

Research Paper

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

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ABSTRACT

High-stakes situations need individuals to make decisions that often have serious, far-reaching, and irreversible consequences. This study examines the relationship between perceived stress, resilience, high-stakes exposure and decision making in four professions: Law & Order, Healthcare, Corporate, and Athletes. The present research employed Perceived Stress Scale (PSS-10), Brief Resilience Scale and Decision Making Questionnaire on 123 respondents from four different professions. The results found that there was a significant difference in stress, resilience, high-stakes exposure, and decision-making between the 4 main professions. Law & Order professionals were shown to have the highest perceived stress as well as high-stakes exposure. Healthcare professionals demonstrated the highest overall decision-making scores, whereas athletes generally scored lowest across several decision-making dimensions. Corporate professionals demonstrated the highest resilience and control. Resilience demonstrated significant negative correlation with perceived stress. Additionally, in most professions resilience had strong positive correlations with control, Law & Order being the exception. Relationships among decision-making dimensions were strongest among athletes and Law & Order professionals, whereas fewer significant associations were observed in the healthcare and corporate groups. High-stakes exposure demonstrated different patterns of association across professions. Multiple regression analyses further revealed that resilience was the strongest positive predictor of decision-making control, while perceived stress significantly predicted increased hesitancy and reduced decision-making control. High-stakes exposure also significantly predicted both hesitancy and control. These findings highlight the importance of resilience-building and stress-management interventions for professionals working in high-pressure occupations.

Keywords: *Decision Making, Resilience, High Stakes Exposure, Perceived Stress, Athletes, Law & Order, Healthcare, Corporate*

High-stakes situations refer to contexts wherein professionals must make rapid decisions under extreme pressure, uncertainty, and complexity, and where outcomes have one or more of, immediate, far-reaching, and irreversible consequences (Reale et al., 2023). Such situations occur frequently amongst professions such as Law and Order, Healthcare, Corporate, and Athletes. The decision-making process in the environment of these professionals is of utmost importance because their decisions can significantly

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Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

determine human innocence or guilt, human life, prevent critical mistakes, and the nature of the outcome of the situation. The importance of these decisions often incurs pressure and stress within involved individuals. The American Institute of Stress states 80% of workers experience stress due to their occupation (Awada et al., 2024).

Stress is a critical factor in explaining responses to adverse conditions. Stress is induced by multiple underlying factors such as perceptions of requirements that exceed an individual's capacity for coping. In professional settings, these typically include a high workload, tight deadlines, uncertainty of outcomes, real or perceived conflicts between individual and organizational goals, competition among co-workers, relationships with one's supervisors and ultimately the potential implications on an individual's career and mental health. These types of stress can be particularly significant in professions such as law enforcement, the military, healthcare, senior executives and professional athletes who face pressure on a daily basis and have to perform at a high level consistently.

In this context, occupational stress is defined as the strain on an individual from a real or perceived mismatch between job demands and an individual's capability to meet those demands. This can have a significant impact on an individual's physical, emotional and mental health. The root cause is an inability to cope with the daily workplace pressures, as described above. These can be exacerbated by poor working conditions, lack of a supportive environment, access to counselling, and responsibility overwhelming the individual (CDC, 2026).

Perceived stress is an individual's own assessment and is high when they feel that the above factors exceed their physical, intellectual or mental ability to cope. These situations are indicated as "stressful", and even more so when they are unpredictable, uncontrollable or extreme, leading to a sense of being overwhelmed (Maqsood et al., 2024). This is a reflection of the Lazarus and Folkman model of stress that depicts stress as a link between a person and their environment that is perceived as taxing (Folkman & Lazarus, 1984). Uncertainty, lack of control, exceeding workload, time pressure, doubt, and fear are factors that make up and determine an individual's level of perceived stress.

This is critical as high levels of perceived stress have shown to be a limiting factor when it comes to decision making. Decision making is impacted through weakening memory, reducing cognitive ability, decreasing attention and emotional regulation, and increasing fatigue. In the face of high stress, attention often narrows to specific areas. This makes it harder for more thoughtful decisions that assess the broader context, potential options or warning signals. This can result in hurried, one-dimensional and poor-quality decisions that have adverse consequences (Shields et al., 2016). Perceived stress can disrupt decision making quality in individuals, and for people in high-pressure professions, this can have severe adverse impacts on the individuals and others.

Another concept that this research delves into is the idea of resilience. Resilience explains how individuals differ in their response to real or perceived stress. Resilience is defined as the trait that allows individuals to face, manage, and recover from adversity allowing them to continue to operate at their usual, high level of performance. Resilience becomes particularly significant in this research since stressful situations may be unavoidable in certain occupational settings and workers are required to operate efficiently despite stress, uncertainty, and setbacks.

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

Resilience typically plays a role as a protective factor within the context of stress and performance. Protective factors refer to personal characteristics or environmental resources that mitigate the harmful impact of stressors. This is a very individual specific response, and two individuals who perceive the same amount of stress, will often demonstrate varying responses in terms of managing under pressure, sound judgement, and the ability to bounce back. Consequently, the importance of resilience lies in its ability to help individuals in high-pressure professions to manage their work and life more effectively (Shatté et al., 2017).

As can be expected, there is a strong connection between resilience and coping mechanisms. Coping is the mental and behavioural response to dealing with the challenges of stress. Adaptive coping includes both problem-focused (e.g. planning, option evaluation) and emotion-focused (e.g. social support) approaches. Maladaptive coping includes behaviours like denial, avoidance, withdrawal, impulsive actions etc. While these may help to alleviate stress in the short term, they don't address the root cause and in the longer run will impede effective decision-making.

Decision making is a highly relevant skill in high-pressure occupations as it is a determining factor of an individual's capabilities to be resilient and manage stressful situations and one's performance. A measure of how well an individual makes decisions can be found through the use of certain metrics: control, hesitancy, thoroughness, and instinctiveness.

As can be expected, control and thoroughness usually produce deliberate, reliable choices. On the other hand, hesitancy produces indecision and potentially postponement. Instinctiveness is typically associated with fast, intuitive choices coming from muscle memory. This can be useful under time pressure but may be error-prone in more complex or novel situations.

