ORIGINAL ARTICLE

Healing Others, Hurting Within: Job Stress Among Healthcare Personnel in a tertiary care hospital of district Dehradun

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ABSTRACT

Background: Job stress is a growing concern among healthcare professionals, particularly in high-demand environments like tertiary care hospitals. Prolonged stress can negatively impact both professional performance and personal well-being. study was conducted to assess the level of job-related stress among healthcare personals. **Methods:** A cross-sectional study was conducted among 310 healthcare workers in a tertiary care hospital in Dehradun. A pre-tested self-administered questionnaire was used for data collection. Descriptive statistics were presented as frequencies and percentages, and graphical representations were also prepared. **Results:** The mean Perceived stress score among the participants was 18.01 ± 4.12. The majority (82%) of participants experienced moderate stress, 17% had low stress, and only 1% reported high perceived stress. Nurses had the highest proportion of moderate stress (91.2%), followed by doctors (86.5%). **Conclusion:** Most healthcare workers in this study experienced moderate levels of job stress, particularly among nurses. It is necessary to implement immediate organizational methods that emphasize task redistribution, shift management, and mental health assistance.

KEYWORDS

Job stress, Healthcare workers, PSS, Occupational stress, India

INTRODUCTION

The healthcare industry in India employs over 7.5 million professionals and forms the backbone of the country's healthcare delivery system (1). However, healthcare personnel, especially those working in tertiary care settings, are increasingly exposed to chronic stress due to rising patient loads, long working hours, staff shortages, and emotionally demanding roles. The physical and emotional reaction that occurs when a person's coping mechanisms aren't enough to meet the demands of their job is known as job stress (3). Long-term exposure to work-related stress has been linked to clinical illnesses such as anxiety, depression, and hypertension, as well as burnout, diminished job satisfaction, absenteeism, and emotional weariness (3,4). Furthermore, occupational stress jeopardises patient care quality and safety in addition to having an effect on healthcare personnel's well-being (5).

A new WHO policy brief states that one of the biggest occupational risks that healthcare professionals worldwide experience is workplace stress, which is especially noticeable in low- and middle-income nations like India (6).

In the Indian context, several studies have highlighted moderate to high levels of stress among healthcare professionals, especially nurses and resident doctors (7,8). However, research in tier-2 cities and regional healthcare institutions remains limited. This gap is critical, as resource constraints and staffing challenges may exacerbate stress in such settings.

To assess psychological stress in working populations, the Perceived Stress Scale (PSS) developed by Sheldon Cohen et al. (1983) has become one of the most widely used and validated tools worldwide. It captures an individual's perception of stress in relation to unpredictability, uncontrollability, and overload in their life (9). The PSS-10 version is brief, easy to administer, and particularly well-suited for use in occupational health research (10). Given the rising concern over healthcare worker well-being and the lack of region-specific data, the present cross-sectional study was conducted to evaluate the prevalence and severity of job-related stress among healthcare personnel working in a tertiary care hospital in District Dehradun, Uttarakhand.

MATERIAL & METHODS

A hospital-based cross-sectional study was conducted over a period of five months (March- July 2024) at the tertiary care hospital, Dehradun. The study included 310 medical professionals (doctors, nurses, and technicians) who had worked continuously for at least six months. Participants were selected using simple random sampling to ensure fair representation of all groups. To be included, they needed at least six months of work experience and had to provide written informed consent. Those with a diagnosed mental illness, those who had already taken part in a similar survey in the past six months, or those who were unavailable/on leave during data collection were excluded.

The sample size was calculated using the formula:

n = [Z2 x p x (1 - p)] / d2

Where:

n = required sample size

Z = Z-score corresponding to the desired confidence level (e.g., Z=1.96 for 95% confidence level)

p = estimated prevalence of burnout syndrome 27% (11).

d = desired margin of error (usually set at 5% or 0.05)

n= (1.96)2 x 0.27 x (1-0.27)/ (0.05)2

n= 302.7 ≈ 303

Hence, in this study total of 310 samples were collected.

