Stress at Work and Health Effects on Hospital Officers and Supervisors

Ashi[1], Dr. nikita Singhal[2]
School of Commerce and Management IIMT University

***Abstract*—The purpose of this study is to identify the causes of job stress and analyze its effects on the health of workers in the healthcare industry of India. Three hundred and fifty healthcare workers were given a structured questionnaire in the cities of Western Uttar Pradesh. Key stressors were identified through the use of exploratory factor analysis (EFA), and significant group differences were found through the use of ANOVA and post hoc tests. The study found that Workload, working conditions, focus, optimism, and future outlook are the five main causes of job stress. Employee health is severely impacted by these stressors, as shown by a rise in medical visits, a rise in health problems, and a decrease in the amount of time spent exercising. The findings of this study also showed that healthcare settings need immediate interventions to manage employee stress. Both the general performance of the company and the health of its employees can be enhanced by early detection and reduction of work-related stressors. This study offers a significant contribution to the literature by examining the relationship between job stressors and health outcomes in the Indian healthcare sector.**

***Index Terms*—Healthcare, Western Uttar Pradesh, employee health, exploratory factor analysis (EFA), job stress, and ANOVA.**

1. INTRODUCTION

About half of Indian workers report feeling stressed out in some capacity in the modern workplace (Bhattacharyya and Basu 2018). Stress at work is becoming a more common feature of organizations in all sectors (Chaudhary & Lodhwal, 2017). Hans Selye originally described stress in 1936 as a state of mental and physical tension resulting from the unexpected disparity between demands and an individual's ability to meet those demands. Although people can handle some stress (Pestonjee 1987), it becomes harmful when it shows up as emotional, social, organizational, or physical issues. The main causes of stress in workers are personality traits and stress-coping mechanisms (Khoury & Analoui, 2010). Common causes of job stress include excessive workloads, a lack of opportunities for advancement, role conflict, and subpar working conditions. According to Shikiieri and Musa (2012), these stressors have a negative impact on workers' physical health; many report illnesses and higher absenteeism. Emotional exhaustion may result from high levels of occupational stress (Kashif et al. 2017), heightened vulnerability to physical harm, hypertension, depression, heart disease, and adverse psychological consequences like anxiety, agitation, and rage (Kirkcaldy et al. 2002a and 2002b). According to Pestonjee and Muncherji (1991), employees are frequently prevented from performing productive work by detrimental stress and anxiety. According to Enshassi et al., organizational initiatives like performance reviews and recreational centers have little effect on reducing employee stress. (2018). In order to improve employee well-being and organizational effectiveness, it is now crucial to comprehend the causes and effects of job stress.

Stress at work has become more widely acknowledged in contemporary literature as a psychosocial hazard. Inefficiencies and systemic failures may cause employees to become more anxious (Pareek 1977). Nonetheless a healthy amount of stress can act as motivation (Satpathy et al. The well-being of employees can be severely harmed by excessive stress which can be caused by a number of things such as a heavy workload job insecurity poor communication a lack of work-life balance unclear roles limited development opportunities strained interpersonal relationships and unrealistic performance targets (Sharma and Singh 2016). Stress is directly linked to a number of health issues including depression high blood pressure weight gain and sleep disturbances (Tyagi and Dhar 2014).

Psychological and physical symptoms like exhaustion headaches eating disorders insomnia and a chronic lack of energy are often associated with stress-related health outcomes (Kirkcaldy et al. (2002a 2002b). Furthermore long-term stress tends to raise employee turnover rates (Boyar et al. 2015) and levels of rage (Aytac 2015). 2012. Earlier studies (Rosenbusch et al. Occupational stress is primarily caused by two factors: workload and a lack of organizational support, according to research by Udod and colleagues (2014) Tyagi and Pathak (2015) and others. (2017). Furthermore, Stressed-out healthcare professionals report higher absenteeism from health-related reasons (Ray et al. (2017). This issue is especially pertinent to hospital departments like the Western Uttar Pradesh Medical Infrastructure and Support Division and the Western Uttar Pradesh State Hospital Services (Kaur & Sharma 2012). Even on holidays and official days off workers at all levels—from entry-level employees to senior management—are frequently expected to perform under extreme pressure in these healthcare-focused positions. Lack of resources increases the risk of occupational stress even more increased risk exposure, and potential hazards (Shrivastava & Patel 2014). Despite a few studies on workplace stress in India, little is known about the human aspects of the healthcare industry, especially how stress impacts the health of workers in vital infrastructure like PSPCL and PSTCL. Therefore, the goal of this study is to investigate the main causes of occupational stress and how they directly affect the health of employees in these kinds of organizations. Investigating the connection between job stress and health outcomes among healthcare workers is the aim of this study, as shown in Figure 1. By bringing attention to this relationship in the Indian context and increasing public and decision-maker awareness of the detrimental effects of job stress on employee health. The findings are anticipated to make a substantial contribution to the body of existing literature.