Control is usually linked to an internal locus and higher executive functioning, which helps to not drift or to respond impulsively. It is one of the core dimensions of decision making in the literature and the corresponding "independent/self-controlled" profile is said to be "a separate profile in which individuals make decisions in a more conscious way" (Delaney et al., 2015).

Thoroughness encourages the processing of fuller information that is slower. This was demonstrated in a study of drivers, where the less thorough they were, the more likely they were to be involved in an accident, and the more hesitant and fast they were to make decisions the more likely they were to be involved in an accident among older drivers, indicating that too little thoroughness may lead to more hasty or incorrect decisions.

Hesitancy delays or prevents decisions. In the same study, when drivers were analysed, higher accident rates were independently associated with greater driver's hesitancy, consistent with the notion that hesitation can turn to indecision or delayed action when a quick decision is required (French et al., 1993).

Instinctiveness quickens the decision and relies on intuition. There are times when it may be necessary to make decisions based on "instinct" or "gut feeling", and "impulsive, rapid, and quick" to make a decision, which previous literature describe (Spicer & Sadler-Smith,

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

2005); but it also increases the risk of shortcut errors if the decision is complex or unfamiliar.

The evidence available suggests that all three factors – perceived stress, resilience and high stakes situations – play a role in how decisions are made; however, how each of these factors play out across various occupational contexts is not well understood. Moreover, there is little research that has examined the professions of several different occupations in terms of the same set of decision making styles. The present study will focus on the perception of stress, resilience, exposure to high stakes and decision making styles in various occupations, as well as examine the relationships between these and how they predict important aspects of decision making.

METHODOLOGY

Aim of the Study: To examine occupational differences in perceived stress, resilience, high-stakes exposure, and decision-making styles, and to investigate the relationships among these variables across professionals from different occupational sectors.

Objectives of the Study:

1. To compare levels of perceived stress, resilience, and high-stakes exposure across professional sectors.
2. To examine occupational differences in decision-making styles, including control, hesitancy, thoroughness, and instinctiveness.
3. To analyse the relationships between perceived stress, resilience, high-stakes exposure, and decision-making styles.
4. To assess whether perceived stress, resilience, and high-stakes exposure significantly predict hesitancy in decision-making.
5. To assess whether perceived stress, resilience, and high-stakes exposure significantly predict control in decision-making.

Research Hypotheses:

- **H1:** There will be significant differences in perceived stress, resilience, high-stakes exposure, and decision-making styles (control, hesitancy, thoroughness, and instinctiveness) across professional sectors.
- **H2:** Perceived stress, resilience, and high-stakes exposure will be significantly associated with decision-making styles among professionals.
- **H3:** Perceived stress, resilience, and high-stakes exposure will significantly predict hesitancy in decision-making.
- **H4:** Perceived stress, resilience, and high-stakes exposure will significantly predict control in decision-making.

Participants: The study consisted of 123 working professionals from multiple occupational sectors, including Law & Order, Healthcare, Corporate, and Athletics. Recruitment targeted approximately 30 respondents per profession; the final achieved sample was Healthcare (n = 30), Law & Order (n = 30), Athletes (n = 30), and Corporate (n = 33), for a total N = 123. The additional three respondents in the corporate group reflect three extra completed responses received during snowball sampling for that profession; because group sizes were treated as naturally occurring rather than forced to be exactly equal, all 123 cases were retained and entered into the one-way ANOVAs as unequal-n groups (total df = 3, 119).

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

Participants ranged across multiple age groups, with the majority belonging to the 41–50 years age category (41.5%), followed by 33–40 years (34.1%). The sample was relatively balanced in terms of gender, comprising 52.8% males and 47.2% females. Most participants reported working 6 days per week and between 9–16 hours per day. Additionally, the majority of participants had over 6 years of work experience. Law & Order professionals include those currently employed/serving as a lawyer, police officer, army officer, judicial officer, or in a similar law enforcement/legal capacity. Healthcare professionals include those currently practicing as a doctor, nurse, surgeon, paramedic, or other licensed medical professional. For corporate professionals, they consisted of those currently employed in a corporate/business setting (e.g., management, finance, consulting, marketing, operations). Athletes in the present study include those who are currently active professional or competitive athletes.

Instrumentation:

The present study employed three standardised self-report measures to assess perceived stress, resilience, and decision-making styles among working professionals.

1. Perceived Stress Scale (PSS-10): The present study employed the Perceived Stress Scale (PSS-10) originally developed by Cohen, Kamarck, and Mermelstein (1983). The scale consists of 10 items and it is a widely used self-report instrument designed to measure the degree to which situations in one's life are appraised as stressful, specifically determining how unpredictable, uncontrollable, and overloaded respondents find their lives. The assessed items are general in nature rather than focusing on specific events or experiences, making the scale particularly appropriate for use across diverse occupational samples.

Respondents rate the frequency of their feelings and thoughts about life events and situations over the previous month using a five-point scale ranging from 0 (Never) to 4 (Very Often). Scoring involves reversing four positively worded items (items 4, 5, 7, and 8) and summing all responses to yield a total score, with higher scores reflecting greater perceived stress. The PSS-10 was originally evaluated in a large national sample and demonstrated adequate internal consistency reliability ($\alpha = .78$), along with adequate convergent validity as evidenced by expected negative associations with perceived health status and positive associations with psychosomatic symptoms.

2. Brief Resilience Scale (BRS): Resilience was assessed using the Brief Resilience Scale (BRS), developed by Smith, Dalen, Wiggins, Tooley, Christopher, and Bernard (2008) to address a conceptual gap in resilience measurement. The BRS uniquely focuses on the core definitional aspect of resilience, which is, the capacity for adaptive recovery and return to baseline functioning after experiencing difficulties. The BRS comprises 6 items, with items 1, 3, and 5 positively worded and items 2, 4, and 6 negatively worded. It is scored by reverse coding items 2, 4, and 6 and computing the mean of the six items, with responses on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Higher mean scores indicate greater resilience. Internal consistency reliability for the BRS is consistently excellent across diverse samples, reporting alpha coefficients ranging from .80 to .91 across four initial validation samples. The scale has demonstrated strong criterion validity, with BRS scores showing expected positive associations with well-being, self-efficacy, and optimism, and negative associations with depression and perceived stress.

