



Research Paper

# Beyond the White Coat: Gendered Dimensions of Occupational Stress among Medical Professionals in Himachal Pradesh

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## Abstract

Occupational stress represents a significant challenge within the healthcare sector, especially for medical professionals operating in high-pressure settings. This study investigates occupational stress among medical professionals in government hospitals in Himachal Pradesh, with particular attention to gender differences. Primary data were obtained from 540 respondents, comprising both doctors and nurses. Non-parametric statistical methods were utilized due to the nonnormal distribution of the data. The results reveal substantial gender-based differences in occupational stress: female professionals report higher stress levels attributable to dual role responsibilities, emotional demands, and work-family conflict, whereas male professionals experience stress primarily related to career advancement and financial obligations. The study concludes that gender is a key determinant of occupational stress and advocates for the adoption of gender-sensitive organizational interventions.

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## I. Introduction

The healthcare sector represents a vital and complex component of any economy due to its direct connection to the preservation of human life, productivity enhancement, and societal development (Woodward et al., 2000). Healthcare services differ from other sectors due to their immediacy, unpredictability, and ethical obligations, in which even minor errors can have severe consequences, including loss of life. Consequently, healthcare systems are under constant pressure to provide high-quality, timely, and equitable services (Kluwer, 2022). This intensity underscores the critical importance of healthcare professionals' well-being for both individual health outcomes and the sustainability of the healthcare system. The definition of health has evolved considerably. Early biomedical models defined health narrowly as the absence of disease or infirmity (Wade & Halligan, 2004). Advances in public health and the social sciences have led to a more holistic understanding of health, recognizing it as a multidimensional concept encompassing physical, mental, and social well-being (Schramme, 2023; Negi et al., 2025). This broader perspective has expanded healthcare's scope to encompass prevention, health promotion, and rehabilitation. As a result, increasing attention has been directed toward the health and well-being of healthcare providers, leading to the emergence of occupational health as a field. Occupational health addresses the identification, assessment, and management of workplace hazards and stresses that negatively affect employees' physical and psychological well-being (Jain et al., 2021). Healthcare professions are widely acknowledged as among the most stressful occupations globally. Medical professionals, including physicians, nurses, and paramedical staff, work in environments that require continuous vigilance, rapid decision-making, and high accountability. Their roles expose them to a variety of acute and chronic stressors, such as extended working hours, night shifts, rotating schedules, high patient-to-staff ratios, and frequent exposure to suffering and death (Qtait et al., 2025). Emotional labor is significant in healthcare, as professionals must demonstrate empathy and compassion while maintaining clinical objectivity. Over time, this emotional dissonance can result in psychological strain, compassion fatigue, and burnout. Organizational factors also contribute to occupational stress, including bureaucratic constraints, excessive administrative workload, limited decision-making autonomy, inadequate supervisory support, and unclear role expectations (Alafoo et al., 2024). Healthcare workers may also encounter ethical dilemmas, resource allocation challenges, and conflicts with patients' families, all of which can intensify stress. The digitization of healthcare, while beneficial in many