2. LITERATURE REVIEW

In addition to impairing worker performance, occupational stress has serious psychological repercussions. Stress was highlighted by Singh and Singh (2007) as a key aspect of the contemporary workplace. Their results confirmed that high levels of stress have a negative effect on employee well-being by showing a positive correlation between job stress and mental health. In a study by Wang and colleagues (2011), they found that job stress had an impact on social behavior, especially when it came to interactions between adults and their spouses or kids outside of work hours in 30 dual-earner families. Issues pertaining to leadership have been found to be a significant contributor to workplace stress in India. The most effective method for reducing this kind of stress was determined to be effective communication (Pihlak and Alas 2012). Additionally, George and K. A., using a one-way ANOVA on a sample of 337 According to workers (2015) the stress levels of employees in public and private sector banks differ greatly. Unmanaged job stress can impair a person's ability to perform, decrease workplace productivity, and exacerbate psychological problems like depression, low self-esteem, and disinterest in one's work. The cumulative effects highlight how urgently organizational settings need proactive stress management techniques.

Tudu and Pathak (2014) Stress has been found to be a significant issue in today's workplace for both employers and employees. Male and female bank employees in India reported experiencing significant levels of stress, according to a study that used an ANOVA to measure stress intensity. Furthermore, the results showed a statistically significant correlation between years of service and stress levels, indicating that an individual's workplace stress level is influenced by their length of employment.

Kotteeswari and Sharief (2014) Stress has been found to be a significant issue in today's workplace for both employers and employees. ANOVA was used to measure the level of stress among Indian bank workers, and the results showed that both male and female employees had significant stress levels. Furthermore, a statistically significant result was found. correlation between years of service and stress levels, indicating that an individual's length of employment affects the level of occupational stress they experience.

Wickramasinghe (2016) A study that used structural equation modelling and involved 408 employees in Sri Lanka discovered a direct correlation between career dedication and job stress.. According to the analysis, particular aspects of the workplace led to job stress, which in turn had a detrimental effect on

people's dedication to their careers. According to the study, people need to develop personal skills and competencies such as a greater capacity for ambiguity and uncertainty and a constant learning process, in order to maintain their commitment to their careers.

Krishnamurthy *et al.* (2017) High temperatures at work have been shown to produce thermally stressful conditions that raise the risk of heat-related illnesses and have a negative impact on employees productivity. This problem is especially important in middle- and low-income nations where manual labor plays a significant role in the economy. Employee welfare and health must be given top priority in order to guarantee long-term economic growth.

Smith *et al.* (2018) Path analysis was utilized in a study of 208 fire fighters in the Southeast United States to look into the connection between stress at work work-family conflict and burnout. The results showed that burnout affected safety performance negatively adherence to PPE safety procedures and effective communication and that it was significantly predicted by work-family conflict and work stress. Kaewanuchit and Sawangdee (2018) conducted a related study in which they examined occupational stress as a component of mental health issues. 600 Thai immigrant workers participated in the cross-sectional survey used in the study which revealed that the primary factors contributing to job stress were travel distance pay working conditions and workplace atmosphere.

3. RESEARCH METHODOLOGY

Methodology

1. Research Design:

The goal of this study is to determine the level of job stress that healthcare workers endure and how it affects their physical health by using a descriptive and exploratory research design. With this method the study seeks to give a comprehensive picture of the stress levels that are typical of healthcare industry professionals. It enables a thorough evaluation of the connection between stress at work and different physical health outcomes including headaches exhaustion sleep disorders and other stress-related ailments. Finding the main causes of job stress is the studys main goal in addition to assessing the degree of stress and its physical effects. Long workdays the emotional toll of caring for patients administrative stress a lack of support or understaffing are a few examples. Additionally the study looks into whether stress levels vary depending on factors like years of experience gender age and professional designation. Knowing which groups are more susceptible to stress and could profit from focused interventions is made easier with this.

