

Stress Among Medical Professionals

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ABSTRACT

The present study centres on a crucial aspect of life—stress among medical professionals. The objective was to explore differences in perceived stressors across three tiers of hospital staff: nurses, junior residents, and senior residents. Using purposive sampling, the study comprised of a total number of one hundred twenty hospital staff out of which there were forty nurses (female), forty junior residents (male) and forty senior residents (male) of King Georges Medical College, Lucknow from departments of medicines, surgery, orthopedics and pediatrics. Questionnaire developed by Davidson and Cooper (1992) was used to fulfil the objectives of the present study. Some of items which were not adequately worded for hospital employees were modified to suit the purpose. The obtained data was analyzed by descriptive statistics and one-way Analysis of Variance. Result suggested that senior residents did not identify any specific condition as the most stressful. However, junior residents and nurses reported high-stress factors such as time pressure and deadlines, supervising hospital staff, hospital politics, a poor work environment, and equipment failures. **Conclusion:** Stress levels tend to be higher among nursing assistants, conversely, stress is lower when individuals feel valued and appreciated.

Keywords: *Stress, nurses, junior residents, senior residents*

Stress can be seen as the body's response to any demand or pressure, whether physical, emotional, or mental. This is often referred to as a "stimulus-based" definition because it focuses on the external pressures that trigger stress. Stress is seen as a dynamic process involving both the person and their environment. This "transactional" view of stress highlights how individuals appraise situations, judge them as threatening or challenging, and react accordingly. This is especially relevant for medical professionals, who constantly face situations that challenge their resources and ability to cope. The healthcare field is known for its high-stress environment, particularly for medical professionals like nurses, junior residents, and senior residents. These individuals face immense pressures due to the nature of their work, often dealing with long hours, heavy workloads, and emotionally charged situations. The mental and physical demands placed on them can lead to feelings of stress and strain, which, if not managed effectively, can result in burnout, diminished job performance, and even health problems.

In the healthcare environment, stressors come from a wide range of sources. These can be categorized into three main types: workload-related stressors (long work hours, night shifts,

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emergency services and physical and mental exhaustion from managing multiple tasks), emotional stressors (life-and-death situations, witnessing suffering, losing patients, providing care and emotional support to patients and their families, comforting grieving families or making tough decisions in life-threatening situations), and organizational stressors (understaffing, lack of resources, inefficient systems, poor management, insufficient breaks or inadequate mental health resources). The healthcare profession is undeniably stressful, especially for nurses, junior residents, and senior residents who are on the front lines of patient care. The stressors they face—from high workloads to emotional challenges and organizational issues—can lead to significant physical and emotional strain.

The World Health Organization (WHO, 2019) acknowledges robust primary health care as essential for achieving universal health coverage (UHC) without causing financial strain. The physical and mental well-being of healthcare professionals plays a pivotal role in reaching this goal. Addressing stress in healthcare is not just about individual coping but requires a systemic approach that considers the environment in which these professionals work.

Purpose of the Study

The focus of the present study revolves around an important issue of life i.e. stress among medical professionals. The objective of the study was to identify the difference in perceived stressors among three levels of hospital staff- nurses, junior residents and senior residents.

METHODS

This was ex- post facto research planned to know the status of perceived stressors adopted by three levels of hospital staff- nurses, junior residents and senior residents.

Participants:

Using purposive sampling, the study comprised of a total number of one hundred twenty hospital staff out of which there were forty nurses (female), forty junior residents (male) and forty senior residents (male) of King Georges Medical College, Lucknow. They were attached to departments of medicines, surgery, orthopedics and pediatrics in order to control the effect of departmental variation. The age range of doctors was 23 to 32 years and of nurses was 20-40 years. The qualification of junior residents and senior residents varied based on the number of years completed in post- graduate programs such as MS, MD and M Ch.

