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Assessing Occupational Stress Among Doctors: A Regional Analysis from Bagalkote, India

Dr. Brijmohan A. Vyas[1], Miss. Apoorva Soraganvi[2]

[1]Department of Management Studies (MBA), Basaveshwar Engineering College, Bagalkote Karnataka, India
[2]Department of Management Studies (MBA), Basaveshwar Engineering College, Bagalkote Karnataka, India

Abstract:

The study focuses on workplace stress among doctors working in private hospitals in Bagalkote City. It aims to identify key factors contributing to stress, such as work overload, work schedule, workplace relationships, lack of management support, and low remuneration. Data were collected from 125 doctors to assess how these factors affect their mental and physical well-being, job satisfaction, and performance. The findings revealed that excessive workload, irregular schedules, poor workplace relations, inadequate management support, and low pay lead to high stress levels, causing fatigue, anxiety, and reduced efficiency. The study concludes that improving staffing, organizing duty schedules, strengthening communication, and offering fair compensation and wellness programs can significantly reduce stress and enhance doctors' overall job satisfaction and quality of patient care.

Keywords: Stressors, work overload, work schedule, workplace relationships, Lack of management support.

1. Introduction:

Stress is a natural human response to pressure, challenges, or demanding situations. It is the body's way of preparing to deal with threats or difficult conditions, often referred to as the "fight or flight" response. While a certain level of stress can motivate individuals to perform effectively, prolonged or excessive stress can negatively affect both physical and mental health. In the modern world, workplace stress has become a major issue across all professions, influencing employee morale, job satisfaction, and overall productivity. Among all occupations, the medical profession is considered one of the most stressful due to its highly demanding and emotionally intense nature.

Doctors play a critical role in society by providing care and saving lives, often under tremendous pressure. They deal with long working hours, irregular shifts, emergency situations, and the constant responsibility of making accurate and timely medical decisions. In addition to clinical duties, doctors also face administrative responsibilities, patient expectations, and communication challenges, all of which add to their workload. The emotional strain of treating severely ill patients, witnessing suffering, and coping with

patient loss can lead to fatigue, anxiety, and burnout. Over time, these stressors can affect not only their mental and physical well-being but also the quality of healthcare delivery and patient satisfaction.

This study, titled *"*Workplace Stress Among Doctors at Private Hospitals in Bagalkote City", aims to examine the causes, effects, and implications of stress experienced by doctors. The research focuses on five key factors contributing to workplace stresswork overload, work schedule, workplace relationships, lack of management support, and low remuneration**.** It seeks to understand how these factors influence doctors' health, motivation, and job performance. The findings of this study will help highlight the urgent need for hospitals to implement stress management measures such as proper duty scheduling, counselling services, adequate staffing, and fair compensation policies. Reducing workplace stress is not only essential for doctors' well-being but also for improving the overall efficiency and quality of patient care in the healthcare system.

Literature review:

Prevalence of occupational Stress among Doctors and Its Impact on Job Performance (2024) M. Nisa and M. Saranyadevi conducted a study on government doctors in Tamil Nadu's Salem District to examine how occupational stress influences job performance. The research, based on responses from 520 doctors, revealed that high stress levels significantly reduce efficiency and job satisfaction, particularly among those in government hospitals. The study found a clear inverse relationship between stress and performance, highlighting the urgent need for effective stress management strategies at both personal and organizational levels to improve doctors' well-being and the quality of healthcare services.

Managing Workplace Stress: Perspectives from Nursing Staff in Private Hospitals (2023). Brijmohan A. Vyas and Aishwarya R. Kasunde studied stress among nurses in private hospitals, identifying key causes such as long working hours, emotional exhaustion, staff shortages, and poor administrative support. Prolonged exposure to these stressors led to burnout, health problems, and reduced job satisfaction. The study suggests that private hospitals should implement structured stress management programs, mindfulness practices, and supportive work environments to protect nurses' well-being and maintain quality patient care.

