



## Psychological Distress, Social Stigma, Depression and Mental Health Crisis Among Nurses in High-Pressure Clinical Settings

Diah Priyantini<sup>1,\*</sup>, Erfan Rofiqi<sup>1</sup>, Septian Galuh Winata<sup>1</sup>, Chlara Yunita Prabawati<sup>1</sup>, Dzakiyatul Fahmi Mumtaz<sup>1</sup>, Ken Siwi<sup>2</sup>, Annisa Wigati Rozifa<sup>3</sup>, Daviq Ayatulloh<sup>4</sup>, Nursalam Nursalam<sup>5</sup>

<sup>1</sup> Department of Nursing, Faculty of Health Sciences, Universitas Muhammadiyah Surabaya, Surabaya, Indonesia

<sup>2</sup> Department of Physiotherapy, Faculty of Health Sciences, Universitas Muhammadiyah Surabaya, Surabaya, Indonesia

<sup>3</sup> Department of Midwifery, Faculty of Health Sciences, Universitas Muhammadiyah Surabaya, Surabaya, Indonesia

<sup>5</sup> Department of Advanced Nursing, Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia

<sup>4</sup> Department of Fundamental and Nursing Management, Faculty of Health Sciences, Universitas Gresik, Surabaya, Indonesia

### INFORMASI

### ABSTRACT

Korespondensi:  
diahpriyantini@um-surabaya.ac.id

*Background: Nurses working in high-pressure clinical settings are frequently exposed to heavy workloads, emotional demands, and challenging working environments that may compromise their psychological well-being. Persistent occupational stress, combined with negative societal perceptions and stigma toward healthcare professionals, may contribute to psychological distress, depression, and broader mental health crises among nurses. Understanding the relationship between psychological distress and social stigma is essential to identify factors contributing to mental health problems in nursing professionals. Methods: A cross-sectional study was conducted between June and October 2021 involving 2,156 nurses working in high-pressure clinical units across Indonesia. Data were collected using an online questionnaire consisting of sociodemographic characteristics, measures of psychological distress, and social stigma perceptions, along with a modified Depression, Anxiety, and Stress Scale (DASS-21). A researcher-developed mental health crisis scale was also used to assess severe psychological conditions. Data were analyzed using descriptive statistics, Chi-square tests, and Spearman's rho correlation with a significance level of  $p < 0.05$ . Results: Most participants were aged 20–29 years (44.6%) and female (67.5%). Psychological distress was reported at moderate levels among 78.4% of respondents, while 18.5% experienced perceived social stigma. Severe depression was identified in 64.5% of nurses, and 63.5% reported severe mental health crisis conditions. Psychological distress and perceived social stigma were significantly associated with higher levels of depression and mental health crises among nurses ( $p < 0.05$ ). Conclusion: Psychological distress and social stigma were significant factors associated with depression and mental health crises among nurses working in high-pressure clinical environments. These findings highlight the importance of implementing institutional mental health support systems, stigma reduction initiatives, and workplace interventions to protect nurses' psychological well-being.*

### Keywords:

Depression; high-pressure clinical settings; mental health crisis; nurses; psychological distress; social stigma

## INTRODUCTION

Healthcare systems worldwide face increasing challenges due to rising patient demands, complex clinical conditions, and high workloads, which have contributed to a growing mental health burden among healthcare professionals. Nurses, who represent the largest group of healthcare providers and play a critical role in patient care, are particularly vulnerable to psychological distress in high-pressure clinical environments (Amsalem et al., 2021; Singhal, 2020). Continuous exposure to demanding workloads, emotional strain, and critical decision-making situations can increase the risk of anxiety, depression, and other mental health problems among nurses (Amsalem et al., 2021). In addition to occupational stressors, social perceptions and stigma toward healthcare professionals may further aggravate nurses' psychological well-being. Negative societal attitudes, misinformation, and fear related to healthcare environments can lead to discrimination, social rejection, and reduced social support for nurses (S. Galea et al., 2020; Golberstein et al., 2020). Such conditions may intensify psychological distress and contribute to more severe mental health outcomes. Previous studies have reported that healthcare workers frequently experience significant psychological impacts, including depression, anxiety, and stress, particularly when working in high-intensity clinical settings (Wang et al., 2020). In some contexts, negative stigma toward healthcare workers has also been observed, where healthcare professionals face avoidance, social distancing, or discrimination from the community due to perceived risks associated with their work (Yufika et al., 2022). These psychosocial pressures can substantially affect nurses' mental health and may contribute to the development of mental health crises if not addressed adequately.