respects, has introduced challenges such as increased documentation requirements and reduced interpersonal interaction, contributing to cognitive overload (Asgari et al., 2024). These issues are particularly pronounced in developing countries such as India, where public healthcare systems often face significant resource constraints. Government hospitals serve as primary healthcare providers for large segments of the population, especially economically disadvantaged groups, but often face insufficient infrastructure, outdated equipment, overcrowding, and chronic staff shortages (Dubbala et al., 2025). In states like Himachal Pradesh, geographical and environmental factors further complicate these challenges. The hilly terrain, remote settlements, and limited transportation infrastructure hinder access to and delivery of healthcare. Healthcare professionals in these regions often work in isolation with limited support, increasing their workload and stress. The gap between demand and available resources places healthcare workers in ethically and emotionally challenging situations, requiring difficult decisions regarding patient prioritization and care (Kumar et al., 2025; Goel & Mazta, 2007). Emergency situations and limited facilities can heighten anxiety and feelings of inadequacy among professionals. These contextual realities make occupational stress both a personal and systemic issue, reflecting broader structural inefficiencies. Occupational stress in healthcare settings has significant consequences. At the individual level, it can cause physical health problems, including fatigue, sleep disturbances, cardiovascular issues, and weakened immune function. Psychologically, it is associated with anxiety, depression, irritability, and burnout syndrome. Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is particularly prevalent among healthcare workers and is recognized as a major public health concern. At the organizational level, high stress leads to reduced job satisfaction, increased absenteeism, higher turnover rates, and diminished productivity. Occupational stress also directly affects patient care, as it is linked to increased medical errors, compromised decision-making, and reduced quality of service. A critical aspect of occupational stress is the influence of gender, which shapes how stress is experienced, interpreted, and managed (Man et al., 2026). Gender differences in occupational stress result from a complex interplay of biological, psychological, and socio-cultural factors. Female healthcare professionals often face unique challenges due to dual roles in professional and domestic spheres. In many societies, including India, women are expected to bear primary responsibility for household duties, childcare, and caregiving (C & G, 2024). Balancing these responsibilities with demanding professional roles can lead to role conflict, time pressure, and chronic fatigue. Women in healthcare may also encounter workplace-specific challenges such as gender discrimination, unequal pay, limited leadership opportunities, and insufficient institutional support, including maternity benefits and flexible working arrangements (Mussida & Patimo, 2020). These factors can exacerbate stress and impede career progression. Emotional expectations placed on women, such as being nurturing and empathetic, may further increase their emotional labor burden. Male healthcare professionals experience stress influenced by different societal expectations and norms. Men are often viewed as primary breadwinners and are expected to demonstrate professional success, financial stability, and career advancement. These expectations can pressure people to work longer hours, take on greater responsibilities, and pursue upward mobility. Societal norms may also discourage men from expressing vulnerability or seeking psychological help, leading to internalized stress and increased risk of burnout and mental health issues. The intersection of gender and occupational stress underscores the need for nuanced and inclusive research and policy approaches. A uniform strategy is insufficient to address the diverse experiences of healthcare professionals (News-Medical, 2022). Instead, gender-sensitive interventions that consider the specific needs, challenges, and coping mechanisms of both male and female workers are essential. These interventions may include flexible work policies, mental health support services, equitable career development opportunities, and organizational reforms to reduce workload and improve work environments (Sahni et al., 2025). Occupational stress in the healthcare sector is shaped by individual, organizational, and socio-cultural factors. In regions such as Himachal Pradesh, where systemic and geographical challenges are significant, the issue is even more critical. Understanding the role of gender in shaping stress experiences provides valuable insights for developing targeted strategies to enhance the well-being of healthcare professionals and improve the effectiveness of healthcare delivery systems. The study addresses the following research question (RQ):

RQ1. How does gender influence occupational stress among medical professionals working in government hospitals of Himachal Pradesh?

### **Statement of problem**

This study analyses occupational stress among medical professionals in government hospitals of Himachal Pradesh, with particular emphasis on gender differences.

## **II. Review of Literature**

A systematic review of the literature provides insights into the determinants and consequences of occupational stress among medical professionals. Multiple studies indicate that occupational stress in healthcare is influenced by workload, role ambiguity, emotional demands, and organizational factors. Gender has also

emerged as a significant variable affecting stress levels. Rashid and Talib (2015) found that female doctors working in government hospitals reported significantly higher levels of stress than their male counterparts. The study linked this disparity largely to work-life imbalance, where female doctors were expected to manage demanding clinical duties alongside primary household and caregiving responsibilities. In addition, societal expectations pressured women to fulfil traditional roles, even when they held full-time, high-responsibility medical positions. This dual burden often led to emotional exhaustion, reduced job satisfaction, and increased psychological strain (Thakur & Goyal, 2025). Similarly, Devi and Panchanatham (2017) emphasized that gender is a critical factor in determining occupational stress levels among nurses. Their findings revealed that female nurses experienced elevated stress due to the dual responsibilities of balancing professional duties—including patient care, extended shifts, and emotional labor—with domestic obligations. The study further noted that insufficient recovery time among women contributes to chronic stress and burnout. Consistent with these findings, Pal and Saksvik (2008) identified distinct sources of stress for male and female healthcare professionals. Female nurses in India primarily experienced stress resulting from family–work conflict, as competing demands from home and the workplace generated persistent tension. The absence of social and institutional support systems, such as childcare facilities or flexible work arrangements, further exacerbated their stress. Conversely, male professionals were predominantly affected by organizational factors, including limited job control, administrative pressure, and restricted decision-making authority. Furthermore, Loo and Thorpe (2004) focused on female nurse managers and found that they experience particularly high levels of stress due to the complexity of their roles. These roles often involve balancing administrative responsibilities, staff management, and patient care, while also navigating workplace expectations and performance pressures. The study underscored those increased responsibilities without corresponding organizational support, such as leadership training, adequate staffing, or emotional support systems—can significantly heighten stress levels among female managers. Collectively, these studies indicate that female healthcare professionals generally experience higher occupational stress than their male counterparts, primarily due to the interplay of professional demands with societal and familial expectations. The literature underscores the necessity of organizational interventions, including flexible work policies, supportive management practices, and gender-sensitive workplace reforms, to mitigate stress and enhance well-being among women in healthcare. Research on emotional intelligence and coping mechanisms suggests that women are more emotionally engaged in caregiving roles, which heightens their vulnerability to stress. In contrast, male professionals are more likely to experience stress associated with performance and career advancement expectations.

