



Job-Related Stress and Burnout in Healthcare Workers: Exploring Emotional Resilience as a Moderator

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ABSTRACT

This research investigates job-related stress, burnout, and emotional resilience among 100 Indian healthcare workers. Using validated tools—the Occupational Stress Index, Burnout Assessment Tool, and Emotional Intelligence Scale—it measures stress and burnout levels and examines whether emotional resilience mitigates their relationship. Results show moderate stress ($M = 148.22$, $SD = 28.971$) and burnout ($M = 73.51$, $SD = 14.924$), with strong emotional resilience ($M = 213.44$, $SD = 38.149$). Intriguingly, no significant correlations emerged between stress, burnout, and resilience ($p > 0.05$), and regression analysis ($R^2 = 0.01$) found no moderating effect. These findings suggest workplace dynamics, such as institutional support, may overshadow the role of emotional resilience. The study advocates for comprehensive strategies, including better staffing and mental health programs. Its small sample and cross-sectional design highlight the need for broader, longitudinal studies with qualitative insights.

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1 Introduction

India's healthcare workers navigate a challenging landscape of long hours, limited resources, and emotionally taxing patient interactions. These pressures often spark job-related stress, which can spiral into burnout—a condition marked by emotional depletion, disengagement, and reduced professional fulfillment. Emotional resilience, the capacity to understand and regulate emotions, is thought to serve as a shield against such stressors. Yet, the interplay of stress, burnout, and resilience in India's healthcare context remains understudied, particularly across diverse roles. This study seeks to gauge stress and burnout among healthcare workers, explore their links with emotional resilience, and assess whether resilience tempers the stress-burnout connection. It posits a positive stress-burnout link, negative ties between resilience and both stress and burnout, and a moderating role for resilience. These insights aim to guide practical interventions for bolstering mental well-being in healthcare settings.

2 Materials and Methods

This quantitative, correlational study involved 100 healthcare workers (aged 25–60, with at least one year professional experience) recruited via purposive sampling from Indian hospitals. Eligible participants were active employees who consented voluntarily; interns or those with severe mental health issues were excluded. Data were collected using:

- **Demographic Form:** Recorded age, gender, marital status, role, experience, shift, and sector (public/private).
- **Occupational Stress Index (OSI) (12):** A 46-item, 5-point scale assessing stress severity.
- **Burnout Assessment Tool (BAT) (10):** A 23-item measure of exhaustion, emotional distancing, and cognitive challenges.
- **Emotional Intelligence Scale (EIS) (11):** A 60-item tool evaluating self-awareness, emotional regulation, motivation, empathy, and social skills.

Data collection spanned four weeks, using paper or secure online surveys, with ethical approval from an Institutional Review Board. Participants were informed of the study aims, assured confidentiality, and could opt out anytime. Analysis encompassed descriptive statistics (means, medians, standard deviations), Pearson correlations to explore variable relationships, and linear regression to test the moderating role of emotional resilience. Ethical practices ensured secure data storage and voluntary participation.

3 Results

Analysis of data from 100 healthcare workers revealed moderate job-related stress and burnout, alongside strong emotional resilience. Below are the detailed findings, supported by statistical tables.

Table 1: Summary of Descriptive Statistics

Variable	Median	Mean	Std. Deviation
Job-Related Stress	145.00	148.22	28.971
Burnout	74.00	73.51	14.924
Emotional Resilience	207.00	213.44	38.149

Table 1 shows moderate stress ($M = 148.22$, $SD = 28.971$, $Median = 145.00$) and burnout ($M = 73.51$, $SD = 14.924$, $Median = 74.00$), with high emotional resilience ($M = 213.44$, $SD = 38.149$, $Median = 207.00$), indicating robust emotional capacities among participants.

Table 2: Pearson Correlation Coefficients

Variable Pair		Pearsons r	p-value
Job-Related Stress	Burnout	-0.048	0.636
Job-Related Stress	Emotional Resilience	0.035	0.730
Burnout	Emotional Resilience	-0.091	0.370

Table 2 indicates no significant correlations between stress and burnout ($r = -0.048$, $p = 0.636$), stress and resilience ($r = 0.035$, $p = 0.730$), or burnout and resilience ($r = -0.091$, $p = 0.370$). These results suggest the variables operate independently in this sample.

Table 3: Regression Model Summary for Burnout Model

R

R² Adjusted R² RMSE

Note: M and M include Job-Related Stress and Emotional Resilience, with M adding their interaction term.

Table 3 summarizes a linear regression model testing the moderation effect of emotional resilience on the stress-burnout link. The low R² (0.01) and negative adjusted R² (-0.01) indicate minimal variance in



burnout explained by stress and resilience. The non-significant interaction term ($p > 0.05$) confirms no moderating effect.

4 Discussion

Contrary to expectations and prior studies linking stress to burnout and highlighting protective role of emotional resilience, this research found no significant relationships among job-related stress, burnout, and emotional resilience. The moderate stress and burnout levels reflect demanding nature of healthcare, but the high resilience scores may suggest a ceiling effect, limiting variability. Workplace factors—such as supportive leadership, clear roles, or peer networks—may have softened stress impacts, reducing resilience relevance. Cultural practices, like India's collectivist coping, might also shape how resilience functions. The small sample ($n = 100$) and cross-sectional design restrict broader applicability and causal insights, while self-reported data risk bias. These findings underscore that emotional resilience alone cannot curb burnout, urging broader strategies like work- load balance, team support, and mental health services.

5 Conclusion

This study identified moderate job-related stress and burnout among healthcare workers, with strong emotional resilience but no notable interconnections among these factors. Emotional resilience did not moderate the stress-burnout relationship, suggesting work- place systems, like institutional support, may be more pivotal. Healthcare facilities should adopt multi-pronged approaches, blending resilience training with practical changes like adequate staffing and counseling. Future research should use larger, diverse samples, longitudinal designs, and qualitative methods to deepen understanding of stress management and resilience in healthcare.

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