Impact of Organisational Stress Factors on Employees of NWKRTC (2023) Brijmohan A. Vyas and Dr. S. C. Patil studied workplace stress among NWKRTC employees, identifying major causes such as rigid hierarchy, job insecurity, long hours, heavy workload, and poor managerial support. These stressors led to physical issues like fatigue and headaches, and behavioural problems such as low morale and absenteeism. The authors highlight the need for wellness programs, supportive leadership, and open communication to improve employee well-being and organisational performance.

Impact of Stress on Employee Perceived Performance: A Case Study of the Cement Industry (2023) Prof. Brijmohan A. Vyas and Supriya Gokavi examined how workplace stress affects employees' performance in the cement industry. Key stressors included heavy workload, tight deadlines, unsafe conditions, unclear roles, and poor managerial support. These factors caused low motivation, absenteeism, and reduced focus. The study highlights the need for counselling, clear communication, and healthy work environments to improve employee well-being and productivity.

Nigerian Resident Doctors' Work Schedule: A National Study (2022) SA Balogun and AE Ubom examined the long and unregulated working hours of Nigerian resident doctors, who work an average of 106.5 hours per week. Surgical residents face even greater demands, often sleeping only four hours due to continuous on-call duties and post-call tasks. This excessive workload leads to severe fatigue, stress, and health issues, while also compromising patient safety. The study emphasizes the urgent need for regulated duty hours to improve doctors' well-being and ensure higher-quality healthcare delivery.

A Study on Job Stress for School Teachers (2013) Ms. Rashmi Ram Hunnur, Mr. Brijmohan Vyas, Dr. S. Sudarshan, Jyoti M. Mathad, and Mr. Piyush Kumar Pareek examined major stressors faced by teachers in modern classrooms. The study identified factors such as heavy workload, administrative duties, parental expectations, poor working conditions, and long schedules as key causes of stress. It highlights the need for stronger support systems and better working environments to reduce teacher stress and improve overall job satisfaction.

Problem statement:

The high levels of stress experienced by doctors in private hospitals have become a growing concern, potentially impacting their physical and mental well-being, as well as their job performance. Despite the critical role doctors play in patient care, the causes of stress, including workload, long hours, and emotional strain, remain poorly understood. Additionally, demographic variables like gender and age, and years of experience may influence the intensity and nature of stress experienced by doctors. This study aims to investigate the causes and effects of stress among doctors in private hospitals, exploring how it affects their health, job satisfaction, and overall effectiveness in providing care.

Objectives of the study:

1. To studythe causes of stress amongthePrivate hospitaldoctors.
2. Tostudytheinfluenceof demographic factorsonfactors causingstress.
3. To analyse the impact of organizational stress factors on workplace stress among Private hospital doctors in Bagalkote city.

Hypotheses

- **H1:**Agesignificantlyaffects thestress levels of doctors.
- **H2:**Gendersignificantlyaffectsthestress levelsof doctors.
- **H3:**Experiencesignificantlyaffects thestresslevels of doctors
- **H4:** Work overload has a significant effect on workplace stress among doctors in private hospitals in Bagalkot City.
- **H5:** Workschedulehasa significant effectonworkplacestress amongdoctors.
- **H6:**Workplacerelationships haveasignificanteffect onworkplacestressamong doctors.
- **H7:**Lackofinstitutionalsupporthasasignificanteffectonworkplacestressamong doctors.
- **H8:** Low remunerationhasasignificanteffectonworkplacestressamong doctors.

Research Methodology

Research type: descriptive research

Data sources:

- **Primary data:** Through the use of structured questionnaires, primary data wasobtained directly from physicians employed by private hospitals.
- **Secondary data:** Research studies

Sample plan:

