International Journal of Multiphysics
Volume 18, No. 3, 2024
ISSN: 1750-9548

# Workplace Stress and Its Impact on Psychiatric Disorders and Functional Performance among Health Care Workers

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**Abstract**

Workplace stress is highly prevalent among health care workers and represents a significant occupational health concern worldwide. Continuous exposure to high job demands, long working hours, emotional labor, and organizational pressures places health professionals at increased risk of developing psychiatric disorders and experiencing impaired functioning. This review aims to examine the relationship between workplace stress and psychiatric morbidity among health care workers, as well as its impact on occupational and psychosocial functioning. This comprehensive review of the literature was conducted using major electronic databases, including PubMed, Scopus, and Google Scholar. Studies addressing occupational stress, common psychiatric disorders such as depression, anxiety, burnout, post-traumatic stress disorder, and substance use and functional outcomes among health care workers were included. Evidence consistently demonstrates a strong association between high levels of workplace stress and increased prevalence of psychiatric symptoms, reduced work performance, absenteeism, presenteeism, and impaired quality of life. Factors such as inadequate staffing, poor organizational support, exposure to traumatic events, and worklife imbalance were identified as key contributors to stress-related mental health problems. Conversely, protective factors including social support, effective coping strategies, and organizational interventions were associated with better psychological well-being and functioning. In conclusion, workplace stress has a substantial negative impact on the mental health and functional capacity of health care workers. Addressing occupational stress through individual, organizational, and policy-level interventions is essential to improve health worker well-being, enhance functioning, and maintain quality of patient care.

**Keywords:** Occupational stress; Health care workers; Psychiatric disorders; Mental health; Functional impairment; Burnout; Work functioning

## Introduction

Workplace stress is a growing global concern and has been recognized as a major occupational hazard, particularly within the health care sector. Health care workers are routinely exposed to demanding work environments characterized by high workloads, time pressure, emotional strain, ethical dilemmas, and responsibility for patient outcomes. These stressors are often compounded by long working hours, shift work, staffing shortages, and limited organizational support, placing health professionals at heightened risk of psychological distress **(1,2)**.

Occupational stress occurs when job demands exceed an individual's capacity to cope, leading to adverse psychological, emotional, and physiological responses. Prolonged exposure to such stress has been linked to the development of a range of psychiatric disorders, including depression, anxiety disorders, burnout, post-traumatic stress disorder, and substance use disorders. In health care workers, these conditions not only affect personal

well-being but also have significant implications for professional functioning, patient safety, and quality of care **(3,4)**.

Functional impairment associated with stress-related psychiatric morbidity may manifest as reduced work performance, impaired decision-making, absenteeism, presenteeism, and decreased job satisfaction. Moreover, impaired psychosocial functioning can negatively affect interpersonal relationships, worklife balance, and overall quality of life. Given the central role of health care workers in health systems, their mental health and functional capacity are critical determinants of effective service delivery **(4,5)**.

Despite increasing recognition of occupational stress in health care settings, evidence remains fragmented regarding its relationship with psychiatric disorders and functional outcomes. Variations in study design, assessment tools, and health care contexts contribute to inconsistent findings **(6,7)**. Therefore, a comprehensive review of the literature is needed to synthesize existing evidence, identify key risk and protective factors, and highlight gaps in current knowledge.

This review aims to examine the relationship between workplace stress and psychiatric disorders among health care workers and to explore the impact of stress-related mental health problems on occupational and psychosocial functioning. Understanding these associations is essential for informing preventive strategies, organizational interventions, and policies aimed at promoting mental well-being and sustainable functioning within the health care workforce.

**Conceptual Framework of Workplace Stress**

Workplace stress is a multidimensional construct that arises from the dynamic interaction between job demands, organizational characteristics, and individual resources. In health care settings, this interaction is particularly complex due to the high emotional, cognitive, and physical demands placed on workers. Conceptual frameworks of workplace stress provide a theoretical basis for understanding how occupational stressors contribute to psychological distress, psychiatric disorders, and functional impairment among health care workers **(2,3)**.

Workplace stress refers to the harmful physical and emotional responses that occur when job requirements do not match the worker's capabilities, resources, or needs. It results from a perceived imbalance between environmental demands and an individual's ability to cope effectively. In health care workers, stress is often chronic rather than acute, arising from sustained exposure to high workloads, emotional labor, time pressure, and organizational constraints **(4,8)**.