Tools:

For the purpose of the study the questionnaire developed by Davidson and Cooper (1992) was used. This questionnaire consisted of three sections- A (80 items), B (24 items) and C (19 items) respectively containing items dealing with stress, strain and coping mechanism. Some of the items which were not adequately worded for hospital employees were modified to suit the purpose. Items, not applicable, were deleted and few others were added to suit the purpose. So, final questionnaire consisted of three sections: Section A (54 items) identified stressors, B (30 items) identified strains and C (12 items) identified coping mechanism.

In the course of preparing questionnaire, it was seen that the language used was simple and terms appropriate to the profession were only included and no vague word was used or any embarrassing question asked. Ambiguity was avoided so that all participants get the same meaning out of any question. To achieve the objective of the present study, section A of this questionnaire will be discussed only.

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Procedure:

A systematic procedure for purpose of conducting the present study on hospital staff was followed by the investigator. Participants who gave their consent to participate were requested to fill the questionnaire by giving following instructions:

Section A: Please encircle the number that best reflects the degree to which the particular statement is a source of pressure at work for you. Only when a statement situation does not apply to you encircle 'NA' for 'not applicable'. Don't spend time pondering, there are no right or wrong answer. You will find complete of this questionnaire easiest if you do it fairly swiftly. You are requested to circle the number reflecting the degree of pressure for your work

After distributing the questionnaire to the required number of hospital staff with proper feedback for what was required to be done, they were also told to bring the completed questionnaire next day. It took at times various visits so as to collect the questionnaire as the hospital staff always remained busy. It was seen that all the items have been responded to and if any item was not answered, that employee was contacted again and requested to fill in the requisite information.

Scoring: For the purpose of scoring all the three sections of each questionnaire were scored separately. The response categories on a five- point rating scale themselves served as scoring keys:

Section A: Scoring here ranged 1-5; response to 1 was also given a score of 1 and response to 5 was also given score of 5, where 5 denoted source of extreme stress, 3 denoted source of moderate stress and 1 denoted source of no stress. The scores corresponded to the severity of stressors in ascending order.

After scoring all the items individually for all the employees a master chart of frequency of responses for each item was prepared and subjected to further analysis.

Statistical analysis:

To discover the nature and severity of relationship of the dependent and independent variable, the obtained data was analyzed by descriptive statistics and one- way Analysis of Variance.

RESULTS

The objective of the present study was to identify the difference in perceived stressors among three levels of hospital staff- nurses, junior residents and senior residents. For the above purpose, results are presented in following tables:

Table 1: Mean, SD and One- way analysis of variance

S.N.	ITEM	MEAN (SD)			F
		Nurse	Jr. Resident	Sr. Resident	
1.	Work Overload	3.08 (0.80)	3.08 (1.21)	2.5 (1.06)	23.75**
2.	Work Underload	1 (0)	1.44 (0.76)	1.96 (1.27)	10.56**
3.	Time Pressure and Deadline	3.12 (1.15)	3.25 (1.17)	2.3 (0.88)	9.35**
4.	Employed beneath my competence	1.69 (1.06)	2.03 (1.05)	1.96 (0.90)	1.13
5.	Rate of Pay	2.67 (1.22)	2.4 (1.25)	2.07 (1.16)	3.42*
6.	Taking my work home	1.82 (0.86)	2.54 (1.29)	1.73 (1.07)	4.01**