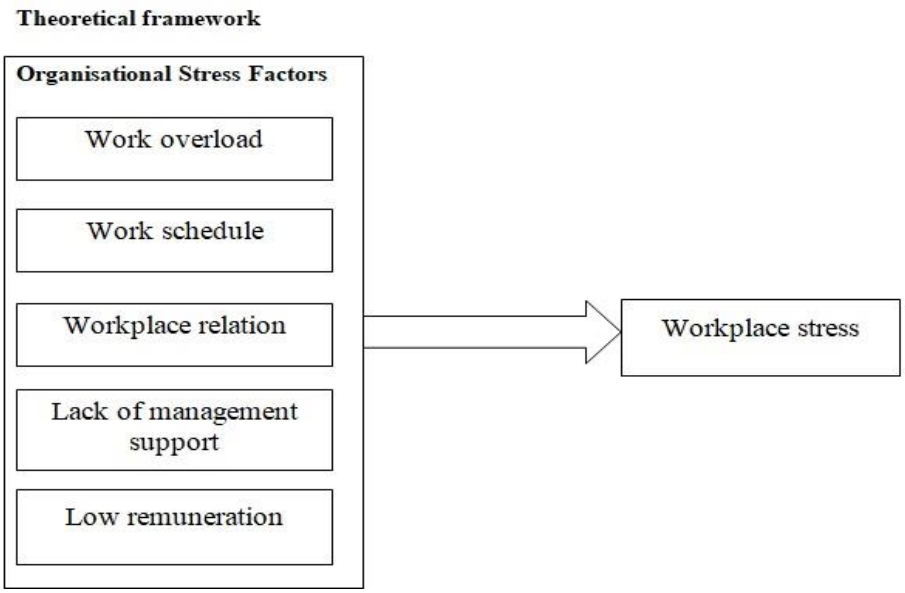
- **Sample frame:** Bagalkote physicians
- **Sample unit:** Kerudi Hospital, HSK hospital, Aski multi-speciality hospital.

Sample size: 125

Sampling technique: convenience sampling

Data analysing tool:

- **Test :**T-test, Anova and regression analysis
- **Software:** MS Excel and SPSS



Scope:

This study assesses workplace stress among doctors in private hospitals in Bagalkot City, focusing on five key factors work overload, work schedule, workplace relationships, lack of support from management, and low remuneration. It includes practicing doctors from various departments in selected hospitals. Data will be gathered using structured questionnaires for quantitative analysis. The study aims to identify major stressors affecting doctors' well-being and provide insights to help hospital administrators and policymakers implement effective strategies to reduce workplacestress and enhance doctors' overall job satisfaction.

Limitations of the study:

- Responses are based on self-reported data, which may be subject to bias or inaccuracies.
- External elements such as one's personal life stressor socio economic conditions are not deeply explored.
- Doctors from BHMS, BAMS, BDS are not considered for the study

H1: Age significantly affects the stress levels of doctors.

ANOVA					
Impact of stress					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	4.647	3	1.549	2.362	.075
Within Groups	79.333	121	.656		
Total	83.980	124			

Table 1

Analysis:

The ANOVA table investigates whether doctors' stress levels are significantly impacted by their age. Data from 125 participants, split up into various age groups, is included in the analysis. The F-ratio, or the ratio of variance between age groups to variance within groups, is 2.362. "Between Groups" has a mean square value of 1.549, while "Within Groups" has a mean square value of 0.656. The significance level (p-value), which is 0.075, is the most important value to take into account.

Interpretation:

P = 0.075, the significance value, is higher than the generally recognised cut-off time for 0.05. This shows that the idea that doctors' stress levels are significantly impacted by their age is not supported by enough statistical data. As a result, the null hypothesis cannot be rejected because the result is not statistically significant. Even though the result is nearly significant, it still implies that doctors' stress levels are not substantially impacted by their age.

H2: Gender significantly affects the stress levels of doctors.

Group Statistics					
	Gender	N	Mean	Std. Deviation	Std. Error Mean
Impact of stress	1	69	3.4812	.79729	.09598
	2	56	3.3286	.85317	.11401

Table 2

Independent Samples Test										
		Levene's Test for Equality of Variances		T-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Impact of stress	Equal variances assumed	.209	.648	1.031	123	.304	.15259	.14798	-.14033	.44550
	Equal variances not assumed			1.024	114.195	.308	.15259	.14903	-.14264	.44782

Table 3

Analysis:

An Independent Samples The t-test was applied to look at how gender affected doctors' stress levels. Doctors in gender group 1 (probably male) have a mean stress score of 3.4812 with a standard deviation of 0.79729, As per the group statistics, while doctors in gender group 2 (probably female) have a mean of 3.3268 with a standard deviation of 0.65317. The significance value of 0.264, which is higher than 0.05, was obtained using Levene's Test for Equitable Treatment of Variances. The results from the first row of the t-test (equal variances assumed) are included into consideration since this shows that the assumption of equal variances is satisfied.

