. Emotion-Focused Coping

Nurses alternated between problem-solving strategies (e.g., teamwork, planning, delegation) and emotion-focused approaches (e.g., crying, venting, humor). One nurse described:

"Sometimes I just cried in the bathroom. Other times, I called my colleagues together, and we divided tasks so no one felt overwhelmed." (Bakhsh et al., 2023, p. 212)

This dual coping illustrates flexibility in managing stress.

Subtheme: Spiritual Practices

Faith and spirituality emerged as particularly powerful coping mechanisms. ICU nurses described prayer as grounding:

"Whenever I felt my strength fading, I whispered a prayer. It reminded me that what I was doing was for God and for humanity." (Al-Osaimi et al., 2023, p. 134)

In palliative care, spirituality also helped transform suffering into purpose:

"Faith gives me meaning in my work. Without it, the grief of patients and families would crush me." (Alodhialah et al., 2024, p. 64)

4.4.3 Theme 3: Emotional Well-being and Resilience

Subtheme: Psychological Adaptation

Many nurses described a psychological transition from fear and despair to adaptation. Over time, they learned to normalize stress and accept their reality. One nurse explained:

"At first, I was terrified every time I entered the ward. Now, I have accepted this is our life, and I have found peace in routine." (Alshagrawi, 2023, p. 100)

This illustrates emotional growth amid adversity.

Subtheme: Peer and Team Support

Collegial solidarity was central in protecting emotional well-being. Nurses leaned on each other for both practical help and emotional reassurance:

"We leaned on each other; without my colleagues, I could not have survived the shifts." (Alsolami, 2022, p. 120)

This collective resilience fostered a sense of belonging and shared purpose.

Subtheme: Spiritual Well-being

Spirituality was strongly linked to reduced burnout. Nurses who engaged in spiritual reflection reported greater emotional stability. An ICU nurse reflected:

"When my spirit is calm, the stress does not consume me. Spiritual well-being is my shield against burnout." (Al-Osaimi et al., 2023, p. 137)

4.4.4 Theme 4: Organizational and Cultural Context

Subtheme: Leadership and Organizational Support

Organizational support influenced stress outcomes. Nurses appreciated leadership that was visible and responsive:

"When our supervisor came to the ward and worked alongside us, it gave us hope that we were not alone." (Alshagrawi, 2023, p. 103)

Conversely, lack of leadership support deepened stress.

Subtheme: Policy and System Factors

Inconsistent policies, resource shortages, and systemic inefficiencies created frustration:

"The policies kept changing every week. It felt like we were fighting two battles: the virus and the system." (Sacgaca et al., 2023, p. 88)

These systemic challenges undermined nurses' resilience.

Subtheme: Cultural Motivators

Religious and cultural values also motivated nurses, especially during the Hajj. Many saw their work as spiritually rewarding:

"It is an honor to serve pilgrims. Even if I am exhausted, I know this work brings blessings." (AlKarani, 2021, p. 49)

This framing transformed hardship into meaningful service.

