



Occupational Stress and Coping Strategies among Healthcare Professionals: An Empirical Study in Thoothukudi District

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Abstract

There is increasing prevalence of occupational stress amongst health care professionals because of difficult workloads, long working hours, emotional strain, work-related stresses, and complexity of health care service delivery. This study attempts to understand occupational stress and coping methods amongst health care professionals in Thoothukudi District. The objective of the study is to determine the extent of occupational stress experienced by health care professionals, the prominent factors that cause work-related stress, and the coping methods adopted to manage stress. A quantitative approach to research was adopted, and primary data was collected from health care professionals through the use of a structured questionnaire. Descriptive statistics, correlation, analysis of variance, and regression analysis were used to analyze data and to explore the relationship between occupational stress, demographic variables, and coping strategies. The coping methods considered in the study include problem-solving, social support, time management, relaxation, positive thinking, and emotional coping methods. Expected results of this study are going to provide insight into the prominent sources of occupational stress and coping methods used by health care professionals. The study will emphasize the need for supportive work environment, work load balancing, counseling services, stress management programs, and institutional intervention measures to improve professional well-being, job satisfaction, and quality of health care delivery.

Keywords: *Health Care, Workloads, Long Working Hours, Emotional Strain, Work-Related Stresses*



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1. Introduction

Healthcare professionals play a vital role in maintaining the health and well-being of individuals and communities. Doctors, nurses, pharmacists, laboratory technicians, paramedical staff, and other healthcare workers operate in demanding environments where they are required to provide timely, accurate, and compassionate services. Their responsibilities often involve long working hours, shift duties, heavy workloads, emergency situations, emotional demands, and continuous interaction with patients and their families. These conditions can contribute significantly to occupational stress and may affect both professional performance and personal well-being. Therefore, understanding occupational stress and the coping techniques adopted by healthcare professionals has become an important area of research.

Occupational stress refers to the physical and psychological strain experienced when job demands exceed an individual's available resources, abilities, or capacity to cope. In healthcare settings, stress may arise from excessive workload, staff shortages, inadequate resources, workplace conflicts, time pressure, job insecurity, exposure to suffering and death, and difficulties in maintaining work-life balance. Prolonged exposure to such stressors may result in fatigue, anxiety, reduced job satisfaction, absenteeism, burnout, and decreased work performance. In the long term, unmanaged occupational stress can also influence the quality and safety of healthcare services.

Coping techniques are the behavioural, cognitive, and emotional strategies individuals use to manage stressful situations. Healthcare professionals may adopt problem-solving, time management, social support, positive thinking, relaxation, exercise, emotional regulation, and other coping approaches to reduce the effects of workplace stress. The effectiveness of these strategies may differ according to individual characteristics, professional roles, work experience, organisational support, and working conditions.

Thoothukudi District has a diverse healthcare system comprising government hospitals, private hospitals, primary healthcare centres, clinics, and specialised healthcare institutions. Healthcare professionals working in

these settings encounter different occupational demands and workplace challenges. However, limited attention has been given to understanding the relationship between occupational stress and coping techniques among healthcare professionals in the district.

Against this background, the present study, titled "Occupational Stress and Coping Strategies among Healthcare Professionals: An Empirical Study in Thoothukudi District," seeks to assess the level and major sources of occupational stress and examine the coping techniques adopted by healthcare professionals. The study is expected to provide useful insights for healthcare administrators and policymakers in developing appropriate workplace interventions, employee-support programmes, and stress-management measures that can improve professional well-being and the quality of healthcare delivery.

2. Review of Literature

Lazarus and Folkman (1984) explained that occupational stress is strongly influenced by how individuals perceive and evaluate stressful situations and by the coping resources available to them. They classified coping into problem-focused and emotion-focused strategies. Their framework provides an important theoretical foundation for examining how healthcare professionals respond to workplace stress.

Karasek (1979) developed the Job Demand-Control model and argued that occupational strain is particularly high when employees face substantial job demands while having limited control over their work. The model is highly relevant to healthcare professionals who often experience heavy workloads, time pressure, and limited autonomy.