Several reports have highlighted incidents of discrimination and social rejection directed toward healthcare workers due to public fear and negative perceptions associated with healthcare environments (Janoušková et al., 2024; Negarandeh et al., 2024). In some cases, nurses and other healthcare professionals have experienced social exclusion, including being avoided by community members or facing restrictions in their living environments due to concerns about potential health risks associated with their profession (Manik et al., 2021; K. John McConnell et al., 2024). Such experiences reflect the presence of social stigma directed at healthcare workers, which can lead to discrimination and reduced social acceptance within

communities (Sutrisni et al., 2023). Public fear and uncertainty related to healthcare settings may also contribute to heightened anxiety and protective behaviors among community members (S. Galea et al., 2020; Salyer et al., 2021). Psychological experts have suggested that excessive fear and risk perception can result in defensive behaviors aimed at protecting oneself and family members, sometimes leading to heightened psychological responses (Liu et al., 2020). In certain cases, prolonged fear and stress may even trigger maladaptive psychological reactions such as obsessive or compulsive behaviors driven by persistent anxiety (Kang et al., 2020). Negative stigma and social rejection toward healthcare workers can significantly influence their psychological well-being. When healthcare professionals experience avoidance, discrimination, or lack of social support, it may contribute to feelings of isolation, emotional distress, and depressive symptoms (Ali et al., 2021; Singhal, 2020). In addition, nurses working in demanding clinical environments frequently report high levels of workload, fatigue, and occupational stress, which may lead to burnout and other psychological problems (Torales et al., 2020; Wang et al., 2020). Previous studies have also indicated that excessive workload and high clinical demands can place substantial psychological pressure on nurses, potentially contributing to depression and broader mental health crises if adequate support systems are not available (Bhanot et al., 2020; Williams & Drury, 2009).

Healthcare workers who experience difficulty maintaining their physical and mental well-being are at increased risk of psychological disorders, including depression, anxiety, severe stress, and fatigue (Castellano-Tejedor et al., 2022). Several risk factors have been identified, such as perceived lack of institutional support, concerns about personal health and safety, fear of exposing family members to occupational risks, social isolation, uncertainty in clinical decision-making, and social stigmatization (Huang et al., 2020; Huang et al., 2022). In addition, excessive workload, demanding clinical responsibilities, and feelings of insecurity while providing patient care in high-pressure clinical environments may further intensify psychological distress among nurses. Given these challenges, nurses working in high-pressure clinical settings may experience significant mental health burdens that can lead to depression and broader mental health crises if not properly addressed. Therefore, this study aimed to examine the relationship between psychological distress and social stigma as factors associated with depression and mental health crises among

Indonesian nurses working in high-pressure clinical settings.

## MATERIALS AND METHODS

### Study Design

This study employed a cross-sectional design to examine the relationship between psychological distress and social stigma as factors associated with depression and mental health crises among Indonesian nurses working in high-pressure clinical settings during June–October 2021.

### Participants and Recruitment Procedure

The sample included 2156 respondents from all nurse in high-pressure clinical settings (treating covid-19) in Indonesia. Based on the respondent selection criteria, the main criteria in this study were nurse in isolation room or in covid room, aged 20-54 years and the minimum education is diploma. The following exclusion criteria were uncooperative nurse, having a mental emergency. The sample in this study was recruited conveniently. Patient recruitment was conducted between June - October 2021, all required information were provided and informed consent was obtained online. After that, questionnaires were sent to them via WhatsApp and all the respondents fill all the questions in questionnaires.