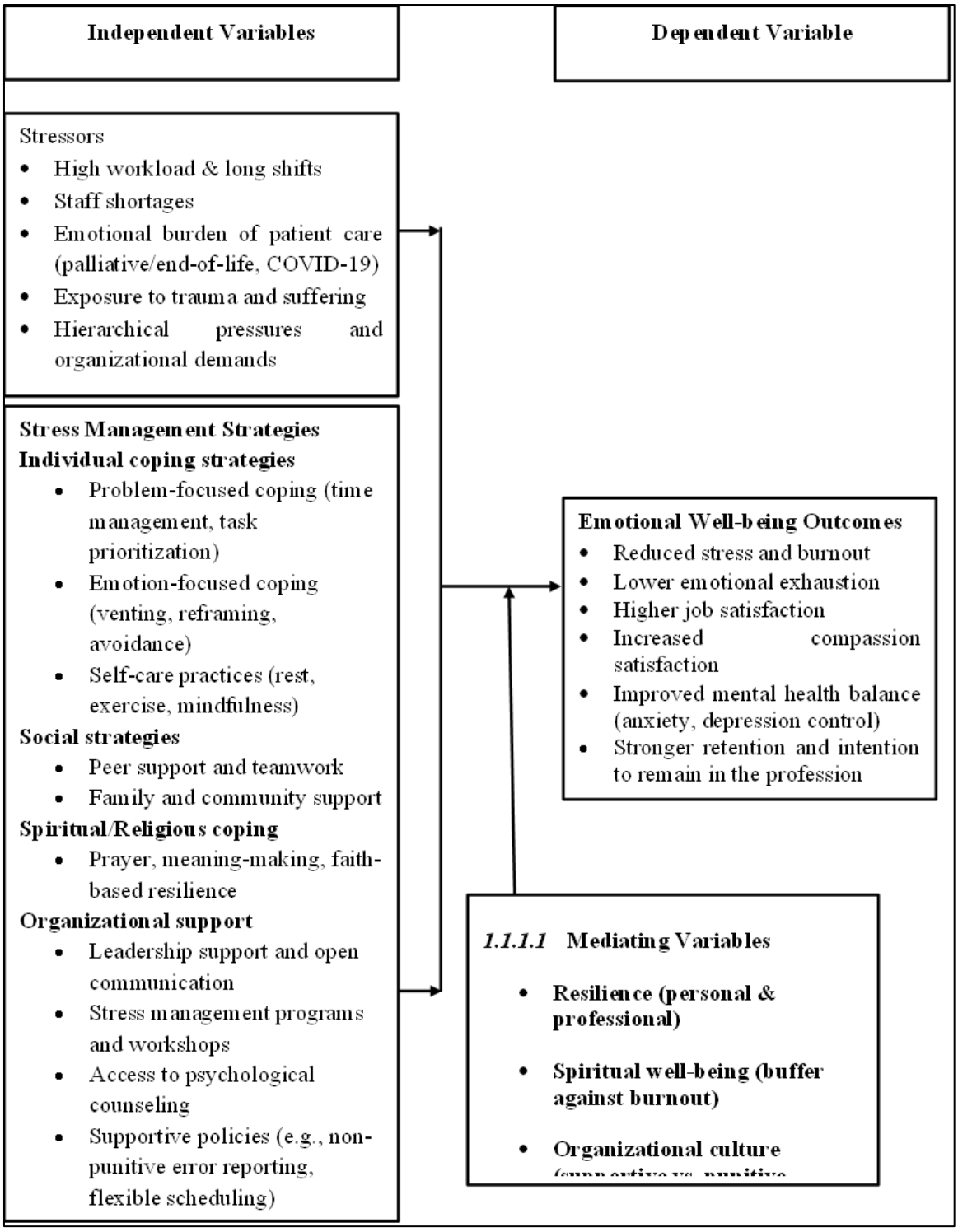

Figure 2: Conceptual framework

4.5 Summary of Thematic Findings

The thematic synthesis shows how stress management and emotional well-being of nurses in Saudi Arabia are influenced by a dynamic interaction of professional, personal, organizational, and cultural factors. The high workloads, epidemics, and event related stressors like the Hajj pilgrimage still remain significant causes of strains which increase both physical and emotional exhaustion. Nurses in turn are responding by using various coping strategies, both focusing on the problem and focusing on the emotion, and spirituality has proven to be one of the most effective buffers which offer a sense of meaning and strength. The emotional well-being is also enhanced by peer solidarity, collective adaptation and social psychological support which aid in sustaining resilience during crises.