Stress responses involve physiological (e.g., activation of the hypothalamic–pituitary–adrenal axis), psychological (e.g., anxiety, irritability), and behavioral (e.g., reduced performance, absenteeism) components. When prolonged, these responses increase vulnerability to psychiatric morbidity and functional deterioration **(9)**.

**Integration of Stress Models and Mental Health Outcomes**

Workplace stress is not the result of a single factor but emerges from the interaction of organizational conditions, individual characteristics, and coping resources. In health care workers, sustained exposure to high-demand, low-control environments, effort reward imbalance, and poor person environment fit contributes to chronic stress, which may precipitate psychiatric disorders and impair occupational and psychosocial functioning **(10)**.

Understanding these frameworks is essential for identifying modifiable risk factors and designing effective interventions at individual, organizational, and policy levels. A comprehensive conceptual approach allows for targeted strategies aimed at reducing stress, preventing psychiatric morbidity, and enhancing functional outcomes among health care workers **(11)**.

**Measurement of Workplace Stress in Health Care Workers**

Accurate measurement of workplace stress is essential for understanding its prevalence, determinants, and consequences among health care workers. A wide range of assessment tools has been developed to capture both subjective perceptions of stress and objective indicators of occupational strain. These measures vary in their theoretical orientation, scope, and applicability across health care settings **(12)**.

***i. Subjective Self-Report Measures***

Self-report questionnaires are the most commonly used tools for assessing workplace stress due to their feasibility, cost-effectiveness, and ability to capture individual perceptions of stress **(12)**.

The Perceived Stress Scale (PSS) is a widely used instrument that measures the degree to which individuals perceive their lives as unpredictable, uncontrollable, and overwhelming. Although not specific to occupational stress, it has been extensively applied in health care populations and shows good psychometric properties **(13)**.

The Nursing Stress Scale (NSS) is specifically designed to assess stressors encountered by nurses, including workload, conflict with physicians, lack of support, and exposure to death and suffering. It has been adapted for use in various clinical contexts **(14)**.

The Job Content Questionnaire (JCQ) is grounded in the job demand control model and evaluates psychological job demands, decision latitude, and social support. It is widely used in occupational health research to examine the relationship between job strain and mental health outcomes **(16)**.

The Effort-Reward Imbalance (ERI) Questionnaire assesses the balance between occupational effort and received rewards, including financial compensation, job security, and recognition. It is particularly relevant in health care settings where high effort and emotional labor are common **(17)**.

***ii. Assessment of Burnout as a Stress-Related Outcome***

Burnout is often measured as a stress-related syndrome rather than a direct stressor; however, it is frequently included in workplace stress research. The Maslach Burnout Inventory (MBI) is the most widely used tool, assessing emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout measures provide insight into the chronic effects of workplace stress on emotional and functional well-being **(18)**.

***iii. Functional Assessment Tools***

Given the strong association between stress and functional impairment, some studies incorporate functional assessment instruments. Tools such as the Work Ability Index (WAI) and the World Health Organization Disability Assessment Schedule (WHODAS 2.0) assess work performance, daily functioning, and role limitations related to stress-induced mental health problems **(19,20)**.

**Psychiatric Disorders Associated with Workplace Stress**

Workplace stress has been consistently associated with an increased risk of psychiatric disorders among health care workers. The demanding nature of health care environments, characterized by high workloads, emotional labor, and exposure to trauma, places workers at particular vulnerability to stress-related mental health conditions. Prolonged or poorly managed occupational stress can precipitate the onset of psychiatric disorders, exacerbate pre-existing conditions, and impair both professional and personal functioning **(7-9)**.

***1. Depressive Disorders***

Depression is one of the most frequently reported psychiatric disorders among health care workers exposed to chronic workplace stress. High job demands, limited control, effort reward imbalance, and lack of organizational support have been strongly linked to depressive symptoms. Depression in health care workers is associated with decreased motivation, impaired concentration, fatigue, and reduced work performance.

Untreated depression may lead to absenteeism, and increased risk of medical errors, further impacting health care systems **(21)**.

