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IMPACT OF OCCUPATIONAL STRESS ON JOB PERFORMANCE AMONG HEALTHCARE WORKERS IN INDIA: THE MEDIATING ROLE OF BURNOUT

S. Selvin Delish [1]
Research Scholar, Department of Commerce, Bishop Heber College (Autonomous), Affiliated to Bharathidasan University, Tiruchirappalli, Tamil Nadu - 620 017, India.

Dr. D. Fennala Agnes Iylin [2]
Head & Associate Professor, Department of Commerce, Bishop Heber College (Autonomous), Affiliated to Bharathidasan University, Tiruchirappalli, Tamil Nadu - 620 017, India.

ABSTRACT

This study investigates the impact of occupational stress on job performance among nurses working in private hospitals in Tiruchirappalli, with burnout examined as a mediating variable. Drawing on data collected from 510 nursing professionals; the study employs Partial Least Squares Structural Equation Modeling (PLS-SEM) to analyze the relationships among the constructs. The results reveal that occupational stress has a significant negative effect on job performance, both directly and indirectly through burnout. Burnout emerges as a critical psychological mechanism that exacerbates the negative consequences of stress by reducing motivation, emotional energy, and professional efficacy. The findings underscore the importance of addressing workplace stressors and implementing supportive interventions aimed at

reducing burnout to enhance job performance. This study contributes to the literature on healthcare workforce management by offering empirical evidence from the Indian private healthcare sector and highlights the urgent need for institutional strategies that prioritize mental health and well-being among nursing staff.

Keywords: Occupational Stress, Burnout, Job Performance, Nurses, Healthcare Sector, Workplace Well-being.

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1. Introduction

Throughout the world, the healthcare profession is recognized as one of the most challenging and stressful career choices because of the high-stakes environment, difficult responsibilities, and the systematic exposure to human suffering and life-or-death consequences. In India, these issues are aggravated by systematic challenges such as overcrowded hospitals, scarce resources, and a critical shortage of health professionals. Although the World Health Organization (WHO) considers the most optimal doctor-patient ratio to be 1:1000, India has always fallen short of that representative benchmark, with huge shifts between rural and urban health infrastructure. The nurse-patient ratio in many public healthcare facilities in India is not significantly better with high staff-to-patient ratios often leading to overstretched duties and compromised care (Din & Baba, 2022).

Healthcare professionals, which includes physicians, nurses, and paramedics experience continuous exposure to high workloads, rollercoaster emotions, long and irregular work hours, and inadequate organizational supports. Together, these stressors lead to an array of psychological challenges such as anxiety, depression, fatigue, and job dissatisfaction (Johnson et al., 2020; Mitra et al., 2018). Prolonged occupational stress in high-stakes environments like emergency departments and intensive care units endangers the physical and psychological wellbeing of healthcare professionals while simultaneously degrading the quality of healthcare provided because there is less attentiveness, precision in decision making, and empathy (Gandi et al., 2011; Sharma & Dhar, 2016).

The COVID-19 pandemic likely increased the stress levels already present in the Indian healthcare system. Risk of exposure/infection may have increased for frontline workers, as did anxiety related to the lack of available PPE, long hours and emotional burden stemming from the larger consequences of widespread illness and death. Literature suggests that the pandemic served to accelerate stress levels amongst healthcare workers to a chronic level (Agustina et al., 2021; Piotrowski et al., 2022). Chronic stress exposure has a strong association with symptoms of burnout, which is a multidimensional syndrome consisting of emotional exhaustion, depersonalization (cynicism) and reduced personal accomplishment (Ding et al., 2014; Kar & Suar, 2014).

Burnout plays a critical role in the relationship between occupational stress and job performance. When not managed well, burnout can eventually lead to decreased motivation, absenteeism, intentions to turnover, and decreases in the patient care outcomes (Shah et al., 2022; Singh & Singh, 2018). While the relationship between occupational stress, burnout, and job performance has been studied in the Western context, engagement on these three constructs within India has been limited (Ravikumar, 2023; Kaur, 2025). Considering the idiosyncratic sociocultural and organizational context of India including hierarchical work cultures, limited support for mental health, and homo-sociable ideal of familial demands, examining the role of these constructs in the context of stress-burnout-performance triad is necessary. As a result, there is a rise for an investigation of this relationship in a holistic manner, and in particular with burnout functioning as a mediating variable. A further understanding of this mediating mechanism can potentially facilitate pragmatic interventions or organizational policies to promote the mental health and productivity of Indian healthcare workers.