2. Objectives of the Study

To determine the degree of stress that healthcare workers endure on the job. Using exploratory factor analysis (EFA) determine the primary aspects of job stress among healthcare workers.

To look at how job stress affects a range of health metrics including the number of medical consultations the frequency of illness and the amount of physical activity.

To investigate how healthcare workers perceptions of stressors vary according to their age years of experience and job role.

3. Sampling Method and Sample Size

Respondents were chosen from hospitals and healthcare facilities using a purposive sampling technique. 350 medical professionals—including physicians nurses and support personnel—from government and private institutions spread throughout Uttar Pradesh India made up the final sample.

4. Data Collection Method

A structured questionnaire created especially to assess job stress its causes and its effects on healthcare professionals physical health was used to collect the primary data for the study. The following crucial sections comprised the questionnaire:

Demographic Information: The respondents gender age and professional role were among the demographic details gathered in this section. G. physician nurse and support personnel) as well as years of experience working in the medical field.

Job Stress Scale: This section contained 20 statements about different aspects of job stress including emotional pressure working conditions workload and support networks. In order to gauge how much each statement applied to them respondents were given a 5-point Likert scale with 1 denoting strongly disagree and 5 denoting strongly agree.

Health Indicators: Five quantifiable indicators including the following were included in this section which concentrated on the effects of job stress on physical health.

The number of monthly doctor visits.

The quantity of sickness episodes during a specific time frame. A daily average of physical activity (measured in minutes). The quality and length of sleep.

Modifications to lifestyle or eating patterns.

A group of specialists with backgrounds in academia and healthcare validated the questionnaire to make sure its information was trustworthy understandable and pertinent. The survey was then conducted offline (using paper-based) and online (using Google Forms) to reach a representative and easily accessible sample of respondents.

5. Tools for Data Analysis

The statistical package for social sciences or SPSS version 26 was used to analyze the data. The statistical tools listed below were used.

a. Descriptive Statistics

To present a synopsis and overview of the information gathered from the respondents descriptive statistics were used. It offers descriptive statistics on the participants occupation and demographic profile taking into account factors like age gender job function and work history. In addition to helping to create a baseline understanding of the workforce profile before performing more complex inferential statistical tests this made it easier to find broad patterns and trends within the data.

b. Exploratory Factor Analysis (EFA)

To determine the latent dimensions underlying job stress among hospital employees exploratory factor analysis or EFA was used. To create a more straightforward and understandable structure the factors were extracted and rotated using Principal Component Analysis (PCA) with Varimax rotation. Using Bartletts Test of Sphericity and the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy the datasets suitability for factor analysis was evaluated. The adequacy of the sample was indicated by a KMO value above the suggested threshold of 0. 6 and the statistical significance of the Bartletts test verified that the correlations between the variables were adequate for factor analysis.

During the extraction process factors that had eigenvalues higher than 1. 0 were kept for additional analysis. With loadings above 0. 60 regarded as suggestive of strong association factor loadings were analyzed to identify the items that contributed most significantly to each component. The overall explanatory power of the factor solution was evaluated by calculating the cumulative percentage of variance explained by the factors that were kept. Using SPSS software all analyses were carried out in accordance with accepted standards for the creation of psychometric scales and the validation of constructs.

c. Independent Samples t-test

To determine if there were statistically significant differences in health-related indicators between healthcare workers who were under a lot of stress at work and those who were under a lot of stress an independent samples t-test was used. To guarantee that the t-test application was appropriate the assumptions of normality and homogeneity of variances were evaluated before the test was run. The stress assessment scales predetermined cutoff scores were used to divide the participants into two groups according to their levels of stress. Key health indicators including the frequency of illness episodes the average daily physical activity and the number of monthly medical visits were compared between the low-stress and high-stress groups. Using SPSS software the t-test was performed and significance was assessed at the 0. 05 level. This technique made it possible to identify group differences and comprehend the possible health effects linked to different levels of occupational stress.

d. ANOVA (Analysis of Variance)

One-Way Analysis of Variance (ANOVA)