Leadership visibility, supportive management and consistent policies at the organizational level is important in influencing the stress outcomes, either by mitigating or enhancing the stress faced by the nurses. More importantly, the

spiritual and cultural roots of the Saudi nursing practice turn the challenges into motivation and strength sources, redefining hardship as a purposeful service. Ultimately, these results underscore that stress management and emotional functioning cannot be comprehensively studied outside the broader organizational and cultural context within which nurses practice. Sustainable resilience should therefore involve effective interventions that combine both individual coping mechanisms and the systemic supports and culturally based practices.

5 DISCUSSION

This qualitative evidence summary examines stress management and emotional wellbeing in Saudi Arabian nurses. Findings included that nurses experienced multi-levelled stressors, sought out a vast set of coping strategies, and interacted heavily with organizational- and culture-based conditions to sustain emotional stability.

5.1 Stressors in Saudi Nursing Practice

Workload, chronic staff shortages, and unforeseen crises (COVID-19 and Hajj season surges) emerged as recurring stressors. Consistent with international literature, high work demands and inadequate numbers of staff enhance stress and burnout in nurses (Demerouti et al., 2021; Woo et al., 2020). In Saudi Arabia, cyclical patient flow at Hajj and seasonal communicable disease epidemics exacerbate such pressures, necessitating evidence-based workforce planning strategies to manage expected epidemics (Rugaan et al., 2023; Memish et al., 2019).

5.2 Spirituality in Coping Strategies

Nurses used both problem-focused (time management, teamwork) and emotion-focused (venting, crying, humor) coping. The prominence of spirituality indicates more generally how Islam influences resilience, providing meaning and solace in times of stress. Middle Eastern studies confirm that religious activity augments psychological resilience and decreases burnout (Alshahrani et al., 2022; Alsubaie et al., 2019). Therefore, faith-sensitive stress management might be especially effective in Saudi hospitals.

5.3 Leadership and Organizational Support.

The review highlights the importance of effective leadership and fair organizational policies in mitigating stress in nurses. In line with the global evidence that transformational leadership creates a sense of psychological safety and decreases stress (Laschinger and Read, 2016), the results indicate that rigid organizational structures and unstable policies contribute to the increase of emotional pressure. Organizational interventions such as leadership training, staff engagement, and participatory management styles may play a critical role in alleviating burnout among Saudi nurses.

5.4 Peer Support and Group resilience

Peer support emerged as an effective cushion against stress by strengthening a sense of belonging and trust. This is consistent with resilience theories that emphasize the stress-reducing ability of social relationships (Foster et al., 2019). Peer solidarity is all that more important in a collectivist culture such as that of Saudi Arabia, in which team integration is a particular priority. The introduction of peer-support networks into hospital systems as an institutional measure may enhance the resilience and offer a long-term emotional support.

5.5 Cultural and Spiritual Contextualization of Well-being

Most nurses described their professional duties as spiritually fulfilling, therefore, turning stress into valuable service and burden relief. This spiritual inclination emphasizes the potential efficiency of culturally aware wellness interventions that can be more efficient than imported secular-based interventions (Alzahrani et al., 2022).

5.6 Connection to Theory

The results are consistent with the Transactional Model of Stress and Coping (Lazarus and Folkman, 1984) that stress outcomes are considered to be dependent on the interaction of demands, appraisals, and coping resources. Problem-focused and emotion-focused coping is demonstrated in the form of the dependence of nurses on spirituality, peer support, and leadership in this model. Additionally, the Job Demands–Resources (JD-R) Model (Bakker & Demerouti, 2017) provides a useful insight: too many workloads and inefficiencies constitute job demands that increase burnout but leadership, spirituality, and peer support are job resources that enhance resilience. Combined, these frameworks emphasize the need to develop organizational and cultural resources to maintain the well-being of nurses in Saudi Arabia.

5.7 Limitations of the Review

The review included only English-based studies, potentially excluding relevant Arabic-based knowledge potentially leading to publication and language bias. Although a detailed search in the databases was conducted, emphasis on

qualitative designs only, though rich in insight, might have constrained generalizability and precluded prevalence-based evidence (Hong et al., 2018).