3. Decision Making Questionnaire (DMQ): Decision-making styles were assessed using the Decision Making Questionnaire (DMQ), developed by French, West, Elander, and

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

Wilding (1993). The DMQ is a 21-item instrument through which responses form seven independent and internally coherent dimensions according to principal components analysis, labelled: control, thoroughness, instinctiveness, social resistance, hesitancy, perfectionism, and idealism. Respondents are asked to rate how often each statement applies to them on a 6-point scale, with 1 representing "very infrequently or never" and 6 representing "very frequently or always." Certain items require reverse scoring as per the scoring key, with subscale scores computed by summing the relevant items.

In alignment with the objectives of the present study, only four subscales of the DMQ were utilised: Control, Hesitancy, Thoroughness, and Instinctiveness. These four dimensions were selected as the most conceptually relevant to examining how occupational stress, resilience, and high-stakes work exposures shape professionals' decision-making tendencies. Control reflects the extent to which individuals perceive themselves as composed and in command during decision-making; hesitancy captures indecision and vacillation between options; thoroughness measures the degree to which individuals deliberate carefully and weigh all implications; and instinctiveness reflects reliance on gut feelings and the tendency to stick firmly to one's decisions. The DMQ has been found to have good reliability and validity across various studies, with internal consistency of the subscales generally indicating reliable measurement of the different decision-making styles.

Data collection procedure: The data was collected by distributing these standardised scales via google forms. Snowball sampling was used to circulate data and get responses for each job category.

Ethical considerations: Data collection was done through informed consent and completely voluntary participation from respondents. Additionally, to ensure the confidentiality of responses, an individual's name, email, or personal information was not asked. Instructions and key definitions for the form were clearly communicated.

Findings of the Study

A series of descriptive and inferential statistical analyses were conducted using SPSS 30. Descriptive statistics, including means and standard deviations, were computed for perceived stress, resilience, high-stakes exposure, and decision-making subscales across professional sectors. One-way analyses of variance (ANOVAs) with Tukey's HSD post-hoc tests were conducted to examine occupational differences across the measured variables.

Pearson product-moment correlation analyses were subsequently conducted to examine the relationships between stress, resilience, high-stakes exposure, and decision-making styles. Although the decision-making instrument included multiple subscales, only the subscales of Control, Hesitancy, Thoroughness, and Instinctiveness were retained for detailed inferential interpretation and correlational analyses. These subscales were selected due to their stronger conceptual relevance to occupational stress, cognitive regulation, and decision-making under pressure. In contrast, other subscales such as Principled, Optimising, and Social Resistance were not included in advanced analyses, as they demonstrated comparatively lower theoretical alignment with the central aims of the study and risked unnecessary expansion and redundancy in statistical interpretation.

Further, multiple regression analyses were specifically conducted using Hesitancy and Control as dependent variables. These subscales were selected because they represented two

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

psychologically meaningful and contrasting dimensions of decision-making under occupational pressure: Hesitancy reflecting indecisiveness and uncertainty in decision-making, and Control reflecting regulation, confidence, and structured decision-making. Additionally, both variables demonstrated significant relationships with stress, resilience, and high-stakes exposure in prior correlational analyses, thereby making them theoretically and statistically appropriate outcome variables for predictive modelling.

All statistical tests were interpreted at a significance level of $p < .05$

Table 1 Demographic Characteristics of Participants (N = 123)

Variable	Category	n	%
Gender	Male	65	52.8
	Female	58	47.2
Age	21–25 years	3	2.4
	26–32 years	15	12.2
	33–40 years	42	34.1
	41–50 years	51	41.5
	51–60 years	10	8.1
	Above 60 years	2	1.6
Work Experience	Less than 2 years	3	2.4
	2–5 years	8	6.5
	6–10 years	34	27.6
	11–15 years	38	30.9
	More than 15 years	40	32.5
Working Hours Per Day	6–8 hours	16	13.0
	9–12 hours	50	40.7
	13–16 hours	56	45.5
	More than 16 hours	1	0.8
	3–4 days	3	2.4
Working Days Per Week	5 days	42	34.1
	6 days	66	53.7
	7 days	12	9.8
Profession type	Healthcare (eg. Doctors, nurses, paramedics etc)	30	24.4
	Law & Order (eg army, lawyers, police etc)	30	24.4
	Corporate / Desk job: (eg. bankers, consultants, investment / finance etc)	33	26.8
	Athletes	30	24.4

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

Table 2 Descriptive Statistics for Stress, Resilience, Decision-Making Styles, and High-Stakes Exposure Across Professions

Variable	Law & Order M (SD)	Healthcare M (SD)	Corporate M (SD)	Athletes M (SD)	Total sample
Perceived Stress	21.30 (1.66)	19.23 (4.67)	17.33 (4.55)	19.30 (3.31)	19.27 (4.17)
Resilience	18.43 (1.48)	20.43 (3.72)	22.12 (4.03)	18.53 (2.37)	19.94 (3.51)
Control	18.50 (1.50)	20.13 (4.44)	21.82 (3.82)	17.83 (1.46)	19.63 (3.75)
Hesitancy	13.97 (3.36)	13.20 (3.34)	10.33 (2.48)	11.03 (1.61)	12.09 (3.22)
Thoroughness	16.33 (2.25)	17.47 (2.50)	17.85 (3.06)	14.60 (1.48)	16.59 (2.82)
Instinctiveness	9.17 (2.13)	9.07 (2.12)	7.85 (1.80)	7.40 (1.63)	8.36 (2.08)
Decision making total score	158.37 (17.92)	163.93 (15.95)	157.55 (11.58)	144.40 (11.81)	156.06 (16.42)
High-Stakes Exposure	3.80 (0.66)	3.63 (0.85)	3.48 (0.80)	2.83 (0.75)	3.44 (0.86)

Table 2 presents the descriptive statistics for the study variables across occupational groups. Overall, healthcare professionals obtained the highest decision-making scores, whereas athletes reported the lowest. Distinct occupational patterns were observed in the relationship between resilience, stress, exposure to high-stakes situations, and decision-making styles. Law and Order professionals reported the highest levels of perceived stress and exposure to high-stakes situations and also showed relatively higher instinctiveness and hesitancy, suggesting a greater reliance on intuitive decision-making in demanding contexts. In contrast, corporate professionals reported the highest resilience and control scores alongside the lowest hesitancy, reflecting a more deliberate and confident decision-making profile. Healthcare professionals combined high exposure to high-stakes situations with relatively high resilience and the strongest overall decision-making performance. Differences in standard deviations across professions suggest varying levels of within-group heterogeneity, with healthcare and corporate groups displaying greater variability than Law and Order personnel and athletes. These descriptive patterns indicate that resilience, perceived stress, and occupational demands may be associated with differences in decision-making styles across professions.