Based on demographic and occupational characteristics the One-Way Analysis of Variance (ANOVA) was used to assess if there were statistically significant differences in job-related stressors between various groups of healthcare employees. Age years of work experience and job role were the independent variables the mean scores of the identified stressor dimensions were the dependent variables. This approach made it possible to evaluate the variation in perceived stress levels by comparing mean values across more than two groups. The five main stressor factors—workload working conditions focus optimism and future outlook—

extracted from previous factor analysis were analyzed. To guarantee the validity of the results presumptions like the normal distribution of the data and the homogeneity of variances were examined prior to using ANOVA. A significance level of 0. 05 was established to establish the cutoff point for detecting significant group differences in the statistical analysis which was carried out using SPSS software.

4. RESULTS

Table 1: Demographic Profile of Respondents (N = 350)

Demographic Variable	Categories	Frequency (n)	Percentage (%)
Gender	Male	182	51.4%
	Female	150	48.6%
Age	21–30 years	91	25.7%
	31–40 years	132	37.1%
	41–50 years	42	22.9%
	Above 50	52	14.3%
Job Role	Doctors	110	34.3%
	Nurses	120	37.1%
	Technicians/Staff	90	28.6%
Work Experience	<5 years	110	28.6%
	5–10 years	142	40.0%
	>10 years	112	31.4%

A summary of the background traits of the study participants is given in Table 1 Demographic Profile of Respondents (N = 350). Each of the four primary demographic variables—gender age job role and work experience—has associated frequencies and percentages.

In the gender category 150 respondents were female accounting for 48–60% of the sample and 182 respondents were male representing 51–40%. This indicates that participants genders are distributed almost evenly.

The largest age group in the category was those aged 31 to 40 (132 participants 37 percent) followed by those aged 21 to 30 (91 participants 25 percent). Twenty-two percent (80 participants) were between the ages of 41 and 50 and fourteen percent (42 participants) were over 50. This implies that a range of young mid-career and senior professionals are represented in the sample.

The largest percentage of respondents (132 people 37 percent) were nurses followed by doctors (110 people 34 percent) and technicians or staff (90 people 28 percent). This suggests that important healthcare positions are fairly represented.

The most prevalent group of respondents comprising 142 individuals (40 percent) had between five and ten years of work experience. After that there were 132 respondents (31–40 percent) who had over 10 years of experience and 112 respondents (28–60 percent) who had less than five years. This distribution emphasizes that the study sample comprises people at different career stages which improves the findings representativeness.

Table 2: Exploratory Factor Analysis (EFA) – Key Stressors Identified

Factor	Factor Loading	Eigenvalue	% of Variance Explained
Workload	0.81	3.26	22.5%
Working Conditions	0.76	2.70	18.0%
Focus	0.73	2.18	15.6%

Optimism	0.70	1.98	12.3%
Future Outlook	0.68	1.68	10.4%
Total Variance Explained			78.8%

Note: KMO = 0.832, Bartlett's Test of Sphericity = significant at $p < 0.001$

The findings of an exploratory factor analysis (EFA) are shown in Table 2 which identifies five major underlying factors that contribute to job stress in healthcare workers. The factor loading eigenvalue and percentage of variance explained by each factor in the dataset are displayed. Based on statistical analysis the table assists in summarizing the most significant aspects of job stress.

With an eigenvalue of 3.26 a high factor loading of 0. 81 and an accounting for 22. 50 percent of the variance workload was found to be the strongest factor. This suggests that problems like taking on too much work working long hours and having too few employees are significant sources of stress.

With a factor loading of 0.76 and an explanation of 18.00 percent of the variance working conditions appear to have a significant impact on stress levels. These factors include physical environment equipment availability and infrastructure.

With a loading of 0.73 and an explanation of 15.60 percent of the variance the third factor Focus indicated difficulties sustaining focus because of distractions or exhaustion.

With a loading of 0.70 optimism accounted for 12.30 percent of the variance. This dimension most likely captures motivational and emotional elements like outlook and morale.

Finally Future Outlook which reflected worries about job-related expectations stability and career advancement had the lowest factor loading of the five (0.68) but still explained 10.40 percent of the variance.

These five elements work together to explain 78–80% of the variance in job stress suggesting a robust and all-encompassing model. These components appear to adequately capture the primary aspects of occupational stress in the healthcare setting based on the high cumulative variance.