Interpretation:

The p-value (Sig. 2-tailed) of 0.308, which is greater than the standard level of significance of 0.05, was obtained from the t-test for equality of means. This implies that there is no statistically significant variation in the mean stress levels of male and female physicians. Consequently, the null hypothesis cannot be disproved, indicating There is no obvious difference in hat gender impact on doctors' levels of workplace stress. Therefore, the evidence is insufficient to back up the theory H2.

H3: Experience significantly affects the stress levels of doctors

ANOVA					
Impact of stress					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	2.371	3	.790	1.172	.323
Within Groups	81.608	121	.674		
Total	83.980	124			

Table 4

Analysis:

To determine whether work experience significantly affects doctors' stress levels, the ANOVA test was used. The variation in stress scores across various experience levels is displayed in the table. With a within-groups value of 81.608 and a between-groups sum of squares of 2.371, the total is 83.980. There are 121 degrees of freedom (df) within groups and 3 between groups. Between-group mean square values are 0.790, while within-group mean square values are 0.674. The F-value, which calculates the ratio of the variance within groups to the variance between experience groups, is 1.172. The p-value, or significance value, is 0.323.

Interpretation:

The result is not significant in terms of statistics because the significance value of 0.323 is 0.05. This demonstrates that the null hypothesis, based on which doctors' stress levels aren't substantially affected by experience, cannot be rejected. Doctors with varying years of experience do have different stress levels, however, the distinction is not important enough to be statistically significant. Thus, we ascertain from this data that doctors' Stress levels are not significantly impacted by experience.

H4: Work overload has a significant effect on workplace stress among doctors in private hospitals in Bagalkot City.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.385[a]	.148	.141	.76255
A. Predictors: (Constant), Work overload				
Table 5				

Anova[b]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	12.458	1	12.458	21.425	.000[a]
	Residual	71.522	123	.581		
	Total	83.980	124			
A. Predictors: (Constant), Work overload						
B. Dependent Variable: impact of stress						
Table 6						

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.172	.277		7.857	.000
	Work overload	.402	.087	.385	4.629	.000
A. Dependent Variable: impact of stress						
Table 7						

Analysis:

Whether work overload has a significant impact on doctors' workplace stress in Bagalkot City's private hospitals is the hypothesis being tested. A moderately favourable association between stress and work overload is indicated by the Model Summary table's correlation coefficient (R) of 0.385. With a R Square value of 0.148, work overload accounts for 14.8% of the variation in stress levels. Taking into consideration the sample size and number of predictors, the Adjusted R Square is 0.141. The average difference between observed and predicted stress levels is reflected in the estimate's standard error, which is 0.76255.

The regression row in the ANOVA table displays a Mean Square of 12.458 and a Sum of Squares of 12.458 with df = 1. The significance level (p-value) is 0.000 and the F-value is 21.425, both of which are significantly below the 0.05. This indicates that there is statistical significance in the regression model.

The coefficient for work overload is 0.402, and the constant (intercept) is 2.172, according to the coefficients table. The predictor (work overload) is statistically significant, as demonstrated by the t-value = 4.629 and p-value of 0.000. Work overload has a moderately positive impact on stress levels, as The beta value illustrates 0.385.

Interpretation:

It is evident from the data that doctors' workplace stress is statistically greatly influenced by work overload. This relationship is highly significant at the 5% level, as demonstrated by the p-value of 0.000. The positive beta value (0.385) suggests that stress levels rise in tandem with work overload. Work overload is a significant factor influencing doctor stress, even though the model only accounts for 14.8% of the variance in stress levels (R2 = 0.148).

In conclusion, the data is consistent with the hypothesis (H_4) that doctors in Bagalkot's private hospitals feel more stressed out as a result of in large part to work overload. Work overload is undoubtedly a significant and quantifiable contributor to stress, though there may be other factors at play as well.