Data were collected using a pretested, self-administered questionnaire comprising two sections: Section A included socio-demographic and professional details (age, gender, experience, profession, job satisfaction), and Section B had the Perceived Stress Scale (PSS-10) developed by Cohen et al. (1983) to assess stress levels over the past month. PSS-10 scores were categorized as low (0–13), moderate (14–26), and high (27–40), with higher scores indicating greater perceived stress (9).

Ethical clearance was obtained (Approval No: SRHU/HIMS/E-1/2024/87), and informed consent was taken from all participants. Questionnaires were distributed in person, ensuring confidentiality. Data analysis was done using SPSS Version 20. Descriptive statistics were presented as frequencies and percentages, and graphical representations were also prepared.

RESULTS

The present study was conducted on 310 healthcare personnel to assess their job stress, which included doctors (23.9%), nurses (36.5%), and technicians (39.7%). Among them, 53% were male and 47% were female. The mean Perceived stress score among the participants was 18.01 ± 4.12. The majority (82%) of participants experienced moderate stress, 17% had low stress, and only 1% reported high perceived stress. Figure 1 shows moderate stress was the most commonly reported level across all professional groups, affecting 91.2% of nurses, 86.5% of doctors, and 70.7% of technicians. High stress was observed most frequently among doctors (2.7%), whereas technicians reported the lowest overall stress, with 29.3% indicating low stress levels.

Table 1 shows the job satisfaction levels among healthcare professionals. When asked whether they would choose their current profession again with their present knowledge, 151 participants (48.7%) reported they would do so without hesitation. Conversely, 107 (34.5%) had some second thoughts, and 52 (16.8%) would definitely not choose the same type of job. Regarding their choice of job if they were free to choose any job they wanted at the moment, 160 (51.6%) stated they would take the same job, 109 (35.2%) of the participants would opt for a different job, and 41 (13.2%) of them would prefer not to work at all. When asked if they would recommend their job to a friend, the majority of the study participants, 146 (47.1%), would strongly recommend it, 102 (32.9%) had doubts about recommending it, and 62 (20%) said they would advise against taking a similar job.

Figure 2 depicts the distribution of job satisfaction levels among healthcare professionals. The highest proportion, 35.2%, reported being satisfied with their jobs followed by 23.5% of participants who reported a neutral response.

Table 2 shows the data on stress levels and coping mechanisms over the last month. A considerable number of respondents reported feeling upset by unexpected events, with 30% “almost never,” 34.2% “sometimes,” Similar patterns were seen for feelings of lack of control over important aspects of life, nervousness, and stress, though the intensity varied among participants. Confidence in handling personal problems also showed mixed results, with many reporting lower confidence (30% almost never, 30.3% sometimes).

Figure 3 shows suggestions provided by study participants for addressing job stress among healthcare personnel. Common strategies highlighted include maintaining work–life balance, yoga therapy, stress management seminars, communication channels, refreshing activities, employee recognition, learning programs, ergonomic workspaces, proper scheduling, fixed working hours, staff rewards, mindfulness sessions, and promotion of a positive work environment.

Table 1: Job Satisfaction among healthcare professionals

Variables	Frequency (n)	Percentage (%)
“Knowing what you know now, if you had to decide all over again whether to take the type of job you now have, what would you decide		
I would decide without hesitation to take the same job	151	48.7
I would have some second thoughts	107	34.5
I would decide definitely NOT to take this type of job	52	16.8
If you were free right now to go into any type of job you wanted, what would your choice be?		
I would take the same job	160	51.6
I would take a different job	109	35.2
I would not want to work	41	13.2
If a friend of yours told you he/she was interested in working in a job like yours, what would you tell him/her?		