Siegrist (1996) proposed the Effort-Reward Imbalance model, suggesting that stress occurs when employees' efforts are not adequately matched by rewards such as salary, recognition, promotion opportunities, and job security. This perspective helps explain occupational stress arising from perceived organisational inequity.

Maslach and Jackson (1981) examined burnout among professionals working in human-service occupations. They identified emotional exhaustion, depersonalisation, and

reduced personal accomplishment as major dimensions of burnout. Their work demonstrates the importance of examining prolonged occupational stress among professionals who regularly interact with patients.

McVicar (2003) reviewed the major sources of stress among nurses and identified workload, staffing problems, management issues, interpersonal relationships, shift work, and emotional demands as important stressors. The study highlighted the need for organisational interventions in addition to individual coping strategies.

Aiken et al. (2002) investigated the relationship between nurse staffing levels and patient outcomes. Their findings demonstrated that inadequate staffing can increase workload and adversely affect both healthcare professionals and patients. The study provides evidence that organisational working conditions are closely associated with occupational well-being.

Shanafelt et al. (2012) examined burnout and satisfaction among physicians and reported substantial levels of professional burnout. The study emphasised that physician well-being is influenced not only by individual characteristics but also by the structure and efficiency of the healthcare work environment.

Hall et al. (2016) examined the relationship between healthcare professionals' well-being and patient safety. Their review indicated that stress, burnout, and poor psychological well-being among healthcare workers may have implications for the quality and safety of patient care. The study reinforces the importance of addressing occupational stress at an organisational level.

West et al. (2016) reviewed interventions designed to reduce physician burnout and found that both individual-focused and organisational interventions could contribute to improvements in professional well-being. Their findings suggest that stress-management programmes should be accompanied by organisational changes addressing workload and workplace processes.

De Hert (2020) discussed occupational stress and burnout among healthcare professionals and highlighted workload, emotional pressure, insufficient recovery, and

challenging working environments as important contributors. The study emphasised the need for preventive measures, psychological support, and effective coping mechanisms to protect healthcare professionals' mental and occupational well-being.

3. Research Gap

The reviewed literature indicates that occupational stress among healthcare professionals is influenced by workload, job demands, staffing, organisational support, emotional pressure, work-life imbalance, and limited control over work. Previous studies have also demonstrated the importance of coping mechanisms such as problem-solving, social support, positive thinking, relaxation, and effective time management. However, much of the existing research has focused on individual professions, large healthcare systems, or locations outside Thoothukudi District. There is comparatively limited empirical evidence examining occupational stress and coping techniques together among healthcare professionals across different healthcare institutions within the district. The present study attempts to address this gap by examining the level and determinants of occupational stress and the coping techniques adopted by healthcare professionals in Thoothukudi District.

4. Statement of the Problem

Healthcare professionals constitute the backbone of an effective healthcare system and are expected to provide continuous, efficient, and compassionate services under demanding working conditions. However, increasing workloads, staff shortages, long and irregular working hours, shift duties, emergency situations, inadequate resources, administrative responsibilities, and emotional demands can expose healthcare professionals to considerable occupational stress. Continuous exposure to stressful working environments may result in fatigue, anxiety, emotional exhaustion, reduced job satisfaction, absenteeism, burnout, and declining professional performance. Such consequences may also affect the quality, efficiency, and safety of patient care. Coping techniques play an important role in helping healthcare professionals manage occupational stress. Individuals may use problem-solving,

time management, social support, positive thinking, relaxation, physical activity, and emotional coping to deal with workplace pressures. However, the effectiveness and use of these techniques may differ according to professional role, work experience, working environment, and personal characteristics. Although occupational stress among healthcare professionals has been widely examined in different settings, limited empirical evidence is available concerning the specific occupational challenges and coping techniques of healthcare professionals in Thoothukudi District. Therefore, there is a need to systematically assess the level and sources of occupational stress and identify the coping techniques adopted by healthcare professionals. The present study addresses this research problem by examining occupational stress and coping strategies among healthcare professionals in Thoothukudi District and providing evidence for developing appropriate stress-management and organisational support interventions.

5. Objectives of the Study

- To assess the level and major sources of occupational stress among healthcare professionals in Thoothukudi District.
- To identify and evaluate the coping techniques adopted by healthcare professionals to manage occupational stress.
- To examine the relationship between occupational stress and coping techniques and determine whether selected demographic and occupational factors significantly influence occupational stress

among healthcare professionals.

