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Psychosocial Determinants of Patient Safety Competencies Among Paediatric Nurses in Pakistan: A Qualitative Study

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Abstract

Background: The role of a paediatric nurse is complex clinically and also has many emotional and relational demands. Childcare nurses often face long hours, family problems, critical illnesses and emotional upsets in the clinical setting. The psychosocial experiences can affect attentiveness, decision making, teamwork, etc., as skills that are necessary for safe patient care. But few studies have qualitatively examined the perceived relationship between paediatric nurses' psychosocial well-being and patient safety competencies in Pakistan.
Objective: The aim of this study was to examine the psychosocial experiences of paediatric nurses and how they believed they affected paediatric nurses' competencies for patient safety and the quality of paediatric care.
Method: A qualitative study was carried out with eight female public and private healthcare institution paediatric nurses from Gujranwala, Pakistan. Purposive criterion sampling method was used for the selection of the participants. The interviews were in-depth, of about 60-90 minutes, were audio-recorded with the consent of the participants and transcribed verbatim. The thematic analysis of data was done using the six phases suggested by Braun and Clarke.
Results: Eight broad themes were found: Physical Exhaustion and its effects, Emotional burden and psychological strain, Compassion fatigue and patient safety risk, Nurse leadership and charge nurse support, Professional boundary management, Team dynamics and patient safety, Strategies to cope and foster resilience, and Nurse emotional disposition and paediatric wellbeing. The results showed that physical and emotional fatigue was felt to impact on concentration, clinical judgement, communication and sustained engagement with children and families. The perceived protective resources were supportive leadership, collaborative teams, professional boundaries, and adaptive coping strategies.
Conclusion: It would seem that the competence of paediatric nurses in relation to psychosocial well-being and safety of their patients seems to be closely intertwined. Healthcare organizations should tackle both structural and emotional needs, such as developing the supportive leadership, staffing policies, peer support, coping resources, and psychologically supportive work environments.

Keywords: Compassion fatigue, paediatric nursing, patient safety, psychosocial wellbeing, qualitative research and resilience

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Introduction

Patient safety is an integral part of healthcare quality, and internationally recognized as being central to the effective, respectful, person-centred delivery of healthcare. The World Health Organization (WHO, 2021) highlights the need for the prevention of avoidable harm, and for the systems to support safe care to be strengthened in all health facilities. Patients' safety is entrusted to the nurse, who is often the first person with whom patients interact and is responsible for ongoing assessment, medication administration, monitoring, communication, documentation and coordination of care. In addition to technical knowledge and clinical skills, patient safety competencies also include aspects of attentiveness, communication, teamwork, decision-making, and ability to respond to the changing clinical situation (World Health Organization, 2021).

The profession and psychosocial requirements for paediatrics are unique. Nurses working with children have to deal with the children's developmental and emotional needs, communicate with families and deal with complex clinical needs. Children might not be able to verbalise symptoms, fears and discomfort and nurses need to be very observant and communicate at the child's developmental level. Furthermore, for family-centred care both healthcare professionals and families must work together in partnership (Coyne et al., 2016; Shields et al., 2012). Paediatric nursing is an extremely relational practice where clinical skills and emotional involvement go hand in hand.

While emotional involvement is essential in providing caring services, frequent exposure to illness, pain, suffering, uncertainty and death can make for a significant psychological burden. Compassion fatigue is widely recognized as the physical and psychological wear and tear that can occur as a result of prolonged exposure to the suffering of others and the continuing demands of caring for them (Figley, 1995; Joinson, 1992). Burnout, secondary traumatic stress, and emotional exhaustion are also potential consequences of occupational demands that are always exceeding psychological and organisational resources, which can affect healthcare professionals as well (Sorenson et al., 2016; van Mol et al., 2015).