H5: Work schedule has a significant effect on workplace stress among doctors.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.340[a]	.115	.108	.77719
A. Predictors: (Constant), work schedule				
Table 8				

Anova[b]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	9.684	1	9.684	16.032	.000[a]
	Residual	74.296	123	.604		
	Total	83.980	124			
A. Predictors: (Constant), work schedule						
B. Dependent Variable: impact of stress						
Table 9						

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.412	.260		9.294	.000
	Work schedule	.315	.079	.340	4.004	.000

a. Dependent Variable: impact of stress			
Table 10			

Analysis:

To determine whether work schedules have a significant impact on doctors' workplace stress, a regression analysis was conducted. A moderately positive correlation between work schedule and stress is indicated by the Model Summary's R value of 0.340. With a R Square value of 0.115, doctors' work schedules account for 11.5% of the variation in workplace stress. The number of predictors in the model is taken into account by the Adjusted R Square, which is 0.108. The average difference between observed and predicted values is indicated by the estimate's standard error, which is 0.77719.

With a mean square of 9.684 and df = 1, the regression sum of squares in the ANOVA table is 9.684. The significance value (p-value) is 0.000 and the F-value is 16.032, both of which are significantly below the 0.05 cut-off. This demonstrates the statistical importance of the regression model.

As stated by the Coefficients table, the work schedule has a coefficient of 0.315, a t-value of 4.004, and a significance level of 0.000. The constant (intercept) is 2.412. A moderate standardised effect of work schedule on workplace stress is indicated based on the beta value of 0.340.

Interpretation:

To determine whether work schedule has a significant impact on doctors' workplace stress, regression analysis was done. The work schedule accounts for 11.5% of The difference in workplace stress, based on the R Square value of 0.115. With a significance level (p-value) of 0.000, the ANOVA table displays an F-value of 16.032, which is lower than 0.05. This indicates that there is statistical significance in the regression model. Furthermore, the coefficients table reveals that the work schedule has a standardized beta value of 0.340 and a significance value of 0.000, confirming that work schedule positively and significantly affects workplace stress. Thus, it can be said that the hypothesis is accepted and that doctors' work schedules significantly affect their level of workplace stress.

H6: Workplace relationships have a significant effect on workplace stress among doctors.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.152[a]	.023	.015	.81674
A. Predictors: (Constant), workplace relation				
Table 11				

Anova[b]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1.931	1	1.931	2.894	.091[a]
	Residual	82.049	123	.667		

	Total	83.980	124			
A. Predictors: (Constant), workplace relation						
B. Dependent Variable: impact of stress						
Table 12						

Analysis:

This regression analysis looks at whether relationships at work affect doctors' stress levels. Relationships at work and stress have a weakly positive correlation, according to the Model Summary's R value of 0.152. With a R Square value of 0.023, workplace relationships account for just 2.3% of the variation in workplace stress. Taking into consideration the number of predictors and sample size, the Adjusted R Square is 0.015. The average degree of error in the predicted values is indicated by the estimate's standard error, which is 0.81674.

The sum of squares for regression and residual (error) in the ANOVA table is 1.931 and 82.049, respectively, for a total of 83.980. For regression, the degrees of freedom (df) are 1, and for residual, they are 123. The significance value (Sig.) Is 0.095 and the F-value is 2.804.

Interpretation:

The result is not statistically significant at the 5% level since the p-value (Sig. = 0.095) is higher than 0.05. As a result, the null hypothesis cannot be rejected. Based on the available data, this implies that relationships at work have no discernible impact on doctors' stress levels. Even though there is a slight positive correlation, It isn't statistically significant. Additionally, the R Square value is very low (0.023), indicating that workplace relationships explain only a very small portion of the variation in stress.

In conclusion, the results do not offer sufficient evidence to support the hypothesis, even though it assumes a significant effect. Clarifying the function of workplace relationships in stress management may be possible with further investigation that involves more variables or a larger sample size.