### **III. Methods**

#### **3.1 Sample and data collection**

A quantitative research design is employed to systematically examine occupational stress among medical professionals in government hospitals of Himachal Pradesh, with particular attention to gender-based differences. This approach enables objective measurement of stress levels through standardized tools, converting subjective experiences into quantifiable data suitable for statistical analysis (Dasgupta, 2011). Structured data collection methods, such as questionnaires and standardized stress scales, are utilized to ensure uniformity in participant responses. Such standardization minimizes researcher bias and enhances data reliability and consistency. The use of closed-ended questions and validated instruments allows for straightforward quantification and comparison of responses, especially between male and female medical professionals (Koo & Yang, 2025). The quantitative design facilitates statistical comparison and hypothesis testing. The methodology incorporates a clearly defined sampling framework to ensure systematic and representative participant selection from government hospitals across Himachal Pradesh. Emphasis is placed on objectivity and scientific rigor, with data analysis conducted using statistical software to reduce personal interpretation and base conclusions on numerical evidence. The use of measurable variables, standardized procedures, and replicable methods ensures transparency and verifiability. This methodological approach provides a structured and robust framework for investigating occupational stress, addressing research objectives—particularly the examination of gender-based differences—in a precise, reliable, and evidence-based manner. It contributes to a deeper understanding of stress dynamics among healthcare professionals in government hospitals.

The study is based on primary data collected directly from respondents using a structured questionnaire. The questionnaire was designed to capture various dimensions of occupational stress experienced by medical professionals, including workload, role stress, interpersonal relations, organizational support, and work-family conflict. The respondents of the study included doctors and nurses working in government hospitals of Himachal Pradesh. These participants were selected as they represent the core workforce of the healthcare system and are directly exposed to occupational stress in their day-to-day professional activities. The questionnaire consisted of closed-ended Likert-scale questions that allowed respondents to indicate their level of agreement or disagreement with statements related to occupational stress. This format facilitated the quantification of responses and enabled statistical analysis. Efforts were made to ensure that the questionnaire

was clear, concise, and easy to understand. Confidentiality and anonymity of respondents were maintained to encourage honest and unbiased responses. The data collection process was carried out systematically to ensure accuracy and completeness.

The study includes a total sample of 540 respondents, comprising both male and female medical professionals. This sample size is adequate for statistical analysis and provides a reliable basis for examining gender-based differences in occupational stress. Respondents were drawn from various government hospitals across Himachal Pradesh, ensuring diversity in professional roles and working conditions. Including both doctors and nurses enhances the sample's representativeness and enables a comprehensive understanding of occupational stress in the healthcare sector.

### 3.2 Demographic Profile (Gender)

The demographic profile of respondents was analyzed to determine the distribution of participants by gender. Gender serves as a key variable in this study, forming the basis for comparative analysis of occupational stress.

**Table 1. Respondents' Profile**

Gender	Frequency	Percentage
Male	232	43%
Female	308	57%

**Source:** Authors' Compilation

The data in Table 1 show that among 540 respondents, 232 (43%) are male and 308 (57%) are female. This indicates a greater representation of female medical professionals within the sample. This distribution mirrors workforce patterns in the healthcare sector, where women comprise a substantial proportion, especially in nursing and patient care roles. The predominance of female respondents is consistent with occupational structures, thereby enhancing the external validity of the study. The inclusion of a substantial proportion of male respondents (43%) prevents the sample from being overly skewed. This balanced gender representation strengthens the study by enabling meaningful and statistically reliable comparisons. Consequently, observed differences in occupational stress are more likely to reflect genuine variations between male and female medical professionals rather than sampling bias.

### 3.3 Statistical Tools

Appropriate statistical techniques were used to analyse the collected data systematically and scientifically. The choice of statistical tools was guided by the nature of the data, the measurement scale, and the specific objectives of the study, particularly the examination of gender-based differences in occupational stress. The use of suitable statistical methods ensures that the findings are accurate, reliable, and valid, thereby strengthening the overall credibility of the research.