### *2. Anxiety Disorders*

Occupational stress is a significant contributor to anxiety disorders, including generalized anxiety disorder, panic disorder, and work-related anxiety. Health care workers often face persistent uncertainty, high responsibility, and fear of adverse outcomes, which may result in excessive worry, and somatic symptoms. Anxiety disorders can impair decision-making, interpersonal communication and the ability to cope with routine clinical demands, thereby affecting both worker well-being and patient care **(22)**.

### *3. Burnout Syndrome*

Burnout is a stress-related syndrome commonly observed among health care workers and is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Although not classified as a psychiatric disorder, burnout is closely associated with depression and anxiety and may represent an intermediate stage between chronic stress and psychiatric morbidity. Burnout has been linked to reduced job satisfaction, impaired professional functioning, and increased intention to leave the profession **(23)**.

### *4. Post-Traumatic Stress Disorder*

Health care workers are frequently exposed to potentially traumatic events, including patient death, medical emergencies, and ethical dilemmas. Repeated exposure to such events, particularly in high-intensity settings such as emergency departments and intensive care units, increases the risk of post-traumatic stress disorder (PTSD). Workplace stress can exacerbate trauma-related symptoms such as intrusive memories, avoidance, emotional numbing, and hyperarousal, leading to significant functional impairment **(24)**.

### *5. Substance Use Disorders*

Substance use disorders may develop as maladaptive coping mechanisms in response to chronic workplace stress. Health care workers experiencing high levels of stress may resort to alcohol, sedatives, or other substances to manage emotional distress and sleep disturbances. Substance use can further impair cognitive functioning, increase workplace errors, and contribute to stigma and barriers to seeking help **(25)**.

### *6. Sleep Disorders and Somatic Symptoms*

Workplace stress is strongly associated with sleep disturbances, including insomnia and circadian rhythm disorders, particularly among shift-working health care professionals. Sleep disorders may both result from and exacerbate psychiatric conditions such as depression and anxiety. Additionally, stress-related somatic symptoms such as headaches, gastrointestinal complaints, and musculoskeletal pain are commonly reported and may coexist with psychiatric morbidity **(26)**.

### Implications for Early Detection and Intervention

Early detection of stress-related psychiatric disorders among health care workers is essential for preventing symptom progression, reducing functional impairment, and maintaining the quality of patient care. Given the high prevalence of workplace stress in health care settings and its strong association with mental health problems, proactive and systematic approaches to early identification are warranted **(26)**.

Routine screening for workplace stress and common psychiatric disorders should be integrated into occupational health programs. Validated screening tools for depression, anxiety, burnout, and stress can facilitate early recognition of at-risk individuals, particularly in high-demand departments such as emergency units, intensive care units, and inpatient wards. Periodic assessments allow for timely identification of subclinical symptoms before they develop into disabling psychiatric conditions **(8,27)**.

Promoting mental health literacy among health care workers and supervisors is also critical for early detection. Increased awareness of stress-related symptoms can reduce stigma, encourage self-reporting, and

facilitate peer recognition of psychological distress. Training leaders to recognize early warning signs, such as behavioral changes, reduced performance, and emotional withdrawal, can further enhance detection effort **(28)**.

Organizational strategies play a central role in preventing and mitigating workplace stress. Early intervention should include workload optimization, adequate staffing, flexible scheduling, and supportive supervision. Creating a psychologically safe work environment where health care workers feel valued and supported can reduce stress-related psychiatric morbidity. Leadership engagement and participatory decision-making are key components of effective organizational interventions **(29)**.

Early detection and timely intervention not only improve mental health outcomes for health care workers but also enhance occupational functioning. Reduced absenteeism, improved work performance, and enhanced patient safety are key benefits of early intervention. Addressing workplace stress proactively supports workforce retention and the overall resilience of health care systems **(30)**.

**Conclusion**

Workplace stress greatly impacts health care workers, leading to depression and burnout, and reducing job performance and patient care.

Workplace stress frameworks, such as Job Demand-Control and Effort-Reward Imbalance, emphasize assessing individual and organizational factors for early detection and intervention. SO, improving coping skills and prioritizing mental health can reduce workplace stress and enhance resilience.

***Conflict of interest:*** *The authors declare no conflict of interest.*
***Sources of funding:*** *This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.*
***Author contribution:*** *Authors contributed equally in the study.*

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