Table 3 One-Way ANOVA Results for Stress, Resilience, Decision-Making Styles, and High-Stakes Exposure Across Professions

Variable	F(3,119)	p	η^2	Significant Group Differences (Tukey HSD)
High-Stakes Exposure	9.11	< .001	.19	Law & Order, Healthcare, Corporate > Athletes
Perceived Stress	5.79	.001	.13	Law & Order > Corporate
Resilience	10.08	< .001	.20	Corporate > Law & Order, Athletes
Instinctiveness	6.33	.001	.14	Law & Order > Corporate, Athletes;

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

Variable	F(3,119)	p	η^2	Significant Group Differences (Tukey HSD)
				Healthcare > Athletes
Control	10.23	< .001	.21	Corporate > Law & Order, Athletes; Healthcare > Athletes
Hesitancy	11.96	< .001	.23	Law & Order, Healthcare > Corporate, Athletes
Thoroughness	11.25	< .001	.22	Healthcare, Corporate > Athletes

A series of one-way analyses of variance (ANOVAs) were conducted to examine differences across professional sectors in perceived stress, resilience, decision-making styles, and exposure to high-stakes situations. Significant differences were observed across professions for high-stakes exposure, $F(3, 119) = 9.11, p < .001, \eta^2 = .19$; perceived stress, $F(3, 119) = 5.79, p = .001, \eta^2 = .13$; resilience, $F(3, 119) = 10.08, p < .001, \eta^2 = .20$; instinctiveness, $F(3, 119) = 6.33, p = .001, \eta^2 = .14$; control, $F(3, 119) = 10.23, p < .001, \eta^2 = .21$; hesitancy, $F(3, 119) = 11.96, p < .001, \eta^2 = .23$; and thoroughness, $F(3, 119) = 11.25, p < .001, \eta^2 = .22$.

Post-hoc comparisons using Tukey's HSD test revealed that professionals in Law & Order occupations reported significantly greater perceived stress than Corporate professionals. Corporate professionals demonstrated significantly higher resilience and control scores compared to both Law & Order professionals and Athletes. Additionally, Healthcare professionals showed significantly higher control scores than Athletes. With respect to hesitancy, both Law & Order and Healthcare professionals reported significantly higher hesitancy scores compared to Corporate professionals and Athletes. For thoroughness, Healthcare and Corporate professionals scored significantly higher than Athletes. Furthermore, Law & Order professionals exhibited significantly greater instinctiveness than both Corporate professionals and Athletes, while Healthcare professionals also demonstrated higher instinctiveness scores than Athletes. Significant differences were also observed for high-stakes exposure, with Athletes reporting significantly lower exposure to high-stakes situations compared to Law & Order, Healthcare, and Corporate professionals.

Overall, the findings suggest that the occupational sector is significantly associated with perceived stress, resilience, high-stakes exposure, and decision-making styles, indicating meaningful psychological differences across professions.

Table 4 Pearson Correlation Matrix for Law & Order Professionals (N = 30)

Variable	1	2	3	4	5	6	7
1. High-stakes situations	—						
2. Resilience	-.15	—					
3. Perceived stress	.46**	-.45*	—				
4. Control	.10	.04	.20	—			
5. Hesitancy	.28	.03	.17	.77**	—		
6. Thoroughness	.23	.23	.09	.67**	.94**	—	
7. Instinctiveness	.27	-.08	.18	.75**	.98**	.90**	—

Note. * $p < .05$. ** $p < .01$. High Stakes = perceived frequency of high-stakes situations at work; Perceived Stress = Perceived Stress Scale score; Resilience = resilience scale score; Instinctiveness, Control, Hesitancy, Thoroughness = subscales of the decision-making scale.

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

A significant moderate positive correlation was found between exposure to high-stakes situations and perceived stress ($r = .46, p < .01$), indicating that professionals who reported encountering more high-stakes situations also tended to report higher levels of stress. Resilience was significantly negatively associated with perceived stress ($r = -.45, p < .05$), suggesting that individuals with greater resilience experienced lower stress levels.

No significant associations were observed between high-stakes situations, resilience, or perceived stress and the decision-making dimensions of control, hesitancy, thoroughness, and instinctiveness.

Strong positive intercorrelations were observed among the decision-making dimensions, particularly between hesitancy and instinctiveness ($r = .98, p < .01$), hesitancy and thoroughness ($r = .94, p < .01$), and thoroughness and instinctiveness ($r = .90, p < .01$). Control was also strongly correlated with hesitancy ($r = .77, p < .01$), thoroughness ($r = .67, p < .01$), and instinctiveness ($r = .75, p < .01$). These findings indicate substantial overlap among the decision-making subscales within this sample.

Table 5 Pearson Correlation Matrix for High-Stakes Exposure, Perceived Stress, Resilience, and Decision-Making Styles Among Healthcare Professionals (N = 30)

Variable	1	2	3
1. High-stakes situations	—		
2. Resilience	.26	—	
3. Perceived stress	-.09	-.55**	—
4. Control	.38*	.66**	-.62**
5. Hesitancy	-.11	-.36*	.35
6. Thoroughness	.05	.27	-.07
7. Instinctiveness	.11	-.09	.11

Note. * $p < .05$. ** $p < .01$. High Stakes = perceived frequency of high-stakes situations at work; Perceived Stress = Perceived Stress Scale score; Resilience = resilience scale score; Instinctiveness, Control, Hesitancy, Thoroughness = subscales of the decision-making scale.