I would strongly recommend it	146	47.1
I would have doubts about recommending it	102	32.9
I would advise against it"	62	20

Table 2: Perceived Stress levels and coping mechanisms among healthcare professionals

SN	Variables	Never n (%)	Almost Never n(%)	Sometimes n(%)	Fairly Often n(%)	Very Often n(%)
1	"In the last month, how often have you been upset because of something that happened unexpectedly?	55(17.7)	93(30)	106(34.2)	44(14.2)	12(3.9)
2	In the last month, how often have you felt that you were unable to control the important things in your life?	47(15.2)	94(30.3)	111(35.8)	51(16.5)	7(2.3)
3	In the last month, how often have you felt nervous and stressed?	58(18.7)	53(17.1)	129(41.6)	54(17.4)	16(5.2)
4	In the last month, how often have you felt confident about your ability to handle your personal problems?	42(13.5)	93(30)	94(30.3)	48(15.5)	33(10.6)
5	In the last month, how often have you felt that things were going your way?	22(7.1)	67(21.6)	108(34.8)	67(21.6)	46(14.8)
6	In the last month, how often have you found that you could not cope with all the things that you had to do?	39(12.6)	93(30)	114(36.8)	43(13.9)	21(6.8)
7	In the last month, how often have you been able to control irritations in your life?	16(5.2)	91(29.4)	111(35.8)	64(20.6)	28(9)
8	In the last month, how often have you felt that you were on top of things?	16(5.2)	62(20)	133(42.9)	77(24.8)	22(7.1)
9	In the last month, how often have you been angered because of things that happened that were outside of your control?	47(15.2)	80(25.8)	124(40)	45(14.5)	14(4.5)
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?"	46(14.8)	89(28.7)	112(36.1)	44(14.2)	19(6.1)

Figure 1: Perceived stress among healthcare professionals

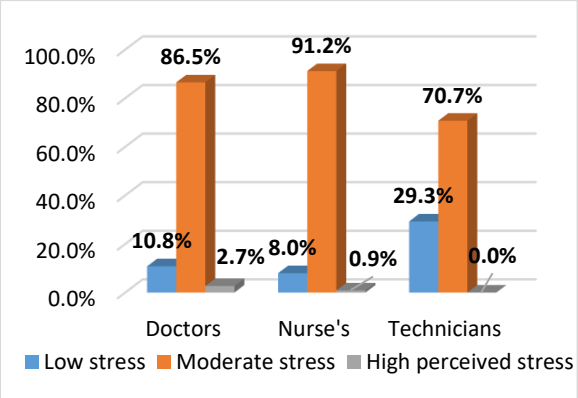

Figure 2: Job Satisfaction level among Healthcare Professionals

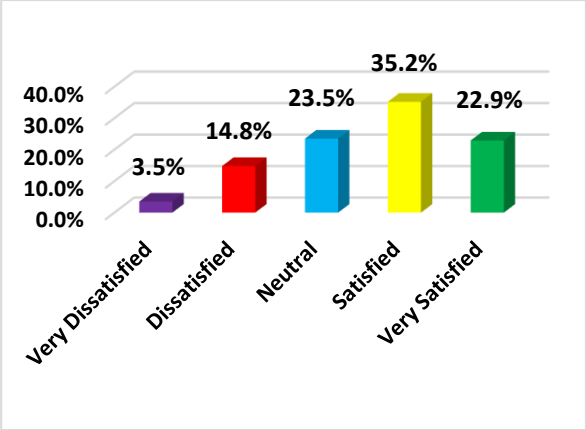

Figure 3: Suggestions for addressing job stress among healthcare personnel given by the study participants

DISCUSSION

The present study assessed job-related stress among healthcare personnel in a tertiary care hospital in Dehradun, revealing that the majority (82%) experienced moderate stress. These findings are consistent with previous studies, such as those by Elshaer et al. (2017) and Sinha et al. (2020), which identified high stress among nurses due to factors like workload, shift duties, and emotional demands (7,8). A recent study from Romania reported high levels of stress, burnout, and psychological distress among healthcare workers, particularly in the aftermath of the COVID-19 pandemic, with younger and female staff being more vulnerable (12). The similarity across these studies likely stems from universal stressors in healthcare, such as high workload

and emotional burden, while differences may arise due to variations in healthcare infrastructure, patient expectations, and cultural coping mechanisms

Job satisfaction plays a vital role in influencing healthcare professionals' motivation, retention, and overall well-being. In our study, the responses from study participants revealed a mixed picture of job satisfaction. 48.7% of participants indicated they would definitely choose the same profession, while 34.5% had some second thoughts, and 16.8% would not choose the same job again. This finding is consistent with a study conducted among healthcare workers in Yemen, where nearly 42% of nurses expressed doubts about continuing in the profession due to stress, workload, and limited career progression (13). The similarity may reflect common challenges of heavy workload and poor work-life balance across low- and middle-income countries, while the differences could be due to country-specific career opportunities, local health system resources, and socio-political conditions.