1.2 Research Objectives

This study aims to systematically investigate the complex nature of occupational stress, burnout, and job performance and the degree of association between all, among health care professionals in India, based on the urgent challenges mentioned above. The study aims to achieve their objectives:

1. To analyze the impact of occupational stress on the job performance of healthcare workers in India.
2. To investigate the mediating role of burnout in the relationship between occupational stress and job performance.
3. To explore the underlying factors contributing to occupational stress and burnout in the Indian healthcare context.

4. To provide practical recommendations for healthcare administrators and policymakers to mitigate burnout and enhance job performance.

By addressing these objectives, the study aims to generate actionable insights that can inform organizational strategies, employee wellness programs, and long-term workforce planning in the healthcare sector.

1.3 Research Questions

The study is guided by the following key research questions:

1. How does occupational stress influence job performance among healthcare professionals in India?
2. Does burnout mediate the relationship between occupational stress and job performance?
3. What are the major stressors contributing to burnout among Indian healthcare workers?
4. What organizational interventions can be designed to reduce occupational stress and improve performance outcomes?

These research questions aim to bridge theoretical gaps while offering practical value to hospitals, government bodies, and NGOs engaged in strengthening healthcare workforce resilience.

2. Literature Review and Hypotheses Development

2.1 Occupational Stress and Job Performance

Occupational stress refers to the physiological and emotional responses that occur when job demands exceed an individual's ability to cope (Rana & Soodan, 2019). In the healthcare sector, stress arises from various factors including heavy workloads, staff shortages, emotional labor, and lack of control over work processes (Gautam & Gautam, 2024; Alsufyani et al., 2022). These stressors often culminate in decreased concentration, emotional fatigue, and poor interpersonal interactions, ultimately impairing job performance (Shakil & Butt, 2023). Multiple studies confirm a negative association between occupational stress and job performance. For instance, Johari et al. (2019) found that prolonged exposure to occupational stress reduces psychological well-being and work efficiency. Din and Baba (2022) emphasize that for Indian nurses, job-related stress, especially in shift-based systems, is strongly associated with reduced performance due to mental exhaustion and lack of support.

H1*: Occupational stress has a negative impact on job performance among healthcare workers in India.*

2.2 Occupational Stress and Burnout

Burnout is a psychological syndrome that occurs because of chronic exposure to work stress and is often defined as the presence of emotional exhaustion, depersonalization, and reduced personal accomplishment (Kar & Suar, 2014). Healthcare professionals are more prone to burnout than personnel in other employment sectors due to how emotionally charged the work is coupled with the fact that, in many respects, patient care outcomes are being mandated (Ding et al., 2014; Piotrowski et al., 2022). Studies have established a strong connection between occupational stress and burnout, with a number of studies suggesting that occupational stress during the COVID-19 pandemic was a significant contribution to burnout in healthcare staff (Agustina et al., 2021). On the other hand, in terms of occupational stress, Mitra et al. (2018) found a significant relationship between perceived stress and burnout symptoms among Indian resident doctors.

H2*: Occupational stress has a positive impact on burnout among healthcare workers in India.*

2.3 Burnout and Job Performance

Burnout can significantly impact job performance through reduced motivation, emotional investment, and reduced performance efficiency (Gandi et al., 2011). Burnout healthcare workers are less productive and show increased absenteeism and decreased empathy towards patients, ultimately resulting in some level of lost, or reduced, quality of care (Sharma & Dhar, 2016; Singh & Singh, 2018). Johnson et al. (2020) identified a number of poor performance related outcomes in a tertiary hospital in Bangalore due to low self-esteem and high levels of stress-induced burnout. Additionally, Shah et al. (2022) show that emotional exhaustion, the core construct of burnout, also mediated the relationship between job stress and turnover intention for some nurses during the pandemic.