Such issues could be significant in paediatric nursing. In a recent integrative review (Forsyth et al., 2022), compassion fatigue was identified as an important issue for paediatric nurses and the significance of this issue for the nursing profession and staff retention was discussed. Similarly, a recent study reviewed burnout and attitudes towards patient safety among paediatric nurses revealed that emotional exhaustion was negatively associated with paediatric nurse attitudes towards patient safety and job satisfaction (Flynn et al., 2024). The review also identified that there are few studies that have specifically considered the psychological wellbeing of paediatric nurses and patient safety, suggesting there is a need for more research into this.

This connection between the health and safety of health care practitioners and patient safety has also been shown in studies across the nursing field. In a systematic review, Hall et al. (2016) found a relationship between well-being, burnout and patient safety outcomes for healthcare staff. Likewise, Salyers et al. (2017) noted that the connection between professional burnout and poorer health services quality and safety exists. Burnout also may have a negative impact on patient safety, as concluded by Garcia et al. (2019), and therefore, it is important to address emotional exhaustion in healthcare systems. Additionally, Jun et al. (2021) showed that the nurse burnout is correlated with patient and organisation outcomes.

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A second aspect of psychosocial functioning in nursing is the physical fatigue. Prolonged working hours, lack of sleep, overburdened workload and frequent disruptions of basic needs can diminish a nurse's ability to maintain concentration and attentiveness. Fatigue can have a negative impact in the information processing, clinical judgment, communication and ability to perform consistently throughout the shift in demanding clinical environments. These issues are especially important in paediatric environments because their subtle shifts in the state of their child might necessitate quick identification and treatment.

Further evidence of this relationship has been provided through research specifically looking at paediatric nurses. The study conducted by Bilal and Yildirim Sari in 2020 found that there was a negative association between a rise in burnout and patient safety attitudes of paediatric nurses. One intriguing aspect of burnout, as noted by the authors, was the emotional exhaustion associated with perceptions of patient safety. This is in line with the recent systematic review conducted by Flynn et al., (2024) which found that emotional exhaustion was negatively associated with patient safety attitudes among paediatric nurses.

But, psychosocial well-being is not just about the individual. Work and organizational environment and relationships may exacerbate or mitigate occupational stress. Leadership can affect, for instance, nurses' access to guidance, emotional support, professional development and assistance in critical situations. Supportive leadership can also help foster staff communication of concerns and seeking support when feeling uncertain or fatigued.

Likewise, working cooperatively and communicating effectively are essential aspects of safe nursing practice. Effective collaboration, communication, problem-solving and shared decision-making are essential for the safe management of patients. Poor communication and conflict at work can lead to psychological stress and to a breakdown in coordination needed to provide safe care to patients. Supportive teams, on the other hand, can offer support and comfort.

Another dimension of paediatric nursing psychosocial functioning is the professional boundaries. Collaborative relationships between nurses, children and families can help to foster trust and caring. But emotional labour can also be heightened when the emotion gets to be too much. Thus, nurses have to strike a balance between therapeutic empathy and over-engaging in the emotional involvement. Establishing healthy professional boundaries can contribute to nurses' psychological health and the provision of caring care.

Coping mechanisms and resilience can also take their toll on nurses when it comes to coping with occupational stress. Social support, satisfying relationships, relaxation, exercise, reflection and spiritual/religious coping can help nurses recover from emotionally challenging events. According to Sorenson et al. (2016) it is important to recognise individual and organisational factors as part of understanding compassion fatigue. Resilience should not be seen as the sole responsibility of the individual nurse, however. Workload, staffing, leadership and psychological support interventions remain critical.

In Pakistan, healthcare providers might face high workloads, organizational pressures, and limited resources, which can affect the psychosocial aspects of their work. There is a limited number of qualitative studies that examine the connection between psychosocial experiences and the ability to care for patients safely among paediatric nurses in Pakistan, despite the vast amount

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of literature that has grown across the world on the phenomenon of burnout, compassion fatigue, and patient safety.

While quantitative research can detect statistical correlations among variables, qualitative inquiry is especially useful in gaining understanding of the experience of physical exhaustion, emotional strain, compassion fatigue, leadership, teamwork, professional boundaries and coping of nurses in their day-to-day clinical settings. It is significant to understand these experiences as patient safety is set in the human and organisational environment in which care is provided.