H7: Lack of institutional support has a significant effect on workplace stress among doctors.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.405[a]	.164	.157	.75551
A. Predictors: (Constant), lack of management support				
Table 13				

Anova[b]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	13.771	1	13.771	24.126	.000[a]
	Residual	70.208	123	.571		
	Total	83.980	124			

A. Predictors: (Constant), lack of management support			
B. Dependent Variable: impact of stress			
Table 14			

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.129	.270		7.882	.000
	Lack of management support	.420	.086	.405	4.912	.000
A. Dependent Variable: impact of stress						
Table 15						

Analysis:

This regression analysis looks into whether doctors' workplace stress is significantly impacted by a lack of institutional support. Stress and a lack of assistance have a moderately positive correlation, based on the Model Summary's R value of 0.404. With a R Square of 0.164, the absence of institutional support accounts for 16.4% of the variation in workplace stress. The model is still backed by the slightly lower Adjusted R Square of 0.157. The difference between the expected and real levels of stress is indicated by the Standard The mistake of the Estimate, which is 0.75551.

With a mean square of 13.771 and df = 1, the regression sum of squares in the ANOVA table is 13.771. The significance level (p-value) is 0.000 and the F-value is 24.126, both of which are significantly below the conventional of 0.05 and highly significant. his indicates that the entire model has statistical significance.

As stated by the Coefficients table, the coefficient for Insufficient institutional support is 0.420, and the constant (intercept) is 2.129. This variable is highly significant, as the t-value suggests of 4.911 and the p-value of 0.000. The moderately positive impact of institutional support or lack thereof on stress levels is confirmed by the beta value of 0.404.

Interpretation:

The results unequivocally show that doctors' workplace stress is significantly and favourably impacted by a lack of institutional support. The beta value of 0.404 indicates that stress levels significantly rise as institutional support declines, and the p-value of 0.000 confirms that this connection is extremely statistically significant.

Even though the R2 value is 0.164, which indicates that 16.4% of the fluctuation in stress can be clarified by institutional support, this remains a significant contribution when considering the several elements that may influence workplace stress. This leads to, hypothesis H7 is accepted, and it is established that improved institutional support may contribute to a decrease in physician stress.

H8: Low remuneration has a significant effect on workplace stress among doctors.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.255[a]	.065	.057	.79900
A. Predictors: (Constant), low remuneration				
Table 16				

Anova[b]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	5.457	1	5.457	8.548	.004[a]
	Residual	78.523	123	.638		
	Total	83.980	124			
A. Predictors: (Constant), low remuneration						
B. Dependent Variable: impact of stress						
Table 17						

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.667	.265		10.073	.000
	Low remuneration	.247	.084	.255	2.924	.004
A. Dependent Variable: impact of stress						
Table 18						

Analysis:

To determine whether low compensation (salary) affects doctors' stress levels at work, regression analysis was done. A low to moderately positive association between low compensation and workplace stress is suggested by the Model Summary's R value of 0.255. With a R Square of 0.065, compensation levels account for 6.5% of the variation in workplace stress. The Standard Error of the Estimate is 0.79900 and the Adjusted R Square is 0.057, which show how much the predicted values differ from the actual stress levels.

The significance of the data model is demonstrated by the ANOVA table's F-value of 8.548 and significance level (p-value) of 0.004, both of which are less than 0.05. This suggests that low pay significantly affects stress levels at work.

The unstandardized coefficient (B) for low compensation in the Coefficients table is 0.247, with a t-value of 2.924, a p-value of 0.004, and a standard error of 0.084. There is statistical significance in these values, showing a favourable and noteworthy connection between the dependent variable (workplace stress) and the predictor variable (low remuneration). With a beta value of 0.255, the impact is moderately positive.

Interpretation:

As can be seen from the data that doctors' stress levels at work are greatly impacted by their low pay. The beta value of 0.255 signifies that there is a correlation between elevated stress levels and lower salaries, while the p-value of 0.004 confirms that this relationship is statistically significant.
Remuneration is a significant factor, even though the R2 value (0.065) indicates that it only accounts for 6.5% of the variation in stress. Stress may also be caused by other factors, but pay still has a significant impact. As a result, H8 is approved, and One could say that raising equitable pay may lessen doctors' stress levels at work.

Conclusion:

The study reveals that workplace stress among doctors in private hospitals is a serious and growing concern that affects both their well-being and the quality of patient care. Major factors contributing to this stress include work overload, irregular schedules, poor workplace relationships, lack of management support, and low remuneration. Long working hours, emotional strain, and limited personal time have led to fatigue, anxiety, and decreased focus, ultimately lowering job satisfaction and performance levels among doctors.