When participants were asked about their preferred job choice if given total freedom, 51.6% stated they would still choose the same job, while 35.2% preferred a different job, and 13.2% would rather not work at all. These responses reflect a moderate level of professional commitment but also hint at growing dissatisfaction, particularly among those feeling mentally or physically exhausted. This is comparable to findings by Elshaer et al. (2017), who noted that only 54% of ICU healthcare workers were committed to their current roles when presented with hypothetical alternatives (7). The finding likely reflects the demanding nature of clinical roles worldwide, while variation may arise from differences in social security, alternative employment opportunities, and cultural values around professional loyalty.

Furthermore, when asked whether they would recommend their job to a friend, 47.1% strongly recommended it, 32.9% had doubts, and 20% advised against it. This level of cautious endorsement is consistent with a UK-based 2023 NHS workforce survey, where only 43% of young clinical staff said they would recommend healthcare as a career to others (14). Such alignment suggests a global trend of declining enthusiasm for healthcare professions due to burnout and stress, whereas differences could result from systemic issues like government support, workload distribution, and public perception of doctors in different regions.

Interestingly, despite the prevalence of moderate stress, a substantial proportion of participants reported job satisfaction, with 35.2% feeling satisfied and 22.9% very satisfied. This duality suggests that while healthcare workers experience stress, they may still find fulfillment in their roles. A study in Yemen (2023) found that job stress negatively impacted job satisfaction among nurses, emphasizing the complex relationship between stress and satisfaction (13). His observation supports the dual presence of stress and satisfaction found in Myhren, Hilde et al. (2013), who argued that even in stressful roles, healthcare providers can derive a sense of meaning and professional fulfillment (15). This may be due to the intrinsic rewards of caregiving, while differences could arise from contextual variations in salary structures, recognition systems, and institutional support.

A large proportion of participants in our study reported experiencing emotional distress such as nervousness, lack of control, and difficulty coping with day-to-day responsibilities. Specifically, 41.6% of participants sometimes felt nervous and stressed, 17.4% felt this fairly often, and 5.2% very often. Similarly, 35.8% reported sometimes feeling unable to control important things in their life, with 16.5% experiencing this fairly often. These findings underscore the emotional strain commonly experienced by healthcare professionals, driven largely by high workload, patient care demands, and limited rest or recovery time. These results are comparable to those reported by Di Giuseppe et al. (2021) in their study on stress and burnout among healthcare workers during the COVID-19 emergency. Their findings revealed high levels of psychological stress and emotional fatigue, especially among those working in high-intensity clinical settings. Notably, their study emphasized the protective role of resilience and adaptive defense mechanisms in managing emotional distress, which mirrors our observation that some participants in our study still exhibited signs of emotional regulation and confidence (16). This similarity highlights that while emotional stress is common in healthcare environments, personal coping strategies and institutional support systems can serve as buffers against more severe outcomes like burnout. These parallels between studies reinforce the need for structured mental health support and resilience-building interventions within healthcare systems to help professionals better manage stress and maintain psychological well-being.

In our study, a notable proportion of healthcare professionals exhibited signs of resilience and emotional regulation, with 42.9% reporting sometimes feeling on top of things and 24.8% experiencing this fairly often. This indicates that despite facing significant stressors, many healthcare workers maintain a degree of emotional control and effective coping. These findings align with the study by Bhatia et al. (2023) conducted at a tertiary care hospital in India, which assessed coping strategies among healthcare workers during the COVID-19 pandemic. The study found that adaptive coping mechanisms, particularly acceptance, were predominantly employed, suggesting a proactive approach to managing stress among healthcare workers (17).