H3*: Burnout has a negative impact on job performance among healthcare workers in India.*

2.4 The Mediating Role of Burnout

Several studies highlight the mediating role of burnout in the relationship between occupational stress and job outcomes. Ding et al. (2014) found that burnout significantly mediates the relationship between anxiety symptoms and stress in healthcare workers in China. Agustina et al. (2021) empirically demonstrated burnout as a partial mediator in the link

between stress and job performance during the pandemic. In the Indian context, Kar and Suar (2014) noted that burnout mediated the effects of job demands on job satisfaction and organizational commitment among nurses. In a broader South Asian context, Shakil and Butt (2023) confirmed the mediating role of burnout in the relationship between stress and job performance in the health sector of Azad Kashmir. Such findings support the theoretical rationale for viewing burnout not merely as an outcome of stress, but also as a mechanism through which stress translates into impaired performance.

H4*: Burnout mediates the relationship between occupational stress and job performance among healthcare workers in India.*

3. Methodology

This study employed a quantitative, cross-sectional research design to examine the relationship between occupational stress and job performance, with burnout as a mediating variable, among nurses in private hospitals in Tiruchirappalli, Tamil Nadu, India. The population targeted included registered nurses working in inpatient departments such as ICU, emergency, and general wards. A purposive sampling technique was used to select participants who had at least one year of continuous service. A total of 510 valid responses were collected via self-administered structured questionnaire that included previously validated measurement scales for occupational stress (Kar & Suar, 2014; Alsufyani et al., 2022), burnout (using the Maslach Burnout Inventory) (Ding et al., 2014), and job performance (Sharma & Dhar, 2016; Singh & Singh, 2018). Each construct was measured by multiple indicators that were on a 5-point Likert scale (1 - Strongly Disagree to 5 - Strongly Agree). Partial Least Squares Structural Equation Modeling (PLS-SEM) will be used to analyze the data in SMART PLS, which is useful for modeling complex mediation models such as this one, and does not rely on multivariate normality (Hair et al., 2019). The study was compliant with ethical requirements for research (i.e., informed consent was obtained from all participants, there was no anonymity, and permission was granted by the hospital administration). This methodology is similar to an existing body of empirical work that has successfully explained the relationships of a number of psychological constructs in health sector research and modeled complicated mediation pathways using PLS-SEM (Agustina et al., 2021; Ravikumar, 2023).

4. Results and Findings

Table 1: Demographic Profile			
Variable	**Category**	**Frequency (n)**	**Percentage (%)**
Gender	Female	412	80.80%
	Male	98	19.20%
Age (Years)	Below 25	117	22.90%
	25–34	248	48.60%
	35–44	101	19.80%
	45 and above	44	8.60%
Marital Status	Married	324	63.50%
	Unmarried	186	36.50%
Educational Qualification	Diploma in Nursing	209	41.00%
	B.Sc. Nursing	253	49.60%
	M.Sc. Nursing	48	9.40%
Years of Experience	Less than 2 years	93	18.20%
	2–5 years	197	38.60%
	6–10 years	149	29.20%
	Above 10 years	71	13.90%
Department	General Ward	191	37.50%
	ICU/CCU	129	25.30%
	Emergency	101	19.80%
	Operation Theatre	89	17.50%
Work Shift	Day Shift	229	44.90%
	Night Shift	141	27.60%
	Rotational Shift	140	27.50%

Source: Primary data

Table 1 presents the demographic profile of the 510 nurses surveyed in private hospitals in Tiruchirappalli. The sample was predominantly female (80.8%), which aligns with the gender distribution typically observed in the nursing profession. Most respondents were aged between 25 and 34 years (48.6%), followed by those below 25 years (22.9%) and 35–44 years (19.8%), indicating a relatively young nursing workforce. In terms of marital status, 63.5% were married, while 36.5% were unmarried. Educationally, nearly half of the respondents held a B.Sc. in Nursing (49.6%), followed by diploma holders (41%), and a smaller portion (9.4%) with an M.Sc. in Nursing. Regarding work experience, 38.6% had 2–5 years of experience, 29.2% had 6–10 years, 18.2% had less than 2 years, and 13.9% had more than 10 years, suggesting a mix of early-career and experienced professionals. Department-wise, the majority worked in general wards (37.5%), followed by ICU/CCU (25.3%), emergency (19.8%), and operation theatres (17.5%). When it came to work shifts, 44.9% were in day shifts, while night

and rotational shifts accounted for 27.6% and 27.5% respectively. This demographic composition provides valuable context for understanding the occupational stress and performance dynamics examined in this study.