Pearson's correlation analysis was conducted to examine the relationships among high-stakes exposure, perceived stress, resilience, and decision-making styles among healthcare professionals. Resilience demonstrated a significant negative correlation with perceived stress ($r = -.55, p < .01$), indicating that healthcare professionals with higher resilience tended to report lower levels of perceived stress. Additionally, resilience was positively associated with control ($r = .66, p < .01$) and negatively associated with hesitancy ($r = -.36, p < .05$), suggesting that greater resilience is linked with more confident and less hesitant decision-making.

High-stakes exposure was positively correlated with control ($r = .38, p < .05$), indicating that professionals who reported greater exposure to high-stakes work situations also reported higher levels of decision-making control. Perceived stress was significantly negatively associated with control ($r = -.62, p < .01$), suggesting that higher stress levels are related to reduced confidence and regulation during decision-making.

Intercorrelations among the decision-making subscales (control, hesitancy, thoroughness, and instinctiveness) were not interpreted in detail, as these dimensions are derived from the same decision-making instrument and demonstrated substantial conceptual overlap.

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

Consequently, the interpretation focused primarily on the relationships between the psychological variables and the decision-making dimensions most relevant to the study objectives.

Table 6 Pearson Correlation Matrix for High-Stakes Exposure, Perceived Stress, Resilience, and Decision-Making Styles Among Corporate Professionals (N = 33)

Variable	1	2	3
1. High Stakes	—		
2. Resilience	.05	—	
3. Perceived Stress	.23	-.58**	—
4. Control	.15	.73**	-.55**
5. Hesitancy	.04	-.32	.37*
6. Thoroughness	-.03	.15	-.26
7. Instinctiveness	.03	.39*	-.31

Note. * $p < .05$. ** $p < .01$. High Stakes = perceived frequency of high-stakes situations at work; Perceived Stress = Perceived Stress Scale score; Resilience = resilience scale score; Instinctiveness, Control, Hesitancy, Thoroughness = subscales of the decision-making scale.

Pearson's correlation analysis was conducted to examine the relationships among high-stakes exposure, perceived stress, resilience, and decision-making styles among corporate professionals. Resilience demonstrated a significant negative correlation with perceived stress ($r = -.58, p < .01$), indicating that professionals with higher resilience tended to report lower levels of perceived stress. Resilience was also positively associated with control ($r = .73, p < .01$) and instinctiveness ($r = .39, p < .05$), suggesting that greater resilience is associated with increased confidence and greater reliance on intuitive decision-making. However, resilience was not significantly associated with hesitancy or thoroughness.

Perceived stress showed a significant negative association with control ($r = -.55, p < .01$), indicating that higher levels of stress were related to reduced decision-making control. In contrast, perceived stress was positively associated with hesitancy ($r = .37, p < .05$), suggesting that greater stress is linked to increased indecisiveness during decision-making. High-stakes exposure was not significantly associated with resilience, perceived stress, or any of the decision-making dimensions among corporate professionals.

Table 7 Pearson Correlation Matrix for High-Stakes Exposure, Perceived Stress, Resilience, and Decision-Making Styles Among Athletes (N = 30)

Variable	1	2	3
1. High Stakes	—		
2. Resilience	.42*	—	
3. Perceived Stress	-.16	-.73**	—
4. Control	.60**	.78**	-.67**
5. Hesitancy	.07	.20	-.12
6. Thoroughness	.02	.58**	-.70**
7. Instinctiveness	.52**	.48*	-.46*

Note. * $p < .05$. ** $p < .01$. High Stakes = perceived frequency of high-stakes situations at work; Perceived Stress = Perceived Stress Scale score; Resilience = resilience scale score; Instinctiveness, Control, Hesitancy, Thoroughness = subscales of the decision-making scale.

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

Pearson's correlation analysis was conducted to examine the relationships among high-stakes exposure, perceived stress, resilience, and decision-making styles among athlete professionals. Resilience demonstrated a significant positive correlation with high-stakes exposure ($r = .42, p < .05$) and a significant negative correlation with perceived stress ($r = -.73, p < .01$), indicating that athletes with greater resilience reported more frequent exposure to high-stakes situations while experiencing lower levels of perceived stress. Resilience was also positively associated with control ($r = .78, p < .01$), thoroughness ($r = .58, p < .01$), and instinctiveness ($r = .48, p < .05$), suggesting that higher resilience is linked with greater confidence, more systematic decision-making, and increased reliance on intuitive decision-making. No significant association was observed between resilience and hesitancy.

Perceived stress demonstrated significant negative associations with control ($r = -.67, p < .01$), thoroughness ($r = -.70, p < .01$), and instinctiveness ($r = -.46, p < .05$), indicating that athletes experiencing higher levels of stress tended to report lower decision-making control, reduced thoroughness, and lower instinctiveness. High-stakes exposure was positively associated with control ($r = .60, p < .01$) and instinctiveness ($r = .52, p < .01$), suggesting that athletes who frequently encountered high-stakes situations reported greater decision-making control and greater reliance on intuitive decision-making. High-stakes exposure was not significantly associated with hesitancy or thoroughness.

Table 8 Pearson Correlations Between Psychological Predictors and Decision-Making Subscales (Pooled Sample)

Variable	1	2	3
1. High-Stakes Exposure	—		
2. Perceived Stress	.10	—	
3. Resilience	.18*	-.63***	—
4. Instinctiveness	.31**	-.02	.11
5. Control	.30**	-.57***	.72***
6. Hesitancy	.18*	.34***	-.27**
7. Thoroughness	.19*	-.25**	.36***

Note. * $p < .05$. ** $p < .01$. *** $p < .001$.

High-stakes exposure was positively associated with all four decision-making subscales. Specifically, greater exposure to high-stakes situations was related to higher instinctiveness ($r = .31, p < .01$), control ($r = .30, p < .01$), hesitancy ($r = .18, p < .05$), and thoroughness ($r = .19, p < .05$). These findings suggest that individuals who frequently encounter high-stakes situations tend to report stronger engagement across multiple decision-making tendencies.

Perceived stress demonstrated a differential pattern of associations with decision-making subscales. Stress was significantly negatively associated with control ($r = -.57, p < .001$) and thoroughness ($r = -.25, p < .01$), indicating that individuals experiencing higher levels of stress were less likely to feel confident and systematic in their decision-making. In contrast, stress was positively associated with hesitancy ($r = .34, p < .001$), suggesting that greater stress is linked to increased indecision and delay in decision-making. No significant relationship was observed between perceived stress and instinctiveness ($r = -.02, p > .05$).

