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Research Article

Quality-Based Intervention to Address Nurses' Work-Based Negative Emotions

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ABSTRACT

Background: Nurses experience significant emotional strain that impacts well-being, job satisfaction, and performance.

Objective: To assess negative emotions among oncology nurses and implement an intervention to improve quality of life and job satisfaction.

Methods: Using the FOCUS-PDSA model, a mixed-methods survey of 45 registered nurses across two Boston oncology units was conducted. The 38-item questionnaire measured emotions, coping strategies, and effects on personal and professional life.

Results: Anxiety (65%), frustration, and feeling overwhelmed were the most frequently reported emotions. Only 2% reported positive emotions such as fulfillment. Nurses noted that work stress carried into personal time, contributing to exhaustion and reduced daily functioning. Exercise and rest were the most common coping strategies.

Conclusion: Oncology nurses report high levels of negative emotions affecting quality of life. A proposed intervention—protected, uninterrupted breaks in restorative spaces—may mitigate stress and improve nurse well-being.

Keywords

Negative Emotions, Stress, Quality of life, Nursing.

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Introduction

The nursing profession is widely regarded as a meaningful and rewarding career for individuals seeking to provide compassionate care and improve patient outcomes. Nursing is one of the most physically and emotionally demanding professions, often leading to significant occupational stress. High job-related stress has been consistently linked to reduced quality of life, emotional exhaustion, and depersonalization among nurses [1,2]. These effects not only threaten the mental and physical health of nurses but also compromise the quality of care delivered to patients.

Research has shown that up to 90% of nurses' medical problems are associated with the stress of working in high-pressure environments, resulting in an estimated annual financial burden of $200–300 million in the United States alone [1]. Furthermore, the consequences of stress extend beyond individual well-being, as emotional exhaustion has been linked to decreased compassion, an increase in patient safety incidents, poor patient outcomes, and lower patient satisfaction scores. This cycle of stress and burnout contributes to high turnover rates in bedside nursing, exacerbating staffing shortages and further increasing the workload on remaining nurses [3].

Given these challenges, it is critical to assess the prevalence of negative emotions among inpatient nurses and explore interventions aimed at improving their quality of life. By addressing the underlying contributors to stress and emotional strain, healthcare organizations may reduce burnout, support retention, and enhance both nurse and patient outcomes.

Problem Statement

Nursing is a physically and emotionally demanding profession, and these stressors often lead nurses to experience negative emotions that negatively affect job performance, well-being, and quality of life. Babapour et al. [1] found that high job stress among nurses was strongly associated with reduced health, lower job satisfaction, and compromised patient care. Similarly, a scoping review by Feng et al. highlighted the emotional toll of nursing, linking sustained stress to diminished well-being and professional performance. While nursing will inevitably remain an emotionally involved profession, it is essential to address these emotions in a healthy, constructive way to support nurses and maintain high standards of patient care.

Purpose Statement

The goal of this quality improvement project is to assess the emotions experienced by nurses working on inpatient oncology units and evaluate their impact on quality of life and job performance. Nurses with a minimum of six months of experience will complete a survey designed to capture both positive and negative emotional experiences. The findings will guide the development of an evidence-based intervention aimed at improving nurse well-being. By identifying and addressing emotional stressors, this project seeks to provide strategies that can enhance resilience, reduce burnout, and ultimately improve both nurse satisfaction and patient outcomes.

Aim

This quality improvement project aims to identify and address negative emotions experienced by inpatient oncology nurses by implementing an evidence-based restorative break intervention, with the goal of improving nurse well-being, job satisfaction, and patient care quality.

Research Question

In registered nurses with at least 6 months of experience working on two different inpatient oncology units, what is the prevalence of negative emotions associated with the workplace and its duties? In registered nurses experiencing negative emotions associated with their workplace and its duties, how does it affect their quality of life outside of the workplace?