### Instruments

Data were collected using online questionnaires form. Socio-demographic form developed by the researchers was used to assess the patient' sociodemographic characteristics (age, gender, religion, marital status and educational level). The outcome measures psychological condition and social stigma questionnaire was developed by the researchers from the Social Psychological Survey (Dong et al., 2020). This questionnaire consists of 27 items with a rating using a 4-point Likert scale starting from 1 (strongly disagree), 2 (disagree), 3 (agree) and 4 (strongly disagree), on unfavorable questions, the assessment is reversed. The result of score interpretation shows that <56 has a low psychological condition, 56-65 has a moderate psychological condition and >65 indicates a high psychological condition. While the social stigma is said to experience social stigma if the score obtained is <24. Anxiety, Fear, Depression were measured using a modified Depression, Anxiety, Stress Scale questionnaire (Moya et al., 2022) which consisted of 21 questions using a 0-3 scale, namely a score of zero indicates never, a value of 1 is sometimes, a value of 2 is quite often and a value of 3 is very often. Interpretation score Normal = 0-7, mild anxiety level = 8-9, moderate = 10-14, severe = 15-19 and very severe 20, while the assessment for

depression Normal = 0-14, mild depression = 15-18, moderate = 19-25, severe = 26-33 and very severe 34. Measurement of the Mental Health Crisis in Indonesian Nurses During Pandemic was measured using a mental health questionnaire (Mustikasari et al., 2022) that had been developed by researchers. Question items consist of 9 questions with a Likert scale of 4 points, 0 points never, 1 point Every day (1-7 days), 2 points More often (7-12 days) and 4 points Almost every day (13-14 days). The result of the interpretation assessment is a score of 0-4: No referral is required at this time. 5-9: Clients may benefit from using natural support or mental health services. 10-19: Clients should seek professional mental health services. 20-27: Clients should immediately access health crisis services. All questionnaires have been tested for validity first with 100 respondents, all questions show valid results, the calculated r value is between 0.772 to 0.985 so that it is greater than the r table value of 0.1638. While the questionnaire shows reliable with Cronbach's Alpha value between 0.875 to 0.995.

### Data Analysis

This study analyzed using descriptive and inferential analysis. Compliance test for normal distribution was applied using Kolmogorov–Smirnov test. Descriptive value such as means, standard deviations, frequencies and percentage was analyzed with frequent distribution, Chi-square test was performed to compare the groups concerning demographic, independent and dependent variables. The relationship between psychological condition and social stigma with anxiety, fear, depression and crisis mental health was analyzed using Spearman rho correlation test with statistically significant p value <0.05. The analyzes were conducted with SPSS® for Windows® version 22.0.

### Ethical Clearance

This research has obtained ethical feasibility from the Ethics Commission of the Faculty of Nursing, Airlangga University with certificate number 2038-KEPK by observing the ethical principles of beneficence, anonymity, and confidentiality and respecting human dignity.

## RESULTS

Table 1. Sociodemographic characteristics of respondents

Characteristics of Respondent	n (%)
Ages	
20 – 29 years	961 (44.6)
30 – 39 years	542 (25.1)
40 – 49 years	417 (19.3)
50 years and above	236 (10.9)
Gender	
Male	700 (32.5)

Female	1456 (67.5)
<b>Marital Status</b>	
Married	677 (31.4)
Single	1455 (67.5)
Widow	24 (1.1)
<b>Ethnic</b>	
Javanese	1454 (67.5)
Sundanese	400 (18.6)
Cirebon	22 (1.0)
Betawi	185 (8.6)
Madura	73 (3.4)
Boyam	22 (1.0)
<b>Religion</b>	
Moeslem	2004 (92.9)
Buddhist	35 (1.6)
Hindu	31 (1.4)
Cristian	86 (4.0)
<b>Educational Background</b>	
Diploma	662 (30.8)
Bachelor	1252 (58.1)
Master	242 (11.2)
<b>Income</b>	
< Minimum Regional Income	900 (41.7)
> Minimum Regional Income	1256 (58.3)