Resilience was positively associated with control ($r = .72, p < .001$) and thoroughness ($r = .36, p < .001$), indicating that more resilient individuals tend to make decisions with greater confidence and careful evaluation. Resilience was negatively associated with hesitancy ($r =$

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

-.27, $p < .01$), suggesting that resilient individuals are less likely to delay or avoid decisions. The association between resilience and instinctiveness was not significant ($r = .11$, $p > .05$). Among the primary psychological variables, resilience was negatively correlated with perceived stress ($r = -.63$, $p < .001$), indicating that individuals with higher resilience reported lower levels of stress. High-stakes exposure was positively associated with resilience ($r = .18$, $p < .05$) but was not significantly related to perceived stress ($r = .10$, $p > .05$).

Table 9 Multiple Regression Analysis Predicting Hesitancy Among Professionals

Predictor	B	β	t	p	95% CI
Constant	9.29	—	2.84	.005	[2.81, 15.77]
High-Stakes Exposure	0.69	.18	2.07	.040	[0.03, 1.35]
Perceived Stress	0.18	.22	1.99	.048	[0.00, 0.35]
Resilience	-0.15	-.16	-1.43	.155	[-0.35, 0.06]

Model Statistics. $R = .39$, $R^2 = .15$, Adjusted $R^2 = .13$, $F(3, 119) = 7.24$, $p < .001$.

A multiple linear regression analysis was conducted to examine whether high-stakes exposure, perceived stress, and resilience significantly predicted hesitancy among professionals. The overall regression model was statistically significant, $F(3, 119) = 7.24$, $p < .001$, explaining approximately 15% of the variance in hesitancy scores ($R^2 = .15$, adjusted $R^2 = .13$). High-stakes exposure emerged as a significant positive predictor of hesitancy, $\beta = .18$, $t = 2.07$, $p = .040$, indicating that individuals who reported greater exposure to high-stakes situations at work also tended to demonstrate higher levels of hesitancy in decision-making. Perceived stress also significantly predicted hesitancy, $\beta = .22$, $t = 1.99$, $p = .048$, 95% CI [0.00, 0.35]. Because this p-value is close to the .05 threshold and the confidence interval touches zero, this effect is best described as modest rather than as strong as the other significant predictors in the model, suggesting a tentative association between increased stress and greater indecisiveness in decision-making that should be interpreted with some caution. In contrast, resilience did not significantly predict hesitancy, $\beta = -.16$, $t = -1.43$, $p = .155$, after controlling for stress and high-stakes exposure. Overall, the findings suggest that occupational pressure and perceived stress contribute meaningfully to hesitant decision-making styles among professionals.

Table 10 Multiple Regression Analysis Predicting Control Among Professionals

Predictor	B	β	t	p	95% CI
Constant	10.81	—	4.31	< .001	[5.84, 15.77]
High-Stakes Exposure	0.96	.23	3.77	< .001	[0.46, 1.47]
Perceived Stress	-0.24	-.28	-3.56	.001	[-0.38, -0.11]
Resilience	0.51	.51	6.39	< .001	[0.35, 0.67]

Model Statistics. $R = .77$, $R^2 = .59$, Adjusted $R^2 = .58$, $F(3, 119) = 57.70$, $p < .001$.

A multiple linear regression analysis was conducted to examine whether high-stakes exposure, perceived stress, and resilience significantly predicted control in decision-making among professionals. The overall regression model was statistically significant, $F(3, 119) = 57.70$, $p < .001$, accounting for approximately 59% of the variance in control scores ($R^2 = .59$, adjusted $R^2 = .58$). High-stakes exposure significantly and positively predicted control, $\beta = .23$, $t = 3.77$, $p < .001$, indicating that professionals who reported greater exposure to high-stakes situations also demonstrated higher levels of decision-making control. Perceived

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

stress emerged as a significant negative predictor of control, $\beta = -.28$, $t = -3.56$, $p = .001$, suggesting that higher stress levels were associated with reduced control in decision-making processes. Resilience was identified as the strongest positive predictor of control, $\beta = .51$, $t = 6.39$, $p < .001$, indicating that individuals with greater resilience were more likely to exhibit controlled and regulated decision-making patterns. Overall, the findings suggest that resilience and occupational pressure contribute significantly to decision-making control, while elevated stress may impair an individual's ability to maintain control during decision-making situations.

DISCUSSION

In the current study, there are significant differences between the professions with athletes being the outlier. Secondary research supports the findings that law and order professionals operate under high stakes conditions with exposure to stressful situations with traumatized victims, and working under the threat of physical danger to themselves. Research by Jaredic and Radovic (2024) emphasized that police officers are constantly tested in their ability to handle stress. Reese (1986) refined this by characterizing police work as alternating between mundane tasks and other moments when life and death decisions have to be made in split seconds.

Law enforcement professionals often report higher perceived stress than office-style comparison groups, but the pattern is mixed. A study showed that stress for policemen spilled into home life more than office workers. In the study, 15 office workers ($M = 30.9$ yr., $SD = 8.8$) and 15 policemen ($M = 22.8$ yr., $SD = 6.6$) were given a questionnaire about the stresses that they experienced. Thirteen office workers and 14 policemen said that their work was affected by the job-related stresses, a negligible difference. However, 7 of 15 office workers and 14 of 15 policemen acknowledged that job-related stress affected them outside of work, a significant difference (Lester & Mink, 1979)

Karamipour & Beheshti (2015) compared 150 athletes to 150 non-athletes using the Connor-Davidson Resilience Scale. They found that athletes had significantly higher resilience scores than the non-athlete group. Similarly, (Shirvani., 2016) compared 50 non-professional athletes to 50 amateur athletes among military personnel and found meaningful differences in resilience scores with the non-professional athletes scoring lower. On the surface, this goes against our data of corporate professionals showing higher resilience than athletes. A possible explanation of this could be that senior corporate professionals (the sample of the current study), similar to professional athletes, build resilience over their career that starts to mirror that of non-professional athletes. This can be explored further with a stricter definition and control of the survey sample.