#### 3.3.1 Normality Test

Before proceeding to inferential statistical analysis, it was essential to determine whether the collected data followed a normal distribution, as this directly influences the selection of appropriate statistical tests. For this purpose, two widely accepted normality tests were applied Kolmogorov-Smirnov (K-S) Test and Shapiro-Wilk (S-W) Test (Gupta et al., 2019).

The Kolmogorov-Smirnov test is commonly used for larger sample sizes and compares the observed distribution of the data with a theoretical normal distribution. On the other hand, the Shapiro-Wilk test is considered more powerful for smaller sample sizes and is widely recommended for detecting deviations from normality (Drezner et al., 2010). The results of both tests revealed that the significance values (p-values) were less than 0.05 for the key study variables. This indicates that the null hypothesis of normality is rejected, meaning that the data do not follow a normal distribution. As a result, the assumptions required for parametric tests-such as the normality of the data-were violated. Therefore, the use of parametric techniques (e.g., t-tests) would not be appropriate, as they could lead to biased or misleading conclusions.

#### 3.3.2 Mann-Whitney U Test

Due to the non-normal distribution of the data, the study utilized the Mann-Whitney U test, a widely recognized nonparametric statistical method, to assess differences between two independent groups. The Mann-Whitney U test is especially appropriate when data are not normally distributed, the sample comprises two independent groups, and the measurement scale is ordinal or continuous but non-normal. Unlike parametric tests, the Mann-Whitney U test does not focus exclusively on mean comparisons; rather, it determines whether the distributions of ranks differ significantly between the groups (Chicco et al., 2025). In this study, the Mann-

Whitney U test was applied to compare occupational stress levels between male and female medical professionals, to determine whether gender significantly influences stress levels, and to identify patterns and disparities in stress distribution between the two groups. By converting raw scores into ranks and comparing these ranks between groups, the Mann-Whitney U test offers a robust approach for detecting differences when data do not satisfy strict statistical assumptions. As normality tests confirmed the data's non-normal distribution, the use of nonparametric methods is both justified and necessary. According to Ghasemi and Zahediasl (2012), nonparametric tests are advantageous because they are less sensitive to violations of normality, can be applied to skewed or irregular distributions, and yield more reliable results with real-world data that often diverges from theoretical models. Furthermore, nonparametric tests are effective in managing outliers and unequal variances, which frequently occur in social science and healthcare research.

Before testing the hypotheses, the study tests the reliability of all the constructs measuring occupational stress using Cronbach Alpha. The value of Cronbach Alpha for all the constructs is greater than 0.7 which confirms the internal consistency.

**Table 2. Reliability testing**

Construct	Cronbach Alpha
Self-role distance	0.903
Inner-role distance	0.897
Role stagnation	0.885
Role isolation	0.897
Role ambiguity	0.904
Role Expectation	0.902
Role overload	0.901
Role erosion	0.865
Resource inadequacy	0.951
Personal inadequacy	0.920

Source: Authors' creation

#### IV. Results

**Table 3. Differences in different components of occupational stress across gender)**

Hypotheses	Categories	Mean Rank	Z	p value	Result
H <sub>1</sub> There is a significant difference in self-role distance of medical professionals in government hospitals across gender.	Male	239.18	-4.002	0.000	Supported
	Female	293.23			
H <sub>2</sub> There is a significant difference in inner-role distance of medical professionals in government hospitals across gender.	Male	220.36	-6.444	0.000	Supported
	Female	293.23			
H <sub>3</sub> There is a significant difference in role stagnation of medical professionals in government hospitals across gender.	Male	231.36	-5.017	0.000	Supported
	Female	299.20			
H <sub>4</sub> There is a significant difference in role isolation of medical professionals in government hospitals across gender.	Male	227.64	-0.498	0.000	Supported
	Female	302.01			
H <sub>5</sub> There is a significant difference in role ambiguity of medical professionals in government hospitals across gender.	Male	222.97	-6.107	0.000	Supported
	Female	305.54			
H <sub>6</sub> There is a significant difference in role expectation conflict of medical professionals in government hospitals across gender.	Male	222.97	-7.026	0.000	Supported
	Female	305.54			
H <sub>7</sub> There is a significant difference in role overload of medical professionals in government hospitals across gender.	Male	221.31	-6.319	0.000	Supported
	Female	306.78			
H <sub>8</sub> There is a significant difference in role erosion of medical professionals in government hospitals across gender.	Male	216.48	-6.954	0.000	Supported
	Female	310.44			
H <sub>9</sub> There is a significant difference in resource inadequacy of medical professionals in government hospitals across gender.	Male	229.75	-5.230	0.000	Supported
	Female	300.41			
H <sub>10</sub> There is a significant difference in personal inadequacy of medical professionals in government hospitals across gender.	Male	274.88	-6.633	0.000	Not Supported
	Female	266.32			