Hence, the current investigation investigated paediatric nurses' experiences of the psychosocial factors that they feel impact upon their professional functioning and patient safety capabilities. In particular, the study aimed to explore the perceptions around physical and emotional wellbeing, compassion fatigue, leadership, professional boundaries, team relationships, coping strategies and nurses' emotional dispositions and how these affect the quality and safety of paediatric care.

Method

Research Design

A qualitative design was used to explore the experiences of paediatric nurses regarding emotional and physical demands, compassion fatigue, paediatric nurses' attitudes to their work, well-being and perceived competencies in relation to patient safety. The overall study was guided by an interpretive phenomenological approach and focused on the sense-making of the participants in relation to key professional experiences. The resulting data was then analyzed thematically following the six phase steps of Braun and Clarke (2006): familiarisation, coding, theme generation, theme review, theme definition and reporting.

This strategy allowed for a deeper exploration of individual accounts and allowed for patterns to emerge across accounts. These analysis themes were further reduced to eight major themes and 24 subthemes that arose from the interplay of individual emotional experiences, professional relationships, organisational conditions and perceived patient outcomes.

Participants and Sampling

Eight female paediatric nurses participated in the study. The respondents were working in public and private health organizations of Gujranwala, Pakistan. The recruitment of nurses with direct and relevant experience in paediatric nursing was done by purposive criterion sampling. The sample consisted of 4 married and 4 unmarried nurses aged from 25 to 28 years and who had between about 1 and 6 years paediatric nursing experience.

Inclusion criteria were that participants had to be working in paediatric units of either public or private hospitals and have minimum one year of continuous experience in paediatric nursing and be able to speak in Urdu or English.

Data Collection

Semi-structured, in-depth interviews were used to collect data. Interviews included participants' experiences of physical and emotional well being, work attitudes, compassion fatigue, leadership and charge nurse support, teamwork, professional boundaries, coping strategies, decision

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making, and participants' perception of the influence of the nurses' emotional state on paediatric care.

Interviews were carried out in English and typically took between 60 minutes and 90 minutes. The interview sites were selected by the participants as private and comfortable. Interviews were audio-recorded and field notes were taken to capture contextual observations and initial reflections and understanding, with informed consent.

The semi structured approach allowed participants to share their experiences in their own words and maintain that the main areas related to the research purpose were covered.

Data Analysis

All the interviews were transcribed word-by-word and confirmed to the original tapes for maximum fidelity. The researcher kept reflexive notes and journals to make notes on the interpretations that arose in the process of analysis and any influence of the researcher.

Thematic analysis presented by Braun and Clarke (2006) was adopted for analysing the data. At first, the transcripts were read over several times to become familiar with the data. Then meaningful passages of text were coded. The codes were clustered to create possible patterns and themes. These themes were analysed through the entire dataset and were tightened up to be coherent and meaningful. The final themes were well stated, named and illustrated with extracts from participants' accounts.

The final analysis resulted in eight main themes and 24 subthemes. These themes collectively provided a wide-ranging description of the experience of how physical demands, emotional experiences, compassion fatigue, leadership, boundaries, working in teams, coping and emotional disposition were perceived to impact on paediatric nursing practice.

Trustworthiness

A number of procedures were designed to enhance the quality and transparency of the analysis. The interviews were recorded on audio tape and transcribed word for word, with verification with the tapes. Field notes and reflexive journaling were recorded to capture observations within a context and the researcher's evolving interpretations. Participants were given ample opportunity to articulate their experiences in detail and the results were supported by commonalities in the interview narratives.

Themes were also reinforced by using direct accounts from participants in the analytic record, enhancing the link between the data and themes. The results are qualitative, so they should be considered an interpretation of the participants' experiences, and not as a true reflection of the psychosocial states of the participants.