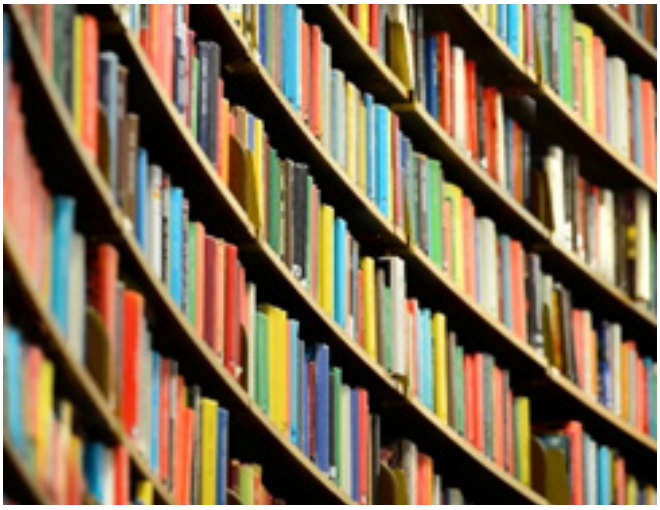
Theoretical Framework

Christina Maslach's theory of occupational burnout provided the framework for this quality improvement project. Maslach developed the **Maslach Burnout Inventory (MBI)** in 1981, a validated tool that measures three core dimensions of burnout: **emotional exhaustion, depersonalization, and reduced personal accomplishment** [4]. The MBI was specifically designed for professionals engaged in human-to-human interaction, making it highly relevant to nursing.

The **Inpatient Oncology Nursing Quality of Life Survey (ONQLS)** used in this project incorporated elements influenced by the MBI. Like the MBI, the ONQLS assessed emotional strain, work-related stress, and professional fulfillment using Likert-scale responses. By aligning its measures with the MBI's subscales, the ONQLS captured meaningful data on how emotional exhaustion and stress affect oncology nurses' quality of life, performance, and well-being.

Findings from this project reflect established links between burnout and adverse outcomes. Nurses reporting higher levels of emotional exhaustion and depersonalization also described increased mistakes in patient care, decreased job satisfaction, and greater turnover intentions. This correlation underscores the value of Maslach's framework in evaluating nursing burnout and highlights its applicability for future research and interventions aimed at reducing occupational stress and improving both nurse and patient outcomes.

Maslach's theory also directly supports the **proposed intervention** of providing protected, uninterrupted restorative breaks. By creating opportunities for nurses to recover emotionally and physically during their shifts, this intervention addresses the three dimensions of burnout identified in the MBI. Restorative breaks may reduce emotional exhaustion, prevent depersonalization by fostering mindfulness and presence, and enhance personal accomplishment by supporting nurses' ability to deliver safe, compassionate care. Grounding the intervention in Maslach's framework strengthens its theoretical foundation and underscores its potential to improve nurse well-being and patient outcomes.



Literature Review

A literature review of nursing and health-related literature was conducted to explore nurses' emotions toward their work, the prevalence of negative emotions, and their effects on job performance and quality of life. Databases used included CINAHL, Medline, and PubMed, with keywords such as *nurse, emotions, stress, high-stress, job performance,* and *quality of life* combined using "AND" and "OR." Inclusion criteria were peer-reviewed, full-text articles published in English between 2020 and 2025. From 61 non-duplicated articles initially identified, 51 were excluded based on relevancy, leaving 10 articles included in this review.

Nurse Trauma and Burnout

Burnout and trauma are prevalent in nursing, negatively impacting mental health, quality of life, and job performance. An umbrella review found high rates of nurse burnout, particularly in oncology and critical care units, and a correlation with trauma exposure [5]. Burnout manifests as exhaustion, disengagement, and reduced patient care quality, with older nurses demonstrating higher burnout rates. Physical, psychological, and behavioral symptoms of burnout include headaches, musculoskeletal pain, depression, insomnia, decreased confidence, and impaired concentration, all of which contribute to lower job performance [6].

Emotional labor is another key contributor to burnout. Oncology nurses reported fear, grief, and depleted morale from patient care, leading to decreased job satisfaction, errors, and avoidance of close patient relationships [7]. Compassion fatigue and anxiety were also prevalent, with 60% of nurses in one study reporting anxiety directly related to their work environment, which reduced job satisfaction and overall quality of life [8].

Job Satisfaction and Performance

Stress in nursing negatively affects job satisfaction and performance. Excessive workload, patient mortality, poor coworker communication, unpredictable shifts, and lack of psychological support were identified as major stressors affecting health and productivity [9,10]. Stress consistently contributes to poor job performance, staff shortages, and diminished quality of care.