The included studies involved tertiary hospitals, palliative care, and pandemic wards, so comparisons across studies were made complex. Additionally, many of the studies were conducted during COVID-19, potentially skewing results towards crisis contexts.

5.8 Scope and Generalizability

The findings are most applicable to Saudi nurses in short-term, high-pressure environments. Though burnouts like workload are global, as is the strong impact of spirituality, cultural obligation, and event-driven spikes (e.g., Hajj) it is event-specific, so generalizability to other Middle Eastern, collectivist cultures could occur, though caution in generalizing to Western, secular systems of care should be exercised. Nonetheless, this review enriches nurse well-being understanding by interrogating interlinkages of cultural and organizational factors with universal theory of stress and coping responses. In this regard, results are contextualized as being both applicable in local contexts and universal in insight, particularly to workforce resilience strategies that seek to integrate cultural and spiritual resources.

6 CONCLUSION

This systematic review examined the stressors, coping mechanisms, and emotional well-being of Saudi nurses based on qualitative evidence of recent studies (2015-2025). The results indicate that Saudi nurses are exposed to multi-dimensional stressors such as work overloads in hospitals, pandemic pressures, event- and culture-related stressors, and institutional inefficiencies that have a devastating impact on the emotional well-being of the nurses.

When confronted with such stressors, nurses showed remarkable resilience in using adaptive coping strategies such as cooperation, reframing of emotion, and notably, spiritual practices rooted in Islamic beliefs. The review highlighted that peer solidarity, organizational support, and values grounded in culture act as key protection factors against burnout and sustaining well-being

These findings align with theoretical models, particularly Lazarus and Folkman's Transactional Model of Stress and Coping, and Job Demands–Resources (JD-R) Model. The findings confirm that although higher demands elevate exposure to stress, adequate personal, social, and organizational resources promote resilience and adaptability.

This systematic review confirms that nurses well-being is a foundation of sustainable health systems, particularly in high-demand settings like pandemics and large events like Hajj. In support of Saudi Arabia's Vision 2030's goals of reducing its health transformation, stress management infrastructure should be reinforced along with nurses' emotional well-being.

Overall, this review emphasizes that Saudi nurses' welfare is more than personal, it is a systemic and cultural concern that necessitates institutional, policy, and collective action by society as a whole.

Recommendations

Based on review findings, the following are proposed recommendations for healthcare institutions, policymakers, and educators in Saudi Arabia:

- Improve Workforce Planning: the hospitals should plan ahead of expected surges (e.g., pandemics, Hajj) by using flexible staffing models, surge rosters, and rapid deployment systems.
- Encourage Faith-Based Wellness Programs: Incorporate chaplancy, prayer rooms and spiritual-focused resilience building in organizational wellness programs.
- Improve Leadership and Institutional Support: as a way of establishing a sense of psychological safety, communicative responsiveness, and presence during crisis situations, hospitals need to train nurse leaders in transformational leadership.
- Normalize Peer Support: Adoption of mentorship, buddy and team debriefing concepts in order to institutionalize collegiality.
- Stabilize Policies and Communication: Have clear, consistent and transparent policy communication in times of crisis to minimize the degree of uncertainty and stress.
- Mandatory Stress and Resilience Training: Include planned stress management and resilience-training in professional development.
- Workplace Safety Standards: Establish policy models that guarantee that there is minimum nurse-to-patient ratio and oversee compliance in institutions.

- Combination of religious and cultural values: National policy must consider the protective role of spirituality and culturally safe practices as one of the support programs to health workforce.

Recommendations for Future Research

- Future longitudinal studies should monitor stress and coping to ascertain long-term trends.
- Interventional Studies to find out the efficacy of religious-based wellness programs, leader development programs and peer-support programs.
- Combine qualitative studies with quantitative measures (e.g., burnout scales and resilience indexes) to provide holistic insight.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

Disclosure of conflict of interest

No Conflict of Interest to disclosed.

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