Source: Authors' creation

This study examines whether significant gender differences exist in various components of occupational stress among medical professionals working in government hospitals of Himachal Pradesh. The Mann–Whitney U test results reveal that gender significantly influences most dimensions of occupational stress. A detailed component-wise interpretation is presented below:

#### **4.1 Discussion**

The analysis shows a statistically significant difference between male and female medical professionals in terms of self-role distance ( $Z = -4.002, p = 0.000$ ). Female respondents (Mean Rank = 293.23) scored higher than males (239.18), indicating that women experience greater conflict between their personal values, beliefs, and the roles they are expected to perform in the workplace. This may be attributed to societal expectations and multiple roles demands, where female professionals often balance both professional and domestic responsibilities, leading to increased psychological strain. Hence, the study accepts  $H_1$ . highly significant difference is observed in inner-role distance ( $Z = -6.444, p = 0.000$ ), with females (Mean Rank = 293.23) reporting higher stress than males (Mean Rank = 220.36). This suggests that female medical professionals face more inconsistencies within their job roles, possibly due to unclear expectations or conflicting responsibilities within the same role. Such internal role conflict can reduce job satisfaction and increase emotional exhaustion. Hence, the study accepts  $H_2$ . The results indicate a significant gender difference in role stagnation ( $Z = -5.017, p = 0.000$ ). Female professionals (Mean Rank = 299.20) reported higher levels than males (231.36), suggesting that women feel more restricted in career growth and advancement opportunities. This may reflect structural barriers, limited promotions, or perceived inequality in career progression within government healthcare settings. Hence, the study accepts  $H_3$ . Role isolation also shows a statistically significant difference ( $Z = -0.498, p = 0.000$ ), with females (Mean Rank = 302.01) experiencing greater isolation than males (Mean Rank = 227.64). This implies that female professionals may feel less supported or less integrated within their professional environment, possibly due to gender biases, lack of mentoring, or limited inclusion in decision-making processes. Hence, the study accepts  $H_4$ .

The findings reveal a significant difference in role ambiguity ( $Z = -6.107, p = 0.000$ ). Female respondents (Mean Rank = 305.54) reported greater ambiguity than male respondents (Mean Rank = 222.97), indicating that women face greater uncertainty about job responsibilities, expectations, and performance criteria. This lack of clarity can lead to confusion, reduced efficiency, and increased stress. Hence, the study accepts  $H_5$ . A big, significant difference is found in role expectation conflict ( $Z = -7.026, p = 0.000$ ). Females (Mean Rank = 305.54) again report higher stress than males (222.97), suggesting they face more conflicting demands from supervisors, colleagues, patients, and family. This reflects the challenge of meeting multiple expectations simultaneously, which can intensify occupational stress. Hence, the study accepts  $H_6$ . The analysis shows a significant gender difference in role overload ( $Z = -6.319, p = 0.000$ ), with females (Mean Rank = 306.78) experiencing greater role overload than males (Mean Rank = 221.31). This suggests that female medical professionals perceive themselves as having excessive responsibilities or insufficient time to complete tasks effectively, which may lead to burnout and fatigue. Hence, the study accepts  $H_7$ .

Role erosion also demonstrates a significant difference ( $Z = -6.954, p = 0.000$ ). Females (Mean Rank = 310.44) scored highest across all components, indicating that they feel their roles are less important or have been taken over by others. This may reflect issues such as a lack of recognition, underutilization of skills, or perceived workplace marginalization. Hence, the study accepts  $H_8$ . There is a significant gender difference in resource inadequacy ( $Z = -5.230, p = 0.000$ ), with females (Mean Rank = 300.41) reporting greater stress than males (Mean Rank = 229.75). This indicates that female professionals perceive a greater lack of necessary resources, such as equipment, staff support, or institutional facilities, which can hinder job performance and increase frustration. Hence, the study accepts  $H_9$ . In contrast to other components, personal inadequacy shows no significant gender difference ( $Z = -0.633, p = 0.000$ ; not supported). Although males (Mean Rank = 274.88) scored slightly higher than females (266.32), the difference is not statistically meaningful. This suggests that both male and female medical professionals have similar perceptions of their personal competence, skills, and abilities, indicating that gender does not influence self-confidence or perceived capability in this context. Hence, the study accepts  $H_{10}$ .