Interventions to Improve Quality of Life and Job Satisfaction

Evidence supports interventions to reduce burnout and improve nurse well-being. Trauma recovery programs, such as the internet-based Trauma Recovery Nursing Intervention (IBTRNI) based on Swanson's Theory of Caring, help nurses process work-related trauma, develop coping strategies, and build self-awareness [11].

Social support—whether from family, coworkers, or peers—also improves resilience, reduces psychological pressure, and enhances quality of life, job satisfaction, and performance [12]. Positive coping strategies, including physical activity, reading, music, yoga, and meditation, have been shown to reduce mental health problems and mitigate the effects of trauma [13]. Mindfulness practices improve work engagement, reduce emotional exhaustion, and enhance empathetic care, thereby positively impacting job performance [14].

Summary

The literature consistently demonstrates that negative emotions and high-stress experiences in nursing lead to burnout, emotional exhaustion, reduced quality of life, and impaired job performance. Evidence-based interventions—including trauma recovery programs, social support, positive coping strategies, and mindfulness—can help nurses manage stress, improve well-being, and enhance patient care outcomes.

Methodology

Design

Due to the small population size and the nature of the project, approval was obtained from the nurse managers of the participating units. Quality improvement (QI) projects are defined as "systematic continuous approaches that aim to solve problems in healthcare, improve service provision, and ultimately provide better outcomes for patients" [15].

The project followed the **FOCUS-PDSA model**, a widely used framework in healthcare improvement [16]. The FOCUS portion involves: F = Finding a problem, O = Organizing a team, C = Clarifying the problem, U = Understanding the problem, and S = Selecting an intervention. Once the FOCUS phase is completed, the PDSA (Plan-Do-Study-Act) cycle is applied. This project primarily addressed the FOCUS portion with the goal of identifying interventions that could later be implemented and evaluated using the PDSA cycle.

Sampling

A non-probability convenience sampling method was used to recruit participants from two oncology units at a large hospital in Boston, Massachusetts. The sample consisted of 45 registered nurses aged 20–65 who had worked as registered nurses for at least six months.

Data Collection

Data were collected using a 38-question Microsoft Forms survey distributed via email to all registered nurses on the units. Participation was voluntary, anonymous, and confidential, with no repercussions for non-participation or responses. The survey

included both closed- and open-ended questions to capture demographic information, work characteristics, emotions associated with nursing, and effects on quality of life.