The total of 2156 respondents were responded to the questionnaire and the response rate was 100%. The results showed that the average nurse was 20-29 years old and the majority were women (67.5%). Most of the nurses were single (67.5%) and came from the Javanese (67.5%). The religion of the majority of nurses is Islam (92.9%), the most education level is at the undergraduate level (58.1%) and the income is above the minimum regional income (58.3%) (Table 1).

Table 2. Psychological condition, Stigma, and Crisis Mental Health during pandemic situation

Psychological Condition	n (%)
<b>Psychological status</b>	
Bad	271 (12.6)
Moderate	1690 (78.4)
Good	195 (9.0)
<b>Social Stigma</b>	
Yes	399 (18.5)
No	1757 (81.5)
<b>Depression</b>	
Normal	118 (5.5)
Mild	192 (8.9)
Moderate	215 (10.0)
Severe	236 (10.9)
Very Severe	1395 (64.7)
<b>Crisis Mental Health</b>	
Mild	182 (8.4)
Moderate	604 (28.0)
Severe	1370 (63.5)

The psychological condition of nurses in a pandemic situation shows the actual condition of nurses while providing care to patients, especially in the second wave of pandemic. The psychological status of nurses based on the survey results showed moderate results (78.4%). Nurses who experienced social stigma were 399 (18.5%). The nurse showed depression status in very severe (64.5%). This condition allows nurses to experience a severe mental health emergency crisis of 63.5% (Table 2).

Table 3. Predictors psychological condition caused depression and crisis mental health during pandemic

Variable	Psychological Status			P value
	Bad	Moderate	Good	
<b>Depression</b>				
Normal	16 (13.6)	76 (64.4)	26 (22.0)	0.000
Mild	27 (14.1)	159 (82.8)	6 (3.1)	
Moderate	10 (4.7)	195 (90.7)	10 (4.7)	
Severe	46 (19.5)	184 (78.0)	6 (2.5)	
Very Severe	172 (12.3)	1076 (77.1)	147 (10.5)	
<b>Crisis Mental Health</b>				
Normal	18 (9.9)	136 (74.7)	28 (15.4)	0.008
Mild	64 (10.6)	516 (85.4)	24 (4.0)	
Moderate	189 (13.8)	1038 (75.8)	143 (10.4)	
Severe	271 (12.6)	1690 (78.4)	195 (9.0)	

A bad psychological condition can lead to the emergence of accompanying psychological symptoms that worsen the nurse's condition and fall into a state of mental health crisis. Nurses with poor psychological status experienced very bad depression (12.3%) and 12.6% of nurses who had fallen into a very bad mental health crisis (Table 3).

Table 4. Predictors Social Stigma caused depression and crisis mental health during pandemic

Variable	Social Stigma		P Value
	Yes	No	
<b>Depression</b>			
Normal	16 (13.6)	102 (86.4)	0.000
Mild	28 (14.6)	164 (85.4)	
Moderate	26 (12.1)	189 (87.9)	
Severe	30 (12.7)	206 (87.3)	
Very Severe	299 (21.4)	1096 (78.6)	

Crisis Mental Health	0.000	
Normal	25 (13.7)	157 (86.3)
Mild	94 (15.6)	510 (84.4)
Moderate	280 (20.4)	1090 (79.6)
Severe	399 (18.5)	1757 (81.5)

Almost the same as psychological status conditions that can cause problems including depression and mental health crisis. This condition can also be exacerbated by the situation of social stigma shown by the community, the emergence of this stigma makes conditions facing a pandemic even more difficult. The results of a survey on Indonesian nurses showed that 21.4% experienced depression. Nurses who experienced social stigma also fell into a mental health crisis as much as 15.6% in mild conditions, 20.4% moderate and 18.5% severe.