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S.N.	ITEM	MEAN (SD)			F
		Nurse	Jr. Resident	Sr. Resident	
7.	Supervising hospital staff	3.16 (1.50)	3.11 (1.32)	2.5 (1.15)	2.98*
8.	Lack of control in my work environment	3.10 (1.15)	2.69 (1.41)	2.22 (1.09)	4.01**
9.	Hospital Politics	3.27 (1.16)	3.72 (1.32)	2.87 (1.39)	3.74*
10.	Lack of power & influence	4.10 (0.74)	2.97 (1.14)	2.43 (1.29)	24.35**
11.	My beliefs conflicting with those of hospital	1.00 (0.00)	2.48 (1.12)	2.79 (1.30)	33.10**
12.	Lack of consultation and communication	2.92 (1.40)	2.97 (1.12)	2.42 (1.35)	2.20
13.	Clarity of my job duties	1.80 (1.12)	2.30 (1.06)	1.35 (0.69)	10.06**
14.	Inadequate supervision by seniors	4.22 (0.87)	2.85 (1.18)	2.75 (1.10)	21.60**
15.	Lack of support from seniors	3.47 (1.51)	2.62 (1.33)	2.89 (1.09)	4.52*
16.	Staff shortage	4.67 (0.64)	3.28 (1.48)	2.95 (0.98)	28.71**
17.	Conflicting job demands	2.50 (0.97)	2.43 (1.01)	2.30 (0.98)	0.29
18.	Disciplining subordinates	3.78 (1.14)	2.89 (1.35)	1.92 (0.88)	26.39**
19.	Inadequate feedback on my work	2.24 (1.09)	2.70 (1.01)	2.26 (1.13)	2.14
20.	Inability to delegate	2.34 (1.25)	3.23 (1.30)	1.65 (0.76)	14.38**
21.	Poor work environment	3.41 (1.40)	3.50 (1.28)	3.16 (1.30)	0.66
22.	Lack of social support	3.45 (1.28)	2.28 (1.17)	2.68 (1.40)	22.21**
23.	Lack of encouragement from seniors	2.92 (1.52)	2.97 (1.18)	2.78 (0.94)	0.25
24.	Keeping up with new technology equipment	2.34 (1.30)	3.23 (1.11)	2.20 (1.26)	7.81**
25.	Inadequate resources and finances	3.12 (1.47)	3.56 (1.32)	3.05 (1.66)	1.48
26.	Sex discrimination and prejudice	2.53 (1.25)	2.34 (1.58)	1.24 (0.76)	14.75**
27.	Shift work	1.51 (0.92)	2.34 (1.57)	1.64 (0.99)	4.42*
28.	New challenges and risks	3.47 (1.69)	2.25 (1.10)	1.99 (1.17)	13.03**
29.	Long working hours	4.12 (1.09)	2.20 (1.12)	2.02 (1.02)	46.27**
30.	Equipment failure	3.90 (1.21)	3.35 (1.44)	3.07 (0.65)	6.59**
31.	Too much responsibility	3.25 (1.25)	2.92 (1.38)	2.30 (1.09)	6.39**
32.	Having to stand on my feet all day	3.20 (1.05)	2.02 (0.88)	1.85 (0.98)	23.14**
33.	Unclear progress prospects	3.82 (1.10)	2.82 (1.48)	2.95 (1.37)	6.93**
34.	Being visible	2.43 (1.42)	2.22 (1.27)	2.39 (1.32)	0.23
35.	Feeling isolated	2.12 (0.94)	1.89 (0.85)	1.85 (0.89)	1.90
36.	Feeling undervalued	2.56 (1.34)	3.05 (1.09)	2.63 (1.04)	1.86
37.	Lack of variety at work	2.30 (1.22)	2.30 (1.30)	2.38 (0.98)	0.01
38.	Playing the counsellor at work	2.82 (1.10)	2.09 (1.04)	1.53 (0.76)	13.45**
39.	Working relationship with seniors	2.70 (1.28)	2.52 (1.28)	2.25 (1.10)	1.36
40.	Working relationship with peers	1.65 (0.76)	1.95 (0.81)	1.47 (1.69)	1.41
41.	Working relationship with subordinates	3.12 (1.55)	2.75 (1.39)	2.20 (1.04)	4.61*
42.	My spouse/partner's attitudes towards my career	1.53 (0.94)	1.74 (1.17)	1.27 (0.52)	2.30
43.	Demands of work on my relationship with my children	2.37 (1.08)	1.75 (0.95)	2.33 (1.30)	0.58
44.	Demands of work on my relationship with my spouse/partner	1.84 (1.14)	2.13 (0.69)	2.09 (1.01)	4.14*
45.	Earning more than my spouse/partner	1.11 (0.34)	1.30 (0.65)	1.11 (0.48)	2.37