Ethical Considerations

Ethical clearance was granted by the relevant Institutional Review Board and permission to undertake the study was obtained from the participating healthcare institutions. The purpose and procedures of the study were explained to the subjects, and written informed consent was obtained prior to participation. Audio recording was done with individual consent. Pseudonyms

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or interview identifiers were used and interview data were securely stored to maintain confidentiality. The participants' participation was voluntary and compliance with ethical procedures made it possible to withdraw them from the study.

Results

Theme 1: Physical Exhaustion and Its Impact

Disruption of Basic Needs

Participants reported challenging schedules that might impact basic physiological needs, such as eating, drinking, rest and sleep. The results indicated that the physiological needs were not being met and nurses' ability to maintain concentration decreased as a result of the difficult transitions. For paediatric participants, who may require constant monitoring and quick reaction, the issue of physical fatigue was particularly troubling as they noted that they need to be vigilant on more than one task and patient.

Extended Shift Fatigue

Longer working hours correlated with a decrease in alertness and difficulties in concentrating for the whole day. Participants attributed this fatigue to the risk of missing out information, not communicating as well, or needing extra effort to stay focused on clinical work.

Cumulative Burnout

The results suggest that physical fatigue can be a component of a broader psychosocial process. Insufficient recovery may be coupled with emotional stress and lead to lowered levels of job energy. Participants still spoke about efforts to maintain compassionate and responsible care in the face of these demands.

Theme 2: Emotional burden and psychological strain

Vicarious Trauma

Repeated exposure to children's pain, serious illness and family distress were emotionally demanding for participants. These experiences indicate that exposure to emotionally challenging experiences can lead to vicarious distress when they occur multiple times. The emotional impact of children was therefore recognised as a relevant component of work, not an individual problem.

Counselling for Grief & Loss Response.

Nurses shared their struggle to attend to their care responsibilities and coping with the emotional and bereavement experience. Child deaths or child suffering were seen as particularly upsetting in paediatric contexts.

In these experiences, it is possible to see that there is emotional labour involved in paediatric nursing. Participants were expected to sustain families and other patients in the face of challenging clinical experiences even when they themselves had experienced these challenging events.

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Suppression of Emotions

Suppression of emotion may be a temporary working necessity for the nurse, such as during stressful situations. The results suggest, however, that emotional suppression alone – without opportunities to discuss feelings – can lead to psychological strain, especially when repeated. It is important to be able to discuss emotionally challenging experiences in supportive spaces, as in this case.

Theme 3: Compassion Fatigue and Patient Safety Risk

This theme was one of the strongest associations between psychosocial well-being and patient safety competencies as perceived by the respondents. Emotional and physical strain for extended periods of time could impact attention, clinical skills, communication with families, and decisions made by participants.

Reduced Attentiveness

The participants felt that they might find it harder to stay fully attentive when feeling quite fatigued and emotionally exhausted. They mentioned the importance of using a conscious effort to actively counteract fatigue when caring for patients or performing a complicated task. The results thus indicated that maintaining psychological and physical health can be important for sustaining vigilance.

Avoiding medical mistakes and drug related problems.

The findings chapter also noted that when nurses became aware of fatigue they employed compensating strategies such as solicitations of other nurses to help and structured routines and checklists. The following stories illustrate professional consciousness of the potential effects of fatigue and the need for collective safety systems.

Parental Dependence Management

Paediatric nurses spoke of relationships with families that were challenging due to children's critical illness, or to family uncertainty. Some said parents could come to rely heavily on a nurse with whom they felt a sense of trust. Empathy and setting clear boundaries were identified as a challenge for nurses and shared care among patients.

Impaired Decision-Making

Importantly, participants also exhibited self-awareness, realising when they were having difficulty, and applying strategies to help such as discussing their problems with fellow employees or with supervisors. The present results indicate that patient safety is not only a function of the individual cognition level, but also the availability of supportive systems for nurses to request help.

The next theme, 4: Role of Leadership and Charge Nurse Support, will focus on the nurse's role in leadership and how they can support their charge nurses.

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Crisis Leadership

Perceived crisis leadership was seen as staying available, giving guidance, helping make decisions, and helping staff. The experiences reported by the participants indicated that they saw that headship that was supportive helped to build their confidence in challenging circumstances.