In the survey outcomes, there is a hierarchy that emerges across the professions studied. Secondary literature shows that experience, more than choice of profession, might be the more discriminating variable that explains instinctiveness. (Raab & Laborde, 2011) found that among 54 handball players, experts demonstrated faster and better intuitive choices than non-experts. Kobus et al. (2000) showed that 52 highly experienced Marines selected their actions significantly faster than low experienced Marines under high uncertainty conditions. Research by Migheli (2024) provided an alternative interpretation, demonstrating that reaction times in elite swimmers decreased with increased payoffs. This suggests that cognitive processes like assessment of the risk-reward trade-offs also were drivers of reaction time in addition to pure instinct. It is likely that what is perceived as pure instincts

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

and split second reactions could be the result of trained cognitive processing resulting in “muscle memory”.

In the survey, senior corporate professionals demonstrated a significant difference from other groups in terms of control. While there isn't a comparative study of senior corporate professionals and doctors; Sandars et al. (2025) found that doctors possess performance-related psychological characteristics that are similar to athletes. These include factors like motivation, confidence, emotion regulation, and resilience, all of which are useful for maintaining control over performance under stress. In addition, Stefanski et al. (2026) argues that healthcare professionals lack formal acute stress management training comparable to elite athletes' preparation, despite facing similarly high-stakes situations. Elite athletes go through multiple cycles of “train, perform and recover” on an on-going basis. Most other professions do not have this explicit focus on time for training and recovery and are in a constant state of “perform”. This highlights the need for formal allocation of time for training and down-time, and that this might be a driver for better control and superior performance over time.

Hesitancy is the other side of instinctiveness. Secondary research on hesitancy builds on the findings for instinctiveness. The research supports the findings that emergency response and military personnel demonstrate decision hesitancy in high-stakes situations driven by competing goals and fear of negative consequences. This evidence comes from multiple studies across professions. Power and Alison (2017) interviewed 31 emergency commanders (12 police, 15 fire/rescue, 4 ambulance) and identified “decision inertia” i.e. deliberation about negative consequences that prevent timely action. Power and Alison (2018) further characterized this as a cognitively active but behaviorally inactive process where respondents oscillate between assessment of the situation and taking action. The contributing factors are competing motivations to include “first do no harm” approaches with the actions that bring about the upside. This was further developed by a study by Shortland and Alison (2019) where they pointed out that critical situations where the consequences are irreversible and represent a ‘one-way’ door tend to result in sub-optimal decision making by the individual, with the individual selecting a ‘least-worst’ instead of the optimal choice.

There is a high correlation between high stakes exposure, instinctiveness and control in primary research. According to secondary research by Azzara and Grinhauz (2024), all too often in clinical settings, repeated exposure to high-stakes scenarios can lead to more instinctive decision making. When the stakes are high or uncertain, and the patient is suffering emotionally, there may be a shorter time dedicated to the evaluation of options, and more time to immediate reactions to the suffering. An instinctive decision-making style also could exacerbate the stress of those situations. However, the study was cross-sectional and correlational, so it did not establish whether high-stakes exposure causes greater instinctiveness or whether instinctive individuals cause such situations to be seen as more stressful.

Research in Bergeman et al. (2020) found that the effects of control depended on the amount of stress and the effectiveness with this stress was handled. When the stress was dissipated well, it resulted in greater perceived control. This shows that a higher control not only reduced stress exposure, it also helped stress management over time. This protective value of control makes it particularly important for high-pressure situations. In conditions of high-

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

stakes exposure, this finding suggests that individuals with high control will be able to make decisions, influence outcomes and act in manners that are better. However, since the study did not directly measure high-stakes exposure, this is an inferred finding from the study.

Analysis from an exploratory survey in French et al. (1993) established through multiple regression analysis that drivers of 60 years and under who scored lower on thoroughness were at greater risk of a traffic accident and that this relationship was mediated by faster driving. This relationship was independent of age, sex, annual mileage and all other factors measured. It could be inferred from this study that increased thoroughness reduced chances of high-stakes exposure in driving situations. In the primary research, while the correlation is weak, there isn't an inverse relationship.

High perceived stress is significantly associated with instinctive decision making in Gidron et al. (2012). This research found that there is a small to moderate instinct for managers to rely on instinct with increasing levels of stress. This suggests that in high-stakes exposures, managers may shift towards less deliberate decisions without considered assessment of alternatives and instead rely more on instincts. This is counter to the primary findings, where there was a weak correlation between perceived stress and instinctiveness.

In Gidron et al. (2012), higher stress was significantly associated with lower decision-making thoroughness among managers. There was a moderate to negative correlation, indicating that thoroughness generally decreased with increase in stress. This is consistent with the primary research findings. The secondary research also found that this relationship depended on hemispheric preference in the brain.

The results in managers with a right-hemisphere preference showed that greater stress was linked to significantly lower thoroughness. In managers with a left-hemisphere preference, there was no significant linkage between stress and thoroughness. This interaction between stress and hemispheric preference explained an additional 9% of the variation in thoroughness, after accounting for gender, nationality, and stand-alone impacts of stress and hemispheric preference. The findings suggest that stress may not affect all managers' decision-making thoroughness in the same way.

In Meier et al. (2026) the study considered perceived control as a factor for resilience. People with high-control showed less helplessness during an uncontrollable stress task and also showed more flexible stress responses with fewer psychosomatic symptoms and a less external locus of control. Overall, this study supported a positive relationship between control and resilience. The authors present this as a suggestive finding because it was from a specific lab-stress study with a relatively modest sample size of 116 young men. This is similar to the findings from the primary research.

CONCLUSION

High quality decision making is a requirement of daily life across professions. The research, across both primary and secondary sources, was able to validate that high-stakes exposure, perceived stress, and resilience have a significant impact on decision making, in aggregate and on the 4 subordinate variables of control, instinctiveness, thoroughness and hesitancy. Through the survey and a correlation matrix, the research also confirmed that there were significant occupational differences in decision-making styles, including on the 4 key factors of decision-making: instinctiveness, hesitancy, control, and thoroughness.