The findings highlight that many doctors feel undervalued and unsupported by management, with insufficient recognition and low pay adding to their frustration. Irregular duty schedules further disrupt their work-life balance, leading to both physical and psychological exhaustion. Such persistent stress not only impacts doctors' health but also affects the efficiency and reliability of healthcare services.

To address these challenges, hospitals must prioritize doctors' mental and emotional well-being by ensuring fair workload distribution, structured and predictable duty rosters, open communication, supportive leadership, and regular counselling programs. Providing adequate recognition and fair compensation can greatly enhance motivation and morale. A well-supported and stress-free workforce will not only improve job satisfaction and performance among doctors but also strengthen the overall quality and stability of the healthcare system.

Findings

1. 39% of respondents are in the range of 35 and 40 years, 22% are in the range of 30 and 35 years, 21% are over 40, and 18% are in the range of 25 and 30 years.
2. According to the gender distribution, there is a fair amount of gender diversity in the medical field, with 55% of doctors being men and 45% being women.
3. 39% have 5–10 years of experience, 30% have 1–5 years, 17% have 10–15 years, and 14% have more than 15 years.

4. The P-value of 0.075 suggests that there is no significant correlation between doctors' age and workplace stress.
5. The P-value of 0.308 shows that there is no significant correlation between doctors' gender and workplace stress.
6. The P-value of 0.323 shows that there is no significant correlation between doctors' experience and workplace stress.
7. A significant correlation between doctors' work overload and workplace stress is indicated by a P-value of 0.000.
8. A significant correlation between doctors' work schedules and workplace stress is indicated by the P-value of 0.000.
9. The P-value of 0.091 suggests that there is no significant correlation between doctors' workplace relationships and workplace stress.
10. A significant correlation between doctors' workplace stress and a lack of institutional support is indicated by a P-value of 0.000.
11. A significant correlation between low compensation and workplace stress among physicians is indicated by a P-value of 0.004.

Suggestions:

1. Since many doctors work long hours often more than 60 to 80 hours per week hospitals should hire more doctors and support staff. This will help distribute the workload equitably, reduce stress, and enhance staff satisfaction and patient care quality.
2. Because doctors frequently deal with erratic work schedules and miss significant family occasions due to poor scheduling, hospitals must establish controlled, predictable shift patterns. A significant connection between stress and work schedule highlights the significance of balanced duty rosters for improving leisure and mental health in general.
3. A large number of doctors reported psychological symptoms like anxiety and sleep problems, and many said stress hinders their ability to focus. Hospitals should offer professional counselling, regular stress-relieving workshops, and a stigma-free environment for discussing emotional well-being in order to prevent burnout and improve performance.
4. Many doctors claim they don't get enough assistance for stress-related issues, and a sizable percentage of doctors think management disregards their worries. Hospitals must hold regular feedback sessions, maintain open lines of communication, and demonstrate their responsiveness to staff needs for the purpose of fostering a positive and engaged work environment.

Conclusion:

The study reveals that workplace stress among doctors in private hospitals is a serious and growing concern that affects both their well-being and the quality of patient care. Major factors contributing to this stress include work overload, irregular schedules, poor workplace relationships, lack of management support, and low remuneration. Long working hours, emotional strain, and limited personal time have led to fatigue, anxiety, and decreased focus, ultimately lowering job satisfaction and performance levels among doctors.

The findings highlight that many doctors feel undervalued and unsupported by management, with insufficient recognition and low pay adding to their frustration. Irregular duty schedules further disrupt their work-life balance, leading to both physical and psychological exhaustion. Such persistent stress not only impacts doctors' health but also affects the efficiency and reliability of healthcare services.

To address these challenges, hospitals must prioritize doctors' mental and emotional well-being by ensuring fair workload distribution, structured and predictable duty rosters, open communication, supportive leadership, and regular counselling programs. Providing adequate recognition and fair compensation can greatly enhance motivation and morale. A well-supported and stress-free workforce will not only improve job satisfaction and performance among doctors but also strengthen the overall quality and stability of the healthcare system.

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