Mentorship and Guidance

Experienced leaders who offered practical advice and reassurance were appreciated. Mentorship was seen as especially significant when helping nurses to build confidence and when they faced situations they had never dealt with or emotions they could not relate to.

The advice and input of senior staff could also serve as a safety tool by helping to consult and ease the pressure of making decisions on their own.

Absence of Support

Contrary to this, participants shared instances where leadership support was lacking or non-existent. Lacking support can both exacerbate the sense of stress and increase the sense of isolation, especially during challenging clinical situations.

The results here show that leadership is not just a management issue. Participants felt these aspects of leadership to be directly relevant to their psychological security and professional functioning.

In Theme 5 students learn about professional boundary management.

Emotional Over-Involvement

Participants expressed the struggle to feel connected with children and families, while trying to be effective professionals. Empathy was regarded as an integral part of paediatric nursing but too much emotional involvement might make it hard to recover after work or after emotionally upsetting events.

The research indicates that emotional closeness may also be a source of compassionate care, as well as a source of psychological stress.

Boundary-Maintenance Strategies

The participants spoke about conscious attempts to keep their emotional distance. These were some of the practices they had adopted, which involved reminding themselves of their professional role, avoiding emotional dependence and establishing a psychological distance between work and personal life.

Thus, professional boundaries were seen as a means of maintaining compassion in the long-term rather than a sign of less compassion. Being able to maintain a caring attitude while not becoming 'overwhelmed' were critical factors in achieving professional well-being.

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Theme 6: Team working and patient safety

Collaborative Team Environment

Teamwork was identified as an important protective resource by participants. Collaborative colleagues may share responsibility, offer guidance and/or emotional support in challenging times.

Collaboration was seen as helpful for the promotion of patient safety by enabling the information to be shared and when a nurse felt uncertain or tired, to be able to ask for help.

Conflict and Fragmentation

Participants also talked about the inter-personal conflict or lack of working relationship making life stressful. Not all relationships were good, which made communication harder and may lead to a feeling of not being supported by others as nurses.

Based on the results, it seems that psychosocial stress can also be caused by the nature of relationships at work, as well as by the care demands of patients.

Communication Mechanisms

Good communication was deemed key to co-ordinated and safe care. It was noted that information needs to be clearly conveyed, questions need to be posed and when in doubt, colleagues should be consulted.

The theme demonstrates patient safety competency as a social phenomenon. Whether or not they have colleagues they can turn to for collaboration and problem-solving in a safe environment will affect a nurse's ability to provide safe care.

Theme 7: Coping strategies and building resilience

Although there was considerable need, some strategies were identified by participants that enabled them to replenish their emotional resources and remain functional.

Spiritual and Religious Coping

Spirituality and religious beliefs were seen as a source of comfort and support by participants. These practices helped to make sense of challenging experiences, and to engage in emotional regulation.

Spiritual coping was perceived as a culturally relevant resource in Pakistan which helped them cope with emotional stress.

Social Support Networks

Other people's support (colleagues, friends and family) was also seen as important. Participants appreciated the chance to talk about challenging experiences and to be emotionally supported.

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Social support was associated with lower levels of loneliness and psychological rehabilitation. Consultation with other nurses was especially useful as they would be aware of the realities of clinical practice.

Self-Care Routines

Purposeful self care practices were shared, such as rest, naps, physical activity, yoga, personal time, mentally disconnecting from work, and brief mindfulness and grounding exercises.

One participant explained:

“As a new nurse, I tell them always to take a break and breathe first. This is very helpful in difficult times. (Interview 8)

Another participant explained that they developed an individualized routine:

Sometimes I do yoga, it gives me peace of mind.” (Interview 6) “I have made a mental health plan for myself once a week, I take time for myself.”

These narratives reveal that there was no complete passivity on the part of the participants. They strived to engage in coping and maintain their ability to care.