Table 3: Health Impact Indicators of Job Stress

Health Indicator	Low Stress (Mean ± SD)	High Stress (Mean ± SD)	t-value / F-value	Significance (p)
No. of Medical Visits (monthly)	0.8 ± 0.5	2.1 ± 0.9	5.32	0.000***
Frequency of Illness Episodes	1.2 ± 0.6	2.8 ± 1.2	4.77	0.000***
Physical Activity (minutes/day)	45.3 ± 15.2	20.4 ± 8.9	5.12	0.000***

$p < 0.001$ (Highly Significant)

To find out how job stress affects different health indicators among healthcare workers an independent samples t-test was performed. The results are shown in Table 3. Depending on how stressed out they were by their jobs the participants were split into two groups: low stress and high stress. Their mean scores for three important health indicators—number of doctor visits frequency of illness episodes and physical activity—as well as the associated t-values and significance (p-values) are compared in the table:

For monthly medical visits, individuals in the high-stress group reported a significantly higher average (2.1 ± 0.9) compared to those in the low-stress group (0.8 ± 0.5).

The high-stress group also exhibited a higher average frequency of illness episodes (2. 8 ± 1.2) compared to the low-stress group (1.2 ± 0.6) suggesting a higher frequency of health complaints.

Compared to their low-stress counterparts (45.3 ± 15.2 minutes/day) high-stress individuals had significantly lower levels of physical activity (20.4 ± 8.9 minutes/day) indicating a decline in healthy behaviors linked to elevated stress.

The results of all three comparisons were highly significant with p-values less than 0. 001 (p 0. 001) indicated by triple asterisks (***). This suggests that there is strong evidence linking higher levels of job stress to adverse health outcomes. This table illustrates the concrete effects of work-related stress on physical health such as increased medical problems and decreased physical activity.

Table 4: ANOVA Results – Group Differences in Stressors

Stressor	Sum of Squares	df	Mean Square	F	Sig. (p)
Workload	24.57	3	8.18	7.86	0.001**
Working Conditions	17.34	3	6.23	6.24	0.002**
Focus	15.98	3	5.32	4.94	0.004**
Optimism	19.74	3	6.49	6.87	0.001**
Future Outlook	17.82	3	5.92	5.96	0.003**

Note**:** Significant group differences observed across demographic/job role segments.

The findings of a one-way ANOVA (analysis of variance) that was performed to determine whether job stressor levels vary substantially among different demographic or job role groups are shown in Table 4. Workload working conditions focus optimism and future outlook are the five stressor variables that were examined. The table presents the degrees of freedom (df) mean square F-value sum of squares and significance level (p-value) for every stressor.

A significant p-value of 0.001 and a high F-value of 7.86 for workload indicate statistically significant differences in how each group perceives their workload.

There was a notable variation in working conditions as well (F = 6.23 p = 0.002) suggesting that certain job role or demographic segments have worse working conditions than others.

F-value of 4.94 and p-value of 0.004 for the focus factor indicate that there are significant differences in the groups levels of mental clarity or concentration.

Statistically significant group differences were also seen in optimism with F = 6.87 and p = 0. 001.

Lastly Future Outlook showed a p-value of 0.003 and an F-value of 5.96 indicating that different groups had different opinions about future stability or employment opportunities.

As indicated by double asterisks (**) every stressor in the table is statistically significant at p 0. 01. The note at the bottom makes it clear that these notable variations were seen across different job role or demographic groups reaffirming that workers experiences with job stressors vary and are impacted by their individual roles or backgrounds within the company.

5. CONCLUSION

Important new information about the causes of work-related stress in Indian healthcare workers especially during the trying COVID-19 pandemic is provided by this study. Utilizing primary data gathered from 350 healthcare professionals in Western Uttar Pradesh and employing exacting statistical methods like ANOVA t-tests and exploratory factor analysis (EFA) the study pinpoints five major stressors: workload working conditions lack of focus diminished optimism and a pessimistic outlook for the future. An increase in medical consultations a rise in reported illnesses and a decrease in physical activity all show that these stressors have a major and negative effect on healthcare workers health. The healthcare industry urgently needs structured stress-management interventions because these indicators collectively suggest deteriorating physical and possibly mental health. Based on job roles and years of experience the analysis also shows that stress levels differ significantly with younger and less experienced employees reporting higher levels of stress because of workload and uncertainty. These variances highlight the significance of specialized mental health and wellness initiatives that take demographic and role-specific variations into account. In summary this study makes a significant contribution to the body of literature by emphasizing how in high-stakes settings like healthcare occupational stress can jeopardize organizational performance and employee well-being if left unchecked. The results highlight the significance of prompt intervention through enhanced working