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

With respect to the study's hypotheses, the findings offer clear support for H1, H2, and H4, and partial support for H3. Consistent with H1, one-way ANOVAs revealed statistically significant occupational differences across all measured variables, perceived stress, resilience, high-stakes exposure, control, hesitancy, and thoroughness, confirming that the professional sector is meaningfully associated with these psychological profiles. In line with H2, correlational analyses in the pooled sample showed that perceived stress, resilience, and high-stakes exposure were each significantly associated with the decision-making dimensions of control, hesitancy, and thoroughness (though not consistently with instinctiveness). H4 was fully supported: perceived stress, resilience, and high-stakes exposure each significantly predicted control in the regression model, with resilience emerging as the strongest predictor. H3 was only partially supported, as perceived stress and high-stakes exposure significantly predicted hesitancy, but resilience did not emerge as a significant predictor of hesitancy once the other two variables were accounted for. Taken together, these results indicate that resilience is more strongly and consistently tied to decision-making control than to hesitancy, whereas stress and high-stakes exposure shape both dimensions.

This research allows us to better understand how decision making is related to exposure to high-stakes situations, perceived stress and resilience. This awareness can aid professionals in these occupations to adopt key lifestyle activities or habits that help them improve the quality of their decision making and elevate their level of performance, as well as improving their own mental state. For example, there could be targeted professional training for healthcare workers for managing stressful situations. Such training could reduce errors and harmful outcomes and a deeper understanding of the factors that lower decision making ability could lead to safeguards such as decision checklists, mandatory second opinions, or other such rules.

Limitations

The present study provides useful comparative information regarding decision-making processes between professions, but it has a number of limitations that must be taken into account when interpreting the results.

First, the results are based on about 30 participants per professional group, which reduces the generalizability and statistical power of the results. Although both the ANOVA and regression models were significant, at this sample size, some profession-specific correlations (such as in the Law & Order subsample) have very wide confidence intervals, and should be interpreted with caution as population estimates rather than exact measures.

Second, all constructs were assessed using a single online instrument at a single time point, with all measures being self-reported. This might increase the likelihood of common-method variance, which is a method variance shared by two or more variables that may result in the apparent strength of associations between variables. Concurrently, the measure of high-stakes exposure was not described in as much detail as the three standardized scales (PSS-10, BRS, DMQ) and future research should detail the psychometrics and item structure of this measure.

Third, the cross sectional and correlational design of the study does not allow any causal interpretations of the relationships observed. Resilience, perceived stress, and high stakes exposure were identified as significant predictors of both hesitancy, as well as control, but it

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

is unclear whether these influences occur as a pathway from resilience to hesitancy or from hesitancy to resilience. That is, it is just as likely that the decreased control over decision making will make professionals feel their work is more stressful, as it is that the stress will decrease control.

Fourth, the four decision making subscales retained (Control, Hesitancy, Thoroughness, and Instinctiveness) were very highly intercorrelated (r 's = .90 - .98) in some of the professional subsamples (specifically, Law & Order), suggesting that the discriminant validity of these subscales may be questioned in more homogeneous occupational samples. This indicates that in some occupations, at least, the DMQ subscales might not have been fully independent constructs, a point to be studied further. Furthermore, since there was a moderate or strong correlation between resilience and perceived stress in the pooled sample ($r = -.63$), the multicollinearity diagnostics (e.g., variance inflation factors) should be reported in addition to regression coefficients to ensure that individual predictors were stable.

Fifth, the sample was intentionally skewed towards more senior people in each occupation, to ensure that people with a great amount of experience of high stakes decision making were captured. This was intentional, but it restricts the generalisation of the findings to early career professionals, who may have varying stress, resilience and decision-making characteristics.

Sixth, the generic occupations employed in this study (such as combining police, army and lawyers into "Law & Order") can mask significant variation within groups. Variations in sub-professions are likely to have varying and different exposures to high stakes and future studies would benefit from greater occupational segmentation.

Lastly, snowball sampling was employed to assess the targeted groups of professionals and could have led to some selection bias because those asking for interviews were not necessarily representative of the profession.

Future Suggestions

Based on the results and constraints of this project, some suggestions are offered for future research.

1. Future studies need to draw larger and more demographically heterogeneous samples (especially those with pre-specified inclusion/exclusion criteria; e.g., years of experience, level of seniority) to enable stronger and more generalizable findings, and to enable more segmentation in the broad occupational categories (e.g., police versus military personnel within Law & Order).
2. There is a need to use a longitudinal or experimental design in future studies to establish a causal relationship between stress, resilience and decision-making style. For example, by tracking professionals over time following a resilience building intervention, it would be determined if there was any evidence that there is a relationship between increases in resilience and increases in control of decisions or decreases in control of decisions.
3. Future research should incorporate behavioral or physiological measures of stress and decision-making (e.g., cortisol, reaction time-based decision tasks, and supervisor ratings) that would reduce the common-method type of self-report data and enhance construct validity.

Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

4. Future studies should explore other subscales of the DMQ that were not analyzed in this study (Social Resistance, Perfectionism and Idealism), as these could provide further understanding of the occupational decision-making styles, especially in occupations that are more interpersonal and ethical sensitive (such as health and legal professions).
5. Due to the multicollinearity observed with different decision-making subscales across some occupations, future research should consider the factor structure of the DMQ within occupational subgroups to help clarify whether the factor structure is present across a variety of professional groups.
6. Future studies should carefully construct and test a multi-item scale for high-stakes exposure by distinguishing exposure frequency, exposure severity and exposure irreversibility as sub-dimensions.
7. Future studies should test specific coping strategies and organizational interventions (e.g., interventions that involve structured training, recovery periods, decision-support tools as checklists or required second opinions) that might buffer the detrimental impact of stress on decision-making, and examine their impact on decision-making and professionals' overall psychological and psychosocial well-being.
8. Future research should extend beyond the individual professional to examine how occupational stress, high-stakes exposure, and resilience affect family members and household dynamics. Professionals in high-pressure occupations often carry the psychological residue of their work home. Investigating outcomes such as family strain, relationship satisfaction, and the wellbeing of spouses or children could clarify whether resilience functions as a buffer not only for the individual professional but also for their family unit, and whether interventions aimed at professionals have downstream protective effects at home.

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Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

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Under Pressure: Occupational Differences in Stress, Resilience, and Decision-Making across High-Stakes Professions

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Conflict of Interest

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