Theme 8: Nurse Emotional Disposition and Paediatric Wellbeing

Savor the positive. Embrace positivity as therapy.

Participants reported the use of warmth, humour, playfulness, engagement, culturally responsive engagement, and calm communication in deliberate ways in paediatric nursing care.

Participants felt positive emotional engagement was a personal trait rather than a personal trait. They saw it as a therapeutic tool that would help to allay children's fears and promote engagement with care.

Child sensitivity to nurse affect

Participants felt children were very attuned to nurses' emotions. They noticed if the nurses were relaxed, emotionally available or stressed.

Participants' perceptions helped them understand that emotional well-being was not only important for them when it comes to their health, but also to their work.

The child's perception of impact on recovery.

Participants felt that supportive care regarding the emotional aspects of illness and recovery could impact children's experience of illness. They did not say that positive emotions could be used to replace medical treatment; they only saw emotional comfort as an aid to cooperation, of decreasing fear, and of making the treatment more therapeutic.

All of the findings together indicate that the emotional attitude of nurses was experienced as an important aspect of paediatric care. Maintaining a calm, positive and emotionally responsive attitude was seen as a component of providing safe and person centred care.

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Discussions

This was a qualitative study which examined paediatric nurses' experiences of the psychosocial factors they felt affected their competence in patient safety and their functioning as a nurse. There were eight themes that were interconnected: Physical Exhaustion and its Impact, Emotional Burden and Psychological Strain, Compassion Fatigue and Patient Safety Risk, Role of Leadership and Charge Nurse Support, Professional Boundary Management, Team Dynamics and Patient Safety, Coping Strategies and Resilience Building, Nurse Emotional Disposition and Paediatric Wellbeing.

Together, the results make a strong point that the psychosocial health of paediatric nurses is interwoven in the way in which patient care is provided. Physical fatigue, emotional stress, interpersonal relationships within the workplace, leadership and personal coping mechanisms were seen as interrelated factors that impact on a person's ability to be attentive, to communicate, to make decisions, to collaborate with others, and to be present with children and families.

The first theme was the results of physical fatigue. Participants shared their experiences on the challenging nature of shifts that affect mealtimes, sleep, hydration and recovery. As the extended periods increased, they were experienced as becoming increasingly less energised and less focused. This is echoed by the wider evidence that is linked to how well the healthcare staff feels and is suffering from burnout, and how poorly or well they are functioning in relation to patient safety and quality of care (Garcia et al., 2019; Hall et al., 2016; Salyers et al., 2017).

Important, participants talked about fatigue not as a short-term thing but as a cumulative effect. Frequent exposure to demanding occupations without adequate recovery was felt to be a factor in more chronic fatigue and lower levels of energy in their profession. This result is in accordance with Jun et al. (2021) who established that there were significant links between nurse burnout and patient and organisational outcomes. These results provide the present study with another spotlight on the experience of the process of nursing from the perspective of the nurses themselves in the context of paediatric clinical practice.

The second main theme was emotional burden. Participants talked about the psychological impact of seeing children in pain, of being very ill, family distress and family loss. These experiences highlight the considerable emotional work of paediatric nursing. Nurses must care for the patient, as well as for their own emotional needs, and the emotional needs of children and families.

This is in line with the conceptualisation of compassion fatigue as a possible outcome of repeated exposure to the suffering of others (Figley, 1995; Joinson, 1992). Compassion fatigue was also recognized as an issue by Sorenson et al. (2016) and there was a need to better understand the impact of compassion fatigue among health care providers. Forsyth et al (2022) identified compassion fatigue as an issue of concern within paediatric nursing, which may impact retention of staff and professional sustainability.

Participants also reported that to suppress emotions was part of their job. Nurses often found themselves at a loss for how to act in a calm and reassuring manner in the presence of children and families, even if they were experiencing anxiety for themselves. While emotional regulation is a necessary skill to employ during clinical practice, it may also lead to emotional strain if

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emotional reactions to difficult experiences are repeated and not processed. Findings indicate the significance of reflective time, peer support and organization for discussing challenging situations related to emotional events as a nurse.