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S.N.	ITEM	MEAN (SD)			F
		Nurse	Jr. Resident	Sr. Resident	
46.	Dependents (other than children)	2.46 (1.30)	1.50 (1.06)	1.00 (0.00)	6.08**
47.	My career related dilemma whether to start a family	1.90 (0.94)	2.63 (1.36)	2.16 (1.16)	1.55
48.	My career related dilemma whether to marry or live with someone	2.25 (0.68)	2.17 (1.18)	1.47 (0.62)	4.15*
49.	Being single other people sometime label as oddily	1.57 (0.75)	1.78 (0.78)	1.92 (0.86)	1.15
50.	Being single I am sometime excluded from social and business events such as dinner parties etc.	1.20 (0.42)	1.31 (0.77)	1.84 (0.80)	3.00
51.	Lack of emotional support at home	2.72 (1.24)	1.94 (0.91)	1.59 (0.83)	12.96**
52.	Demands of work on my private social life	2.68 (1.28)	2.70 (1.22)	2.29 (0.90)	1.29
53.	Conflicting responsibilities connected with running a home and a career	2.75 (1.45)	2.17 (0.71)	1.76 (0.92)	5.52**
54.	Other (Please state)	1.23 (0.97)	1.11 (0.33)	1.10 (0.31)	0.24

**statistical significance at $p < 0.01$, *statistical significance at $p < 0.05$

Following inferences can be made from above table. No condition was found to be most stressful for senior residents but for junior residents and nurses, high stress arousing factors were: time pressure and deadline, supervising hospital staff, hospital politics, poor work environment and equipment failure. Moderately stressful conditions for junior residents and nurses were: rate of pay, lack of control in work environment, lack of encouragement and support from seniors, relationship with spouse/ partners due to demand of work, too much responsibility, lack of variety ok work and inadequate resources and finance. The least stressful conditions for medical professionals were: spouse/ partners attitude towards ones' career, earning more than spouse/ partners, working relationships with peers, lack of emotional support at home, labeled as oddity being unmarried or single and being single sometimes excluded from social and business events.

After general analysis of stressors of high, medium and low intensity for medical professionals, one- way ANOVA was applied to find out difference in specific stressors in degree of severity for nurses, junior and senior residents. Table 2 was obtained by grouping together stressors into three categories of most stressful, moderately stressful and least stressful for nurses. Only those stressors were taken into consideration which were found to be significant a probability value of at least 0.05.

Table 2 is showing the severity of stressors for nurses

SN	Most stressful	Moderately stressful	Least stressful
1	Work overload	Unclear progress prospects	Work underload
2	Time pressure and deadline	Lack of social support	Taking any work home
3	Rate of pay	Inadequate resources and finance	My beliefs conflicting with those of hospitals
4	Supervising hospital staff	New challenges and risks	Clarity of any job duties
5	Lack of control in any work environment	Too much responsibility	Shift work

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SN	Most stressful	Moderately stressful	Least stressful
6	Lack of power and influence	Having to stand on feet all day	My spouse/ partners attitude towards my career
7	Inadequate supervision by seniors	Playing the counsellor role at work	
8	Staff shortage	Dependents (other than children)	My spouse/ partners attitude towards my career
9	Disciplining subordinate	Conflicting responsibilities associated with running a house and a career	
10	Long working hours	Career related dilemma whether to marry or not	
11	Equipment failure		

Table 3 was obtained by grouping together stressors into three categories of most stressful, moderately stressful and least stressful for junior residents. Only those stressors were taken into consideration which were found to be significant a probability value of at least 0.05.