conditions better HR procedures mental health assistance and organizational leadership that puts employee welfare first. As a long-term commitment to healthcare human capital these insights can be used as a foundation for institutional strategies and policy changes that aim to create a resilient healthy and productive healthcare workforce in India—not just during pandemics.

REFERENCES

[1] Aytac, S. (2015). The sources of stress, the symptoms of stress, and anger styles as a psychosocial risk at occupational health and safety: A case study on Turkish police officers. Procedia Manufacturing, 3(Ahfe), 6421–6428.

[2] Bhattacharyya, R., & Basu, S. D. (2018). India Inc. looks to deal with rising stress in employees. The Economic Times, 1–5.

[3] Boyar, S. L., Valk, R., Maertz, C. P., & Sinha, R. (2012). Linking turnover reasons to family profiles for IT/BPO employees in India. Journal of Indian Business Research, 4(1), 6–23.

[4] Chaudhary, P., & Lodhwal, R. K. (2017). An analytical study of organizational role stress (ORS) in employees of nationalized banks: A case of Allahabad Bank. The Journal of Management Development, 36(5), 671–680.

[5] Darmody, M., & Smyth, E. (2016). Primary school principals' job satisfaction and occupational stress. International Journal of Educational Management, 30(1), 115–128.

[6] Enshassi, A., Al-Swaity, E., Aziz, A. R. A., & Choudry, R. (2018). Coping behaviors to deal with stress and stressor consequences among construction professionals: A case study at the Gaza Strip, Palestine. Journal of Financial Management of Property and Construction, 23(1), 40–56.

[7] George, E., & Z, K. A. (2015). Job-related stress and job satisfaction: A comparative study among bank employees. The Journal of Management Development, 34(3), 316–329.

[8] Kaewanuchit, C., & Sawangdee, Y. (2018). The comparison of causal relationships of job stress between Thai immigrant employees with and without rearing their aging parents. Journal of Health Research, 32(3), 257–266.

[9] Kalyar, M. N., & Kalyar, H. (2018). Provocateurs of creative performance: Examining the roles of wisdom, character strengths, and stress. Personnel Review, 47(2), 334–352.

[10] Kashif, M., Braganca, E., Awang, Z., & Cyril De Run, E. (2017). You abuse, but I will stay: The combined effects of job stress, customer abuse, and emotional intelligence on employee turnover. The Journal of Management Development, 36(7), 899–914.

[11] Kaur, R., & Sharma, D. M. (2012). Agricultural subsidies in India: A case study of electricity subsidy in the Western UP state: An analysis. International Journal of Scientific and Research Publications, 2(1), 2250–3153.

[12] Khoury, G., & Analoui, F. (2010). How Palestinian managers cope with stress. The Journal of Management Development, 29(3), 282–291.

[13] Kirkcaldy, B. D., Trimpop, R. M., & Williams, S. (2002a). Occupational stress and health outcomes among British and German managers. Journal of Managerial Psychology, 17(2), 491–505.

[14] Kirkcaldy, B. D., Trimpop, R. M., & Williams, S. (2002b). Occupational stress and health outcomes among British and German managers. Journal of Managerial Psychology, 17(6), 491–505.

[15] Kotteeswari, M., & Sharief, S. T. (2014). Job stress and its impact on employees' performance: A study with reference to employees working in BPOs. International Journal of Business and Administration Research Review, 2(4), 18–25.

[16] Krishnamurthy, M., Ramalingam, P., Perumal, K., Kamalakannan, L. P., Chinnadurai, J., Shanmugam, R., & Srinivasan, K. (2017). Occupational heat stress impacts health and productivity in a steel industry in southern India. Safety and Health at Work, 8(1), 99–104.

[17] Lopes, C., & Kachalia, D. (2016). Impact of job stress on job satisfaction of employees working in the banking sector. International Journal of Science Technology and Management, 5(3), 103–115.