Table 2. Results of Reliability and Validity of Measurement Model of All Constructs (Confirmatory Factor Analysis)

Name of the Construct (α value)	Label	Standardized Factor Loading	Critical Ratio (t-value)	Sig.	CR	AVE
Occupational Stress (0.861)	OS1	0.782	13.45	***	0.882	0.598
	OS2	0.749	12.87	***		
	OS3	0.801	14.22	***		
	OS4	0.72	11.96	***		
	OS5	0.775	13.01	***		
	OS6	0.814	14.88	***		
	OS7	0.768	13.33	***		
Burnout (0.876)	BO1	0.844	15.31	***	0.903	0.653
	BO2	0.801	14.5	***		
	BO3	0.769	13.74	***		
	BO4	0.812	14.95	***		
	BO5	0.793	14.1	***		
	BO6	0.822	15.02	***		
Job Performance (0.889)	JP1	0.776	13.89	***	0.914	0.631
	JP2	0.794	14.33	***		
	JP3	0.808	14.71	***		
	JP4	0.841	15.62	***		
	JP5	0.751	12.9	***		
	JP6	0.822	14.83	***		
	JP7	0.795	14.44	***		

Source: Primary data

Table 2 presents the results of the confirmatory factor analysis (CFA), which evaluated the reliability and validity of the three constructs: Occupational Stress, Burnout, and Job Performance. All constructs demonstrated high internal consistency, as evidenced by Cronbach's alpha values above the recommended threshold of 0.70, Occupational Stress (0.861), Burnout (0.876), and Job Performance (0.889). The standardized factor loadings for all items ranged from 0.72 to 0.844 and were statistically significant at the 0.001 level, indicating strong item reliability. Composite reliability (CR) values were also above the acceptable limit of 0.70 for all constructs, 0.882 for Occupational Stress, 0.903 for Burnout, and 0.914 for Job Performance, demonstrating good construct reliability. Furthermore, the

Average Variance Extracted (AVE) for each construct exceeded 0.50, confirming convergent validity: 0.598 for Occupational Stress, 0.653 for Burnout, and 0.631 for Job Performance. These results collectively confirm that the measurement model is both reliable and valid, and suitable for further structural equation modelling.

Table 3. Results of Goodness-of-Fit Statistics

Model	p-value	GFI	AGFI	CFI	NFI	RMSEA
Recommended value	Greater than 0.05	0.80–0.90	0.80–0.90	0.80–0.90	0.80–0.90	Less than 0.08
Measurement model (CFA)	0.002	0.849	0.818	0.921	0.872	0.055
Structural model (SEM)	0.004	0.811	0.805	0.889	0.861	0.059

Source: Primary data

Table 3 summarizes the goodness-of-fit statistics for both the measurement model (CFA) and the structural model (SEM). The p-values for both models (0.002 and 0.004, respectively) are below 0.05, which may suggest a statistically significant discrepancy between the observed and model-implied covariance matrices, this is common in large samples and can be overlooked when other fit indices are within acceptable ranges. The GFI and AGFI values for the measurement model (0.849 and 0.818) and the structural model (0.811 and 0.805) all exceed the minimum recommended value of 0.80, suggesting acceptable absolute fit. Additionally, the CFI and NFI values for both models are above 0.86, with the measurement model showing particularly strong fit (CFI = 0.921, NFI = 0.872). Finally, RMSEA values of 0.055 (CFA) and 0.059 (SEM) are well below the 0.08 threshold, indicating good model fit. Overall, these indices demonstrate that both the measurement and structural models exhibit satisfactory fit to the data, justifying the use of the proposed model for further analysis.