Compassion Fatigue and Patient Safety Risk was the third theme, which most directly linked psychosocial well-being to perceived patient safety competencies. During very high levels of physical or emotional fatigue, participants reported having a diminished ability to focus, attend, process information, and make decisions. The results are consistent with the existing studies that have shown that healthcare professional burnout is associated with decreased patient safety and decreased perceptions of safety culture (Garcia et al., 2019; Hall et al., 2016; Salyers et al., 2017).

The results are also in line with paediatric studies. Bilal and Yildirim Sari (2020) found that an increase in burnout level among paediatric nurses was linked to a decrease in positive attitudes about patient safety. Recent systematic reviews by Flynn et al., (2024) identified emotional exhaustion was found to be negatively related to patient safety attitudes, in a study of 2769 paediatric nurses. Another association pointed out in the review was the relationship between burnout and adverse events, though the study authors noted the need for more studies.

This study builds on this body of research by offering a perspective on how nurses experience these relationships. Participants did not state that all cases of fatigue led to an error. Instead, they reported that fatigue led to greater difficulty concentrating, in being confident, and in maintaining attention. This distinction is important because the findings from the Qualitative study do not necessarily imply direct causality. Rather, the participants experienced physical and emotional fatigue as having a potential to make mistakes or negatively affect their clinical performance.

One of the significant findings was that, nurses were aware of their limitations. The participants reported on using structured routines, asking for advice from colleagues, or feeling unsure or fatigued when they noticed a sign of fatigue or uncertainty. Such experiences indicate that self-awareness and team structures that support may serve as protective mechanisms. Healthcare organisations should thus encourage psychologically safe environments, so nurses can recognise when they are fatigued and ask for support without fear of blame.

Leadership was identified as an important determinant of the psychosocial well-being of nurses in the organisation. Supportive charge nurses and supervisors were seen as a source of learning, reassuring and hands-on help during challenging clinical events. Leadership was especially appreciated in times of crisis and uncertainty.

The discovery shows that leadership goes beyond administration efficiency. Leaders can have a positive impact on nurses' psychological safety and the extent to which they are able to voice their concerns. If nurses are supported then they may feel more inclined to get help and participate in collaborative decision-making. On the other hand, if the leadership support is not clearly seen, stress can also build up, leading to a sense of professional isolation.

The results thus demonstrate the need to consider leadership as an integral part of patient safety infrastructure. Leadership development is essential within healthcare organisations, with a focus on mentorship, communication, conflict management, emotional support and crisis leadership.

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For early career nurses, supportive leadership may be especially significant, as they are often faced with challenging clinical and emotional scenarios in which they need guidance and direction.

Another important psychosocial process was Professional Boundary Management. Participants understood that emotional involvement with children and families was vital to caring for children compassionately. They also explained the dangers of getting too close to the drama.

This discovery is an illustration of the relational nature of paediatric nursing. Healthcare professionals are expected to build a close bond with children and their families, through family centred care (Coyne et al., 2016; Shields et al., 2012). But, maintaining emotional intimacy can make the job of the nurse more difficult mentally. The challenge is not to do away with emotional involvement but to build professional strategies that enable nurses to stay compassionate while avoiding getting "emotional."

The findings of the participants' boundary-maintenance strategies indicate that professional boundaries may be a protective resource. Self-reminders of the professional role, psychological distance between work and personal life, and reducing emotional dependence may contribute to the ability of nurses to provide compassionate care in the long term. Emotional boundary and reflective practice education programmes can then benefit both professional wellbeing and long term retention.

Another key theme was Team Dynamics and Patient Safety. Collaborative colleagues were identified as a source of support for participants, both practically and emotionally. Good team working allowed nurses to distribute tasks, consult, resolve uncertainty and handle challenging situations together.

This discovery strengthens the concept that patient safety is a team effort. Safe care is an integral part of communication systems and team relationships. The contribution of nurses' perception and response to risk may be partly due to the availability of their colleagues and whether or not a work environment fosters open communication.