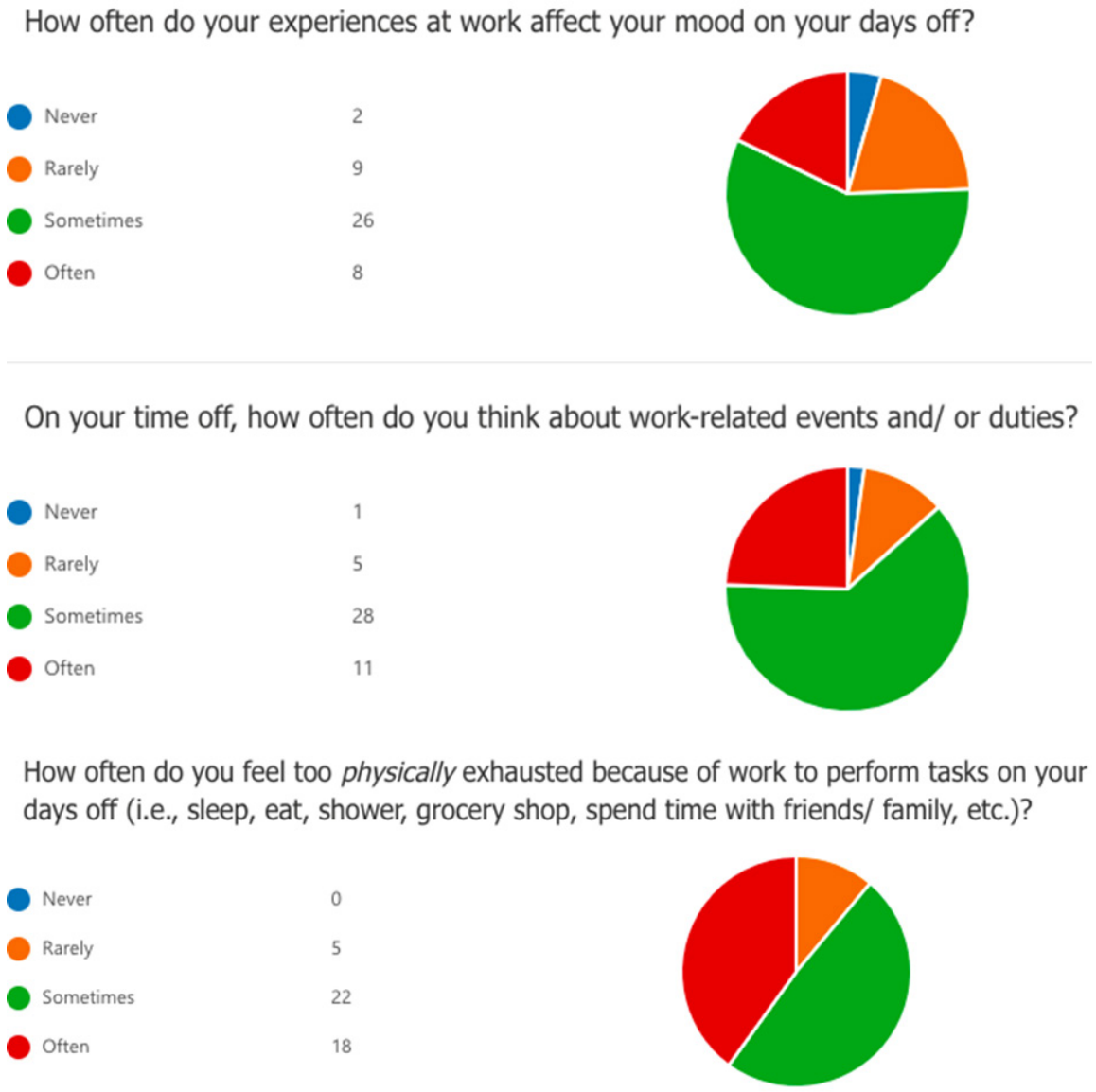
Results and Analysis

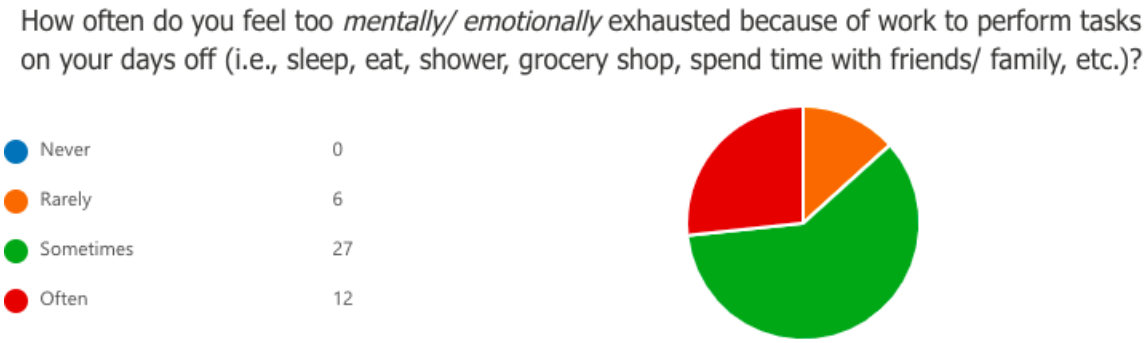
Within one week, 45 responses were collected. Quantitative data included demographic information such as years of experience, age, shift type, and weekly hours worked. Most respondents had 6 months to 3 years of experience (42%) and were aged 20–30 years. Many worked rotating or night shifts, with 36 hours per week being the most common.

Job satisfaction was measured on a Likert scale: 47% were somewhat satisfied, 29% very satisfied, 18% neutral, 4% somewhat dissatisfied, and 2% very dissatisfied. Work-life balance satisfaction showed 36% somewhat satisfied, 22% somewhat dissatisfied, 20% very satisfied, 20% neutral, and 2% very dissatisfied.