Table 4. Discriminant Validity (Fornell-Larcker Criterion)

Construct	Occupational Stress	Burnout	Job Performance
Occupational Stress	0.774		
Burnout	0.691	0.808	
Job Performance	-0.586	-0.648	0.794

Source: Primary data

Table 4 presents the discriminant validity results based on the Fornell-Larcker criterion. According to this method, the square root of the Average Variance Extracted (AVE) for each construct (shown on the diagonal in bold) should be greater than the inter-construct correlations

(off-diagonal values). The square root of AVE for Occupational Stress is 0.774, for Burnout is 0.808, and for Job Performance is 0.794. Each of these values exceeds the corresponding correlations with other constructs. For example, the correlation between Occupational Stress and Burnout is 0.691, and between Burnout and Job Performance is -0.648, both of which are lower than the AVE square roots of the respective constructs. This confirms that each construct shares more variance with its own indicators than with other constructs, thus establishing satisfactory discriminant validity as per Fornell and Larcker's (1981) criterion. These results validate the distinctiveness of the constructs used in the model and support the reliability of the measurement framework for further structural analysis.

Table 5. Path Coefficients of the Structural Model

Hypothesis	Hypothesized Direction	Standardized Regression Weight (β)	Standard Error (S.E.)	Critical Ratio (t-value)	p-value	Decision on Hypothesis
H1	Occupational Stress → Job Performance	-0.342	0.057	-5.991	< 0.001	Supported
H2	Occupational Stress → Burnout	0.578	0.049	11.796	< 0.001	Supported
H3	Burnout → Job Performance	-0.417	0.062	-6.726	< 0.001	Supported
H4	Occupational Stress → Burnout → Job Performance (Mediation)	0.241 (indirect effect)	Bootstrapped	Bootstrapped	< 0.001	Supported

Source: Primary data

Table 5 illustrates the structural relationships among the study variables through hypothesis testing using Structural Equation Modeling (SEM). The path from Occupational Stress to Job Performance (H1) yielded a significant negative effect (β = -0.342, t = -5.991, p < 0.001), indicating that higher occupational stress leads to a decrease in job performance among nurses. Hypothesis H2, which examined the effect of Occupational Stress on Burnout, was strongly supported with a positive and significant path coefficient (β = 0.578, t = 11.796, p < 0.001), suggesting that increased stress significantly contributes to burnout. Hypothesis H3, testing the influence of Burnout on Job Performance, also showed a significant negative relationship (β = -0.417, t = -6.726, p < 0.001), confirming that burnout adversely affects job performance. Finally, Hypothesis H4 tested the mediating role of burnout in the relationship between occupational stress and job performance. The indirect effect was statistically

significant ($\beta = 0.241$, $p < 0.001$), based on bootstrapping procedures, thereby supporting the mediating role of burnout. Overall, all hypothesized paths were found to be statistically significant, providing strong support for the proposed mediation model and highlighting the detrimental chain effect of occupational stress on job performance through burnout.

5. Discussion

The findings of this study provide clear evidence of the adverse impact of occupational stress on job performance among nurses working in private hospitals. Consistent with prior research (Agustina et al., 2021; Kar & Suar, 2014), occupational stress was found to significantly impair the ability of healthcare professionals to perform effectively. This reinforces the understanding that when nurses are exposed to continuous stressors, such as workload pressure, emotional exhaustion, and shift-related fatigue, their professional output is likely to decline. Moreover, the positive relationship between occupational stress and burnout highlights the emotional cost of persistent stress in the healthcare environment. This supports previous studies (Ding et al., 2014; Gandi et al., 2011), which have demonstrated that high-stress conditions can trigger symptoms of burnout, including emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. The current study not only reaffirms this link but also extends it by confirming that burnout plays a mediating role in the stress–performance relationship. Burnout's mediating effect indicates that occupational stress may not always impact job performance directly, but rather exerts its influence through the psychological depletion that burnout represents. This aligns with models of emotional resource theory and conservation of resources theory, which suggest that when employees experience chronic stress without adequate recovery or support, their emotional resources are depleted, leading to burnout and, consequently, lower performance (Maslach et al., 2001; Singh & Singh, 2018).

6. Implications

The results gleaned from this study provide a number of practical implications for hospital administrators and policymakers in the Indian healthcare structure. First, addressing occupational-based stress should be a strategic priority. Efforts to address workplace stress/prolonged job stress can include flexible shift schedules, improving staffing levels, suitable workloads, and psychological support. Organizations need to recognize burnout as an occupational hazard and deal with it properly and proactively through initiatives such as an

employee assistance program, mental health check-ins, and mindfulness mechanisms (Vinothkumar et al., 2016; Mitra el al., 2018).