In contrast, conflict and fractured relationships were identified as other stressors for participants. Not communicating well may lead to more confusion and coordination issues. The results highlight the need to foster environments in the workplace that encourage respect, communication and problem-solving through collaboration.

The theme of Coping Strategies and Resilience Building affirmed that the participants actively engaged in efforts to recover their psychological resources. Spirituality, religious practices, rest, exercise, yoga, mindfulness and personal time were identified as significant coping mechanisms by nurses.

Spiritual and religious coping is given a special significance in the cultural context of Pakistan. Spirituality was reported as a source of meaning, comfort and emotional strength for participants. The results highlight the importance of recognizing culturally relevant coping strategies in the development of interventions to enhance the well-being of nurses.

In addition, social support was identified as a protective factor. Support from family members, friends and colleagues, especially those with an understanding of the emotional needs of

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healthcare workers, was appreciated by participants. The results are in line with literature reporting that both individual and organizational resources have an impact on compassion fatigue and burnout (Sorenson et al., 2016; van Mol et al., 2015).

The results, however, should not be viewed as an indicator that individual resilience can be used as a solution to systemic issues within the workplace. While nurses can find helpful coping mechanisms, no single person will be able to compensate for a lack of staffing, overworked nurses, inadequate leadership, or unsafe working conditions in the long-term. In addition to individual resilience building strategies, therefore, there should be organisational interventions.

The last theme, Nurse Emotional Disposition and Paediatric Wellbeing, highlighted the significance participants attributed to emotional presence in paediatric care. Nurses reported that they used "positivity, humour, story, playfulness, calm communication, reassurance" to help children overcome their fear and work with them.

These findings support the relational approach to paediatric nursing. Adults who care for children can be especially sensitive to the emotional behaviour of children. Participants felt that their emotional state could impact children's comfort, willingness to cooperate, and the experience of being hospitalised.

It is important to note that such perceptions do not imply that positive emotions of nurses directly lead to clinical recovery. Instead, emotionally supportive interactions were seen as part of a therapeutic environment by participants. This distinction can be especially meaningful with qualitative research, where results are based on the lives and meanings of the participants.

The overarching message of this theme is that patient safety needs to be considered holistically. Prevention of medication error and clinical incident is still key, but paediatric patient safety can also be achieved through psychological security, effective communication, trust and emotionally appropriate care for the child. WHO also highlights the need for holistic and patient-centred patient safety (2021).

In sum, the results lend a unified view of the psychosocial well-being and patient safety competencies. Physical exhaustion can result in emotional stress; emotional stress can affect the ability to focus and make decisions; supporting co-workers and leadership can moderate occupational demands; coping responses can help nurses recharge emotional resources.

The interrelatedness indicates that interventions in one dimension might not be enough. For instance, allowing nurses to practice self-care without tackling workforce and workload issues might be only of short-term benefit. In like fashion, enhancing technical patient safety training without focusing on emotional exhaustion may be missing an important factor in professional functioning.

The results have thus supported a multiphase approach. Individually, nurses should receive information about coping, boundaries, emotional regulation and compassion fatigue. Organisations need to encourage good communication, peer support and working together at a team level. Supervisors should be ready to offer clinical and non-clinical assistance and support at the leadership level. Issues of staffing, workload, resting time and psychological support systems should be taken up at the organizational level in healthcare institutions.

The current study findings also join the few studies that have addressed paediatric nurses' psychosocial experiences in Pakistan. While associations have been shown in international research between burnout, patient safety, the qualitative research offers important context to gain insight into how nurses understand these relationships in the context of their day-to-day work. To examine if the same themes are felt in other healthcare settings in Pakistan, further research with larger and more diverse samples in other regions of the country is needed.

To summarise, the results of this study suggest that paediatric nurses' psychosocial well-being is an important factor in patient safety. Nurse protection does not exist without nurse support. Instead, the psychological and physical context in which nurses provide care could impact on their ability to be attentive, effective communicators, decision makers, team players and compassionate person centred carers.

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