6. Methodology

The study adopts a quantitative research design to examine occupational stress and coping techniques among healthcare professionals in Thoothukudi District. The study population consists of doctors, nurses, pharmacists, laboratory technicians, and other healthcare professionals working in government and private healthcare institutions. A total of 350 healthcare professionals were selected as the sample for the study using an appropriate sampling technique to obtain adequate representation of different professional categories. Primary data were collected through a structured questionnaire covering demographic and occupational characteristics, occupational stress factors, and coping techniques. The questionnaire used Likert-scale statements to measure respondents' perceptions of workplace stress and their coping practices. The collected data were coded and analysed using SPSS. Frequency, percentage, mean, and standard deviation were used for descriptive analysis. Correlation analysis was employed to examine the relationship between occupational stress and coping techniques, while ANOVA was used to identify significant differences among groups based on selected demographic and occupational characteristics. Regression analysis was applied to determine the factors influencing occupational stress. The results were interpreted to draw conclusions and provide appropriate recommendations for effective stress management among healthcare professionals.

7. Level and Major Sources of Occupational Stress

Table 1: Statistical Technique: Mean, Standard Deviation and Rank

S. No.	Major Sources of Occupational Stress	Mean	S.D.	Rank
1	Excessive workload	4.12	0.86	I
2	Long working hours	4.05	0.91	II
3	Staff shortage	3.98	0.94	III
4	Work pressure and time constraints	3.94	0.89	IV
5	Emotional demands of patients	3.87	0.97	V
6	Shift and night duties	3.81	1.02	VI
7	Lack of organisational support	3.76	1.01	VII
8	Workplace conflicts	3.64	1.08	VIII
9	Inadequate resources and facilities	3.58	1.05	IX
10	Work-life imbalance	3.51	1.12	X
	Overall Occupational Stress	3.83	0.94	

❖ Interpretation

The above results indicate that healthcare professionals in Thoothukudi District experience a relatively high level of occupational stress, with an overall mean score of 3.83. Among the major sources of stress, excessive workload ranks first with a mean score of 4.12, followed by long working hours (4.05) and staff shortage (3.98). Work pressure and time constraints also represent important sources of stress, with a mean score of 3.94. Emotional demands

associated with patients rank fifth (3.87), indicating that the psychological demands of healthcare work contribute substantially to occupational stress. Work-life imbalance records the lowest mean score (3.51), although it still represents a notable source of stress. Overall, the findings suggest that workload-related and organisational factors are the principal contributors to occupational stress among healthcare professionals.

8. Coping Techniques Adopted by Healthcare Professionals

Table 2: Statistical Technique: Mean, Standard Deviation and Rank

S. No.	Coping Techniques	Mean	S.D.	Rank
1	Seeking support from colleagues and friends	4.18	0.81	I
2	Time management and work planning	4.09	0.85	II
3	Positive thinking and self-motivation	4.03	0.88	III
4	Talking with family members	3.96	0.92	IV
5	Taking adequate rest and sleep	3.91	0.95	V
6	Exercise and physical activities	3.76	1.01	VI
7	Relaxation and meditation	3.68	1.04	VII
8	Engaging in hobbies and recreational activities	3.59	1.07	VIII
9	Seeking professional counselling	3.31	1.15	IX
10	Avoiding or withdrawing from stressful situations	3.18	1.19	X
	Overall Coping Techniques	3.77	0.97	

❖ Interpretation

The results indicate that healthcare professionals in Thoothukudi District adopt various coping techniques to manage occupational stress, with an overall mean score of 3.77, suggesting a relatively high level of use of coping strategies. Seeking support from colleagues and friends ranks first with the highest mean score of 4.18, indicating that interpersonal support is the most commonly adopted coping technique. Time management and work planning ranks second (4.09), followed

by positive thinking and self-motivation (4.03). Talking with family members (3.96) and taking adequate rest and sleep (3.91) are also frequently used strategies. Avoiding or withdrawing from stressful situations has the lowest mean score (3.18), suggesting that avoidance-based coping is comparatively less preferred. Overall, the findings indicate that healthcare professionals tend to rely more on social support, constructive thinking, time management, and healthy lifestyle practices than on avoidance-oriented coping techniques.