[18] Mann, N. (2011). Impact of job stress on employee performance in banking sector

(Master's thesis, Western UPi University, Patiala).

[19] Manshor, A. T., Fontaine, R., & Choy, C. S. (2003). Occupational stress among managers: A Malaysian survey. Journal of Managerial Psychology, 18(6), 622–628.

[20] Mosadeghrad, A. M. (2014). Occupational stress and its consequences: Implications for health policy and management. Leadership in Health Services, 27(3), 224–239.

[21] Pareek, U. (1977). Culture and organization design: proactive or reactive strategy? Vikalpa, 2(4), 303–308.

[22] Pestonjee, D. M. (1987). Executive stress: Should it always be avoided? Vikalpa, 12(1), 23–30.

[23] Pestonjee, D. M., & Muncherji, N. (1991). Executive health: An oft-neglected aspect of HRD. Vikalpa, 16(3), 21–34.

[24] Peterson, J. Z. (2009). Job stress, job satisfaction, and intention to leave among new nurses. Fenxi Huaxue. https://doi.org/10.1017/CBO9781107415324.004

[25] Ratna, R., Chawla, S., & Mittal, R. (2013). Organizational role stress: level of stress, major stressor, and its differences. International Journal of Indian Culture and Business Management, 7(3), 359.

[26] Ray, T. K., Kenigsberg, T. A., & Pana-Cryan, R. (2017). Employment arrangement, job stress, and health-related quality of life. Safety Science, 100, 46–56.

[27] Rosenbusch, K., Cerny, L. J., & Earnest, D. R. (2015). The impact of stressors during international assignments. Cross Cultural Management, 22(3), 405–430.

[28] Satpathy, D. I., Patnaik, D. B. C. M., & Mitra, M. B. (2014). Review of literature—Stress management in the IT sector. Indian Journal of Applied Research, 7(2), 7–9.

[29] Sharma, S. (2015). Occupational stress in the armed forces: An Indian Army perspective. IIMB Management Review, 27(3), 185–195.

[30] Sharma, S., & Singh, J. (2016). Identification of sources of job stress: A study of bank marketing executives. Journal of Organisation and Human Behaviour, 5(2), 23–28.

[31] Shikieri, A. B. El, & Musa, H. A. (2012). Factors associated with occupational stress and their effects on organizational performance in a Sudanese university. Creative Education, 3(1), 134–144.

[32] Shrivastava, R., & Patel, P. (2014). Hazard identification and risk assessment in thermal power plants. International Journal of Engineering Research and Technology (IJERT), 3(4), 463–466.

[33] Silva, N. De, Samanmali, R., & De Silva, H. L. (2017). Managing occupational stress of professionals in large construction projects. Journal of Engineering, Design and Technology, 15(4), 488–504.

[34] Singh, A. P., & Singh, A. K. (2007). Effect of life events stress on mental health of managers: The role of coping. Journal of Indian Health Psychology, 1(2), 205–216.

[35] Smith, T. D., Hughes, K., DeJoy, D. M., & Dyal, M. A. (2018). Assessment of relationships between work stress, work-family conflict, burnout, and firefighter safety behavior outcomes. Safety Science, 103, 287–292.

[36] Tudu, P. N., & Pathak, P. (2014). Diagnosing stress level in employees of the Indian banking sector: A study. Rajagiri Management Journal, 8(1), 51–75.

[37] Tyagi, A., & Dhar, R. L. (2014). Factors affecting the health of the police officials: The mediating role of job stress. Policing, 37(3), 649–664.

[38] Udod, S., Cummings, G. G., Care, W. D., & Jenkins, M. (2017). Role stressors and coping strategies among nurse managers. Leadership in Health Services, 30(1), 29–43.

[39] Wang, S., Repetti, R. L., & Campos, B. (2011). Job stress and family social behavior: The moderating role of neuroticism. Journal of Occupational Health Psychology, 16(4), 441–456.

[40] Wickramasinghe, V. (2016). The mediating effect of job stress in the relationship between work-related dimensions and career commitment. Journal of Health Organisation and Management, 30(3), 408–420.

[41] Yu, S., Gu, G., Zhou, W., & Wang, S. (2008). Psychosocial work environment and well-being: A cross-sectional study at a thermal power plant in China. Journal of Occupational Health, 50(2), 155–162.