## DISCUSSION

The majority of nurse respondents in this study were aged 20–29 years and female. This finding is consistent with previous research reporting that healthcare workers aged <35 years tend to have a higher prevalence of psychological symptoms, such as anxiety and depression, compared with older healthcare workers (Huang et al., 2020). Most respondents were of Javanese ethnicity and unmarried. Previous studies have indicated that marital status may influence how individuals respond to psychological stressors, particularly in demanding work environments (Afshari et al., 2021). In addition, most respondents held a bachelor’s degree and reported an income above the regional minimum wage. Educational level and income have also been reported as factors associated with mental health conditions among nurses working in stressful clinical settings (Cho et al., 2021).

This study illustrates the psychological condition of nurses working in high-pressure clinical environments while providing patient care. The results showed that the psychological distress level of nurses was predominantly in the moderate category (78.4%). Nurses commonly work an average of 35–42 hours per week in healthcare services, and previous studies have suggested a positive correlation between working hours and psychological distress (Sampaio et al., 2020, 2021). Consequently, longer working hours may contribute to greater psychological strain among nurses. The findings also indicated that 18.5% of nurses experienced perceived social stigma, while 64.5%

reported very severe depression. These results are consistent with previous studies indicating that nurses working in demanding clinical environments are more likely to experience psychological distress due to heavy workloads, emotional demands, and prolonged exposure to stressful situations (Hu et al., 2020). Nurses who have extended exposure to high-intensity clinical responsibilities over prolonged periods may experience higher levels of anxiety and depression compared with those with lower clinical demands (Cho et al., 2021).

Social stigma experienced by healthcare workers may exacerbate their psychological distress and reduce their willingness to seek help or emotional support while providing patient care in demanding clinical environments (Shiu et al., 2022). Psychological responses to prolonged occupational stress may represent a natural protective reaction of the body when individuals are exposed to continuous pressure and uncertainty in the workplace (Maunder et al., 2003). However, persistent exposure to such stressors may escalate into more severe psychological problems. In this study, a considerable proportion of nurses experienced severe mental health crises (63.5%). Excessive workload, social isolation, and experiences of discrimination or stigma may contribute to psychological distress among healthcare workers, leading to symptoms such as depression, anxiety, and sleep disturbances (Lee et al., 2020). These psychosocial pressures can significantly affect nurses who work in high-pressure clinical settings and who are frequently exposed to demanding workloads and emotionally challenging situations. Such psychological changes may place healthcare professionals at greater risk of experiencing mental health crises, particularly among nurses who are directly involved in patient care in intensive and high-demand clinical environments. Therefore, mental health crises among nurses should be recognized as an important occupational health issue that requires systematic attention, including institutional psychological support, stigma reduction strategies, and workplace interventions aimed at protecting nurses’ mental well-being (Castellano-Tejedor et al., 2022).

In the present study, the interesting fact about depression that predicted by psychological conditions was very severe depression. this result supported by the previous study that have study in the psychological wellbeing and nurses’ satisfaction. Thus, study suggest that depression might occur related with psychological wellbeing is not stabilized yet facing the challenge of the pandemic, it was uncertainty, led to the anxiety and lower satisfaction

on the pandemic crisis (Dubey et al., 2020). The other study also mentions about the use of the coping strategy, it means that the very severe depression might occur related with the very maladaptive coping (Sandro Galea et al., 2020; Lee et al., 2020). In addition, the best way to deal with the problem facing crisis mental health in pandemic is facing the distressful situation and continue to eliminate or delete it. But in very severe condition it was failed, it just stops by in the stage of facing the stressful condition and deal with their anxiety and depression. In previous Egyptian study, lack of psychological support in facing them fluctuate psychological condition might lead to the risk of depression (Kassem et al., 2021; Mustikasari et al., 2022).