#### **V. Conclusion**

This study offers a comprehensive analysis of occupational stress among medical professionals in government hospitals of Himachal Pradesh, with a specific focus on gender-based differences. The results demonstrate that occupational stress is a multidimensional and pervasive issue in the healthcare sector, shaped by the interplay of organizational, professional, and socio-cultural factors. One of the most significant contributions of this study is identifying gender as a key determinant of occupational stress. The empirical results, based on nonparametric statistical analysis, reveal that female medical professionals experience significantly higher levels of stress across most dimensions, including self-role distance, inter-role conflict, role

stagnation, role overload, and resource inadequacy. These findings highlight that women in healthcare are disproportionately affected by stress due to dual role responsibilities, where professional obligations are compounded by societal expectations related to family and caregiving roles. The pressure to balance these competing demands often leads to emotional exhaustion, role conflict, and reduced well-being. Male professionals, while also experiencing occupational stress, tend to encounter it in relation to organizational and career-related factors, such as job control, career advancement, and financial responsibilities. The study finds no significant gender difference in personal inadequacy, indicating that both male and female professionals demonstrate comparable confidence in their skills and abilities. Therefore, the observed gender differences in stress are attributable to external pressures and structural conditions rather than differences in competence. The study also underscores the role of institutional and environmental challenges in intensifying occupational stress. Factors such as heavy workload, staff shortages, inadequate resources, and unclear role expectations contribute significantly to stress levels among healthcare professionals. In Himachal Pradesh, these challenges are further exacerbated by geographical constraints, limited infrastructure, and accessibility issues, which increase the burden on medical staff and create additional operational difficulties. From a methodological perspective, the study demonstrates the necessity of employing appropriate statistical techniques. The application of normality tests and the Mann–Whitney U test ensured analytical accuracy and reliability, given the non-normal distribution of the data. This approach enhances the validity of the findings and supports robust conclusions regarding gender differences in occupational stress. In summary, the study concludes that occupational stress among medical professionals is a systemic and gender-sensitive issue that necessitates targeted interventions. The findings underscore the urgent need for organizational reforms, including workload management, improved resource allocation, clearer role definitions, and supportive work environments. Additionally, there is a critical need for gender-sensitive policies, such as flexible work arrangements, childcare support, mental health services, and equitable career development opportunities.

In conclusion, addressing occupational stress in the healthcare sector requires a holistic and inclusive approach that recognizes the distinct experiences of male and female professionals. By implementing supportive and equitable workplace practices, healthcare institutions can enhance their workforce's well-being, improve job satisfaction, and ultimately ensure better-quality patient care and organizational effectiveness.

## **VI. Future research Direction**

Although the present study provides valuable insights into gender-based differences in occupational stress among medical professionals, considerable opportunities remain for further research to enhance and expand understanding in this field. Subsequent research could broaden the contextual scope by including medical professionals from private healthcare institutions, which typically function under distinct administrative structures, performance expectations, and resource allocations compared to government hospitals. Comparative analyses between public and private healthcare sectors would yield a more comprehensive understanding of occupational stress and facilitate the identification of sector-specific stressors. Furthermore, extending research across various states or regions of India would enable examination of geographical, cultural, and infrastructural differences, thereby improving the generalizability of findings. Another important direction is the integration of qualitative research methods, such as in-depth interviews, focus group discussions, and case studies. While quantitative data provide measurable patterns, qualitative approaches can uncover the lived experiences, emotions, and personal coping narratives of healthcare professionals. This mixed-methods approach would offer a richer, more nuanced understanding of how occupational stress is perceived and managed in real-life contexts. Future research should also adopt a longitudinal design to track changes in occupational stress over time. Unlike cross-sectional studies, longitudinal studies can capture trends, causal relationships, and long-term effects of stress, including burnout, job satisfaction, and mental health outcomes. This would be particularly useful in understanding how stress evolves with career progression, organizational changes, or life transitions. Additionally, future studies should examine further influencing variables, including organizational support systems, leadership styles, workplace culture, and individual coping strategies. Investigating the impact of supportive leadership, effective communication, and positive work environments on stress reduction can yield actionable insights for healthcare management. Similarly, analysing both adaptive and maladaptive coping mechanisms can inform the development of targeted mental health interventions.

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