Table 3 is showing the severity of stressors for junior residents

SN	Most stressful	Moderately stressful	Least stressful
1	Time pressure and deadline	Work overload	Lack of social support
2	Taking any work home	Rate of pay	Dependents (other than children)
3	Supervising hospital staff	Lack of control in any work environment	Lack of emotional support at home
4	Hospital politics	Lack of power and influence	Work underload
5	Inadequate resources and finance	My beliefs conflicting with those of hospital	
6		Lack of consultation and communication	
7		Clarity of my job duties	
8		Inadequate supervision by seniors	
9		Staff shortage	
10		Inability to delegate	
11		Conflicting job demands, loyalties etc.	
12		Keeping with new technology and instruments	
13		Sex determination and prejudice	
14		Shift work	
15		Long working hours	
16		Equipment failure	
17		Too much responsibility	
18		Demand of work on my relationship with spouse/ partners	
19		Unclear progress prospects	

Table 4 was obtained by grouping together stressors into three categories of most stressful, moderately stressful and least stressful for senior residents. Only those stressors were taken into consideration which were found to be significant a probability value of at least 0.05.

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Table 4 is showing the severity of stressors for senior residents

SN	Most stressful	Moderately stressful	Least stressful
1		Work overload	Taking any work home
2		Rate of pay	Clarity of my job duties
3		Supervising hospital staff	Disciplining subordinates
4		Lack of control in any work environment	Inability to delegate
5		Hospital politics	Sex determination and prejudice
6		My beliefs conflicting with those of hospital	Shift work
7		Lack of support from seniors	New challenges and risks
8		Conflicting job demands, loyalties etc	Long working hours
9		Unclear progress prospects	Too much responsibility
10		Inadequate resources and finance	Having to stand on feet all day
11		Equipment failure	Playing the counsellor role at work
12		Demand of work on my relationship with spouse/ partners	
13		Demand of work on my private social life	

Table 2, 3 and 4 makes clear the specific stressors in order of severity for different levels of hospitals employees.

DISCUSSION

It is seen that senior residents do not suffer even a single most stressful condition of job situation whereas nurses encounter a number of factors which are highly stressful such as work overload, time pressure and deadline, rate of pay, lack of control and work environment, lack of power and influence, staff- shortage, long working hours etc. few stressors producing pressure have been identified for junior residents also. Considering the work load and responsibility senior residents suffer least stress. Moderate level of stressors is experienced by all medical professionals indicating the fact that stress is inherent property of medical profession.

The descending order of stress severity in nurses, junior and senior residents can be attributed to the fact that senior residents owing to seniority, adopt a sort of administrative capacity on junior residents as well as nurses. Junior residents acquire same capacity over nurses, while nurses have to bear the brunt of both, and also due to their limited capacities, as being female, they suffer from limited physical capacities and thus suffer most stressful condition. Aiken, Clarke and Sloane (2001); Decker (1997) also reported that nursing professionals encounter significant stressors within the medical environment, many of which are inherent to the nature of the profession. These include long working hours, managing pain and emotional suffering, caring for dying patients, and offering support to their families. Stress among healthcare professionals arises from multiple factors. Key contributors include the mismatch between job demands and available resources, excessive workload, challenging work environments, level of work experience, workplace conflicts, gender discrimination, marital and educational status, lack of job satisfaction, and the absence of appropriate recognition or rewards. Stress tends to be more prevalent among nursing assistants, medical assistants, social workers, inpatient workers, women, and individuals of color, with contributing factors including workload and mental health challenges (Prasad et al 2021). However, feeling valued significantly reduces stress levels.

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The study of Rajeswari and Sreelekha (2016) concluded that the majority of nurses experience significant levels of stress. Work organization and interpersonal relationships at the workplace were identified as primary contributors to heightened stress levels.

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Conflict of Interest

There are no conflicts of interest to declare.

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