The results of this study also indicate that severe mental health crises among nurses are strongly associated with their psychological distress. This phenomenon reflects how psychological distress may contribute to the emergence of crisis symptoms in demanding clinical environments. Such symptoms may manifest through maladaptive coping mechanisms, including self-distraction due to excessive workload and work overload in high-intensity clinical settings with high bed occupancy rates. Other responses may include denial of emotional difficulties, increased anxiety and stress, and behavioral tendencies such as self-blame among nurses (Blake et al., 2020). Reduced emotional well-being and difficulties in self-acceptance may further contribute to dissatisfaction with oneself, disappointment with work outcomes, and a diminished sense of achievement or happiness (S. Galea et al., 2020; Singhal, 2020). These conditions may lead to anhedonia, characterized by a reduced ability to experience pleasure, which is often recognized as an early symptom of mental health disorders and psychological crises. However, previous studies have also suggested that exposure to stressful clinical situations may sometimes encourage adaptive coping strategies among nurses. Adaptive responses may involve resilience, social support from colleagues, and positive coping mechanisms such as planning and positive reframing (Qiu et al., 2020; Singhal, 2020). These differences may be influenced by variations in clinical environments, workplace culture, and the availability of institutional support systems that help nurses manage psychological stress in high-pressure healthcare settings.

The result of the study showed that depression that was predict by social stigma exist among Indonesian Nurses. This result was consistent and

supported by the previous study related stigma and depression among psychiatric nurses in Iran (Ebrahimi et al., 2012). Consideration about social stigma among the frontage health barriers as nurses as the big issues that nurses experiencing. The result of the study might relate to work tension, overload job services and external factors from the patients and family such as word harassing, extra demanding, and violence due to behavioral responses of Indonesian nurses (Salzer et al., 2021). Furthermore, the predictors of social stigma might affect the most triggered component in depression consist of three items. It consists of miss issue on knowledge, misleading on attitude and misleading on behavior (Negarandeh et al., 2024). On knowledge its related with the understanding, perception, and stereotypes in cognitive component. In addition, on the attitude and behavior, the stigmatizing toward nurses associated with more negative emotional and behavior response (Torales et al., 2020; Trumello et al., 2020). Furthermore, the stage confronted with the patients and family might started the level of prolong maladaptive emotional status that led to acute stage symptom. Thus, component also might lead the depression onset began or readmit.

The recent study showed that crisis mental health predicted by the social stigma categorized as the majority is mild crisis. This crisis phenomenon happens related with the nurse's vulnerability mentally approach due to increasing the nurse's perception their anxiety, on other hand they need to maintain their concentration, ability to make a decision making to caring the fellow ill and patient (Ebrahimi et al., 2012). Thus, experience is incredibly difficult experience by the nurses. The must force their attitude and mentally contribute to addressing the obligation but direct to ignore the psychological impact. The perception of nurses is mentally difficult to deal with stigma also, it might generate the self-concern or loss sympathy among nurses (Marpaung et al., 2024; K John McConnell et al., 2024). Loss of support experience by nurses related their isolated and quarantine at the hospital separated from their loved one, thus very related with the sense of vulnerability aspect, in other hand the nurses facing dilemma to meet their social support, but they are also afraid to spread the disease (Blake et al., 2020). Other situation from previous study that explain the recent study is related their crisis facing their reflection about asymptomatic transmission, it's not only fell about the spread of the disease but also examine the uncertainty felling, being incompletely lack of control, and led to the burn out (Lopes & Nihei, 2021; Trumello et al., 2020). Thus, situation is the real of present crisis addressing on the

psychological aspect from nurses' perspective.

## CONCLUSION

Psychological distress and social stigma were identified as important factors associated with depression and mental health crises among Indonesian nurses working in high-pressure clinical settings. The findings of this study indicate that severe depression among nurses was strongly associated with their psychological distress. In addition, a substantial proportion of nurses experienced severe mental health crises that were closely related to their psychological condition. Depression was also observed among nurses who reported experiencing social stigma in their professional environment. These findings suggest that psychological distress and perceived stigma may play significant roles in contributing to mental health problems among nurses working in demanding clinical environments.

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