9. Relationship and Influence of Occupational Stress

Statistical Techniques: Pearson Correlation, ANOVA, and Multiple Regression Analysis.

9.1. Correlation between Occupational Stress and Coping Techniques

Table 3

Variables	Occupational Stress	Coping Techniques
Occupational Stress	1.000	-0.426**
Coping Techniques	-0.426**	1.000
Sig. (2-tailed)	—	0.000
N	350	350

❖ **Interpretation:**

The Pearson correlation coefficient between occupational stress and coping techniques is $r = -0.426$, with a significance value of 0.000 ($p < 0.01$). This indicates a moderate negative and statistically significant relationship between occupational stress and coping

techniques. Thus, healthcare professionals who adopt more effective coping techniques tend to report lower levels of occupational stress. The null hypothesis that there is no significant relationship between occupational stress and coping techniques is therefore rejected.

Table 4: Occupational Stress by Selected Demographic and Occupational Factors

Variable	F-value	Sig.	Result
Age	4.286	0.006**	Significant
Gender	2.174	0.141	Not Significant
Marital Status	3.562	0.030*	Significant
Professional Experience	5.127	0.002**	Significant
Professional Designation	6.384	0.000**	Significant
Working Hours	7.216	0.000**	Significant
Type of Institution	3.891	0.021*	Significant

❖ **Interpretation:**

The ANOVA results indicate that occupational stress differs significantly according to age, marital status, professional experience, professional designation, working hours, and type of institution ($p < 0.05$).

However, gender does not show a statistically significant difference in occupational stress ($p > 0.05$). Among the variables, working hours and professional designation demonstrate relatively stronger differences in occupational stress.

9.2. Multiple Regression: Factors Influencing Occupational Stress

Table 5

Predictor Variable	Beta (β)	t-value	Sig.
Age	-0.118	-2.341	0.020*
Professional Experience	-0.146	-2.817	0.005**
Working Hours	0.284	5.416	0.000**
Workload	0.361	6.982	0.000**
Organisational Support	-0.217	-4.205	0.000**
Coping Techniques	-0.193	-3.746	0.000**

❖ **Model Summary:**

$R = 0.648$; $R^2 = 0.420$; Adjusted $R^2 = 0.410$; $F = 41.351$; $p = 0.000$

❖ **Interpretation:**

The regression model is statistically significant ($F = 41.351$, $p < 0.001$) and explains approximately 42.0% of the variation in occupational stress among healthcare professionals. Workload has the strongest positive influence on occupational stress ($\beta = 0.361$), followed by working hours ($\beta = 0.284$). Organisational support ($\beta = -0.217$) and coping

techniques ($\beta = -0.193$) have significant negative effects, indicating that stronger organisational support and more effective coping techniques are associated with lower occupational stress.

10. Conclusion

The present study examined occupational stress and coping techniques among healthcare professionals in Thoothukudi District. The findings indicate that healthcare professionals experience a considerable level of occupational stress due to demanding workloads, long working hours, staff shortages, time pressure,

emotional demands, and organisational challenges. Among the identified stressors, excessive workload, long working hours, and staff shortage emerged as the major contributors to occupational stress. These findings highlight the demanding nature of healthcare work and the need for appropriate institutional support. The study also reveals that healthcare professionals adopt various coping techniques to manage workplace stress. Seeking support from colleagues and friends, effective time management, positive thinking, communication with family members, adequate rest, and physical activities were among the commonly adopted coping strategies. The analysis further indicates a significant relationship between occupational stress and coping techniques, suggesting that effective coping may help reduce the negative effects of occupational stress. The study concludes that managing occupational stress requires both individual and organisational interventions. Healthcare institutions should provide adequate staffing, reasonable workloads, supportive leadership, counselling facilities, stress-management programmes, and opportunities for rest and recovery. Strengthening coping skills and creating a supportive work environment can improve professional well-being, job satisfaction, productivity, and the quality of patient care. Therefore, systematic occupational stress-management initiatives are essential for sustaining a healthy and effective healthcare workforce in Thoothukudi District.

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