Qualitative data on negative emotions were collected via open-ended questions. Sentiment analysis categorized responses as positive, negative, or neutral, and cluster analysis grouped similar responses. Before shifts, 65% of nurses reported **anxiety**. During shifts, common negative emotions included anxiety, frustration, and feeling overwhelmed; only 2% reported positive emotions such as fulfillment and satisfaction. Post-shift responses most reflected relief.

The impact of work-related stress on quality of life outside of work was assessed through quantitative questions measuring physical and mental exhaustion, and the extent to which work affected days off and overall work-life balance. Results indicated that negative emotions experienced during shifts often extended into personal time, highlighting the influence of occupational stress on nurses' overall well-being.





Self-Care Participation and Interventions

The survey explored nurses' engagement in self-care and their strategies for managing work-related stress. Among participants, 82% reported practicing self-care, while 18% did not. Qualitative responses revealed common activities that supported work-life balance. **Physical activity** was the most frequently cited category, including strength training, exercise, running, yoga, Pilates, and walking. Other interventions included resting, reading, sleeping, acupuncture, spa days, and spending quality time with family.

At the end of the survey, participants were invited to provide additional comments about nursing and their lifestyle. Representative statements that aligned with the study's objectives included:

- "Difficult work-life balance, feel underappreciated, and stressed for how we get paid."
- "Nursing has only become more physically and emotionally demanding over the years, even working with the same patient population. Work wellness attempts are not sufficient at creating a culture that makes it possible to continue in this career at the bedside for 40 years. The demands are too much and it makes me so sad to know this."
- "I worry about the physical demands of the job as I get older. The patients are sicker and need more care than ever before."
- "As a second-degree nurse, I am overall happy with my decision to go back to school to be a nurse. Bedside nursing can be emotionally and physically exhausting, but I feel that I am making a difference. It is rewarding."

Limitations

This study had several limitations related to survey design, participants, and the project scope. The sample size was small (45 nurses) and limited to two oncology units, which may limit generalizability due to similar policies and procedures. The survey was available for only one week due to academic constraints, restricting the potential number of respondents.

Survey design also introduced variability, combining open-ended questions, numerical ratings, and word descriptions, which could have caused confusion for some participants. Age and years of nursing experience were measured in intervals, limiting precise analysis. Finally, the study focused exclusively on oncology nurses; while this aligned with the project's objectives, findings may not be generalizable to other nursing specialties.

Implications for Practice

This study demonstrates a high prevalence of negative emotions among registered nurses working in inpatient oncology units, with these emotions directly impacting quality of life outside the workplace. Most negative emotions occurred before, during, and after shifts, affecting sleep quality, mood, and the ability to perform essential tasks on days off. Contributing factors include frequent exposure to severe illness and death, fear of errors in a high-stress environment, and the lack of regular, uninterrupted breaks during shifts.

To mitigate these negative emotions and enhance overall nurse well-being, hospital administration should implement interventions that guarantee restorative breaks for all nurses. Strategies may include pre-scheduled coverage for breaks or hiring staff specifically to ensure breaks are taken. Evidence suggests that designated break coverage can reduce turnover and associated costs while supporting nurse well-being [17].

Breaks should allow nurses to fully disconnect from patient care and work duties, including documentation. Effective restorative environments may include access to refreshments, natural light or views, calm lighting, comfortable furniture, and elements of nature such as artwork or colored accent walls [18]. Breaks should not be limited to mealtimes; additional opportunities for decompression after high-stress events are critical. By creating a culture that prioritizes restorative breaks, hospitals can reduce burnout, improve job satisfaction, and enhance nurse retention.

Conclusion

The purpose of this quality improvement project was to assess the prevalence of negative emotions among registered nurses with at least six months of inpatient experience and evaluate the impact of these emotions on their quality of life. Findings revealed a high prevalence of negative emotions related to work duties, which were associated with poor sleep quality, disrupted work-life balance, and frequent rumination about work while off shift. Many nurses reported rarely receiving full, uninterrupted breaks.

These findings underscore the need for targeted interventions to improve nurse well-being. Implementing restorative break strategies—including environmental enhancements, protected

time, and mindfulness opportunities—can help reduce work-related stress and promote emotional recovery. It is recommended that these interventions be implemented in the units studied, followed by resurveying staff to evaluate the effectiveness of the changes on nurses' emotions, work performance, and overall quality of life.

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