Similarly, the study by Okpua et al. (2019) on Nigerian nurses revealed that while 80.5% experienced moderate job stress, a significant number demonstrated resilience by continuing their duties despite challenges such as inadequate staffing and resources (18). This underscores the capacity of healthcare professionals to adapt and maintain functionality under pressure. Collectively, these studies highlight the importance of fostering resilience and adaptive coping strategies among healthcare workers. Implementing support systems and interventions that enhance these skills can contribute to better stress management and overall well-being in high-pressure healthcare environments.

In our study, a significant portion of healthcare workers reported low confidence in managing personal problems, with 30% indicating they almost never felt confident and only 10.6% feeling this very often. This suggests a notable

gap in emotional self-efficacy among healthcare professionals. These findings align with the observations made by Muñoz-Ortega et al. (2024) in their comprehensive review of post-COVID-19 mental health challenges among Latin American healthcare workers. The review highlights persistent psychological distress, including anxiety and depression, particularly among frontline workers and women. Factors such as economic disparities, inadequate healthcare systems, and ongoing occupational stressors were identified as significant contributors to diminished emotional well-being and self-efficacy (19).

All studies underscore the critical need for personalized mental health interventions. Muñoz-Ortega et al. advocate for tailored psychological support, resilience training, and stress management programs that consider individual psychological profiles and professional stressors (19). Implementing such strategies could enhance emotional resilience and self-efficacy among healthcare workers, addressing the gaps identified in our study.

The word cloud generated from participants' suggestions highlights key strategies to manage job-related stress, including workload management, mental health support, more staff, flexible shifts, and counseling. These themes align with findings from Preksha et al. (2018) and Marinho et al. (2024), who identified similar interventions such as workload reduction, flexible scheduling, and open communication as effective in reducing healthcare worker stress (20,21). The emphasis on counseling and mental health support is reinforced by Cohen C. et al. (2023), who found that resilience training and mindfulness programs significantly reduce occupational stress (22). Additionally, calls for adequate staffing and teamwork reflect broader global concerns, as documented in the WHO's 2023 policy report and supported by West THR et al. (2022), who reported that peer and supervisory support helped lower stress in UK healthcare settings. Collectively, these suggestions underscore the universal need for systemic, psychological, and organizational support to safeguard the well-being of healthcare professionals (6, 23). The similarity suggests universal recognition of organizational and psychological interventions as necessary. Based on the findings of the present study, several recommendations can be proposed to address job-related stress among healthcare professionals. Healthcare institutions should implement structured stress management programs, including counseling, mindfulness training, and resilience-building interventions. Organizational measures such as adequate staffing, workload redistribution, flexible duty schedules, and sufficient rest periods are essential to reduce occupational stress. Special attention should be given to nurses by strengthening staffing support and providing targeted mental health resources. Promoting a positive work environment through recognition, effective communication, and supportive leadership can further enhance job satisfaction and reduce stress. Future research should adopt longitudinal designs, include multiple settings, and utilize advanced statistical methods to identify independent predictors, along with qualitative approaches for deeper insights.

This study has certain limitations that should be considered while interpreting the findings. First, the cross-sectional design limits the ability to establish causal relationships between job stress and associated factors, as data were collected at a single point in time. Second, the study was conducted in a single tertiary care hospital in Dehradun, which may restrict the generalizability of the findings to other healthcare settings, particularly rural or private institutions. Third, the use of a self-administered questionnaire such as the Perceived Stress Scale (PSS-10) may introduce reporting bias, including recall bias and social desirability bias, as participants may underreport or overreport their stress levels. Fourth, the study primarily relied on descriptive analysis without multivariate techniques, which limits the identification of independent predictors of stress.

Conclusion

In the conclusion study highlights that a substantial proportion of healthcare personnel in a tertiary care hospital in Dehradun experience moderate levels of job stress, with nurses being the most affected group. Despite the prevalence of stress, many participants reported a degree of job satisfaction and demonstrated emotional resilience, suggesting a complex interplay between workplace demands, personal coping mechanisms, and job fulfillment. These findings underscore the pressing need for structured mental health support, stress management programs, and organizational interventions to mitigate occupational stress and enhance overall well-being among healthcare professionals.

Authors Contribution

All authors have contributed equally.

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Nil

Conflict of Interest

There are no conflicts of interest.

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Declaration of Generative AI and AI Assisted Technologies in the Writing Process

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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