Second, nurse training programs directed at resilience building, emotional regulation, and stress management can help nurses identify coping strategies to buffer the effects of job stressors and prevent burnout. In addition, encouraging positive organizational context wherein employees feel heard, perceived as valuable, and supported emotionally will assist in both job stress and job burnout through positive effects on job performance (Prasad et al., 2024; Gautam & Gautam, 2024). Finally, if anything, the mediating model role played by burnout underlines the importance of early identification-intervention. Hospitals and organizations must integrate burnout screening and continuous real-time feedback mechanisms in addition to frequent check-ins to monitor employee experiences with regards to job stress and lessen emotional fatigue before it contaminates patient care and makes employee retention impossible.

7. Contributions

This research adds to the existing body of knowledge in many, specific ways. Firstly, it adds empirical data to the healthcare literature, as we have established the link between occupational stress and job performance in a context that is often disregarded; Indian private hospitals and their nurses. Secondly, we have established that burnout acts as a mediator between occupational stress and job performance, exposing the psychological process behind how stress leads to less than optimum performance; burnout. This contributes to further development of existing stress-performance models and encourages a more robust exploration of the underlying emotional resilience issues, particularly in healthcare occupations that typically operate in high stress environments.

Thirdly, we applied Structural Equation Modelling, through Partial Least Squares (PLS-SEM), to establish how we could robustly validate our model through structural relationships between the psychological or behavioural constructs. It also highlights that the design of systems in healthcare needs to address also mental well-being, in addition to physical health infrastructure and skills education. Overall, this study depersonalises the theoretical and practical concept of meaningfulness and aims to develop ideas that are actionable and connect to human resource practice in healthcare.

8. Conclusion

This research comprehensively examined the relationship between occupational stress and job performance among nurses in private hospitals in Tiruchirappalli, investigating burnout as a mediator of the relationship. These results support the hypothesized relationships, and show that occupational stress negatively impacts job performance both directly and indirectly. The nurses with high occupational stress, who were dealing with heavy workloads, emotional labor, shift work, or time constraints, were less able to demonstrate job performance. This is consistent with a body of literature that has shown for continued job stress (occupational stress) impairs a worker's ability to think clearly, make decisions, and otherwise perform at an optimum level (Kar & Suar, 2014; Shah et al., 2022).

Notably, burnout was discovered to significantly mediate the relationship between stress and performance. This provides preliminary evidence to confirm that occupational stress does not affect performance only linearly, it also leads to emotional exhaustion and cognitive depletion which will potentially further impair performance. Burnout, which includes feelings of tiredness, detachment from work, and ineffectiveness, is an important psychological mechanism through which stress is related to behavioral outcomes (Maslach et al., 2001; Singh & Singh, 2018). These findings underscore the emotional and psychological toll of ignoring employee well-being in healthcare contexts and point to the possible extent of burnout beyond an individual, as it can be seen as problem of an organization or system.

In addition, this study highlights how nurse job performance in a healthcare organization is not determined purely by one's technical competence or clinical skills, but one's psychological state. When nurses experience psychological burden, job performance and patient safety may be reduced for example, nursing staff may give poor communication, and respond poorly in emergencies. This has a direct bearing on both the level of patient care provided, and the performance of the hospital. Therefore, supporting the emotional and mental health needs of nursing staff should be seen by healthcare administrators as an essential strategy, and not as a tactical advantage.

By confirming burnout as the mediating variable of the occupational stress–job performance relationship, this study adds to the increasing pattern of the literature in healthcare management and occupational health psychology. It encourages an organizational level commitment for incorporating mental health strategies in organizational policy, enhancing human resource practices, and designing interventions focused on managing stress and burnout, rather than just responding reactively. To increase human factor considerations in healthcare

systems, this study presents meaningful analysis for establishing healthier and more productive workplaces for the healthcare industry.

9. Limitations

Despite the valuable insights offered by this study, several limitations should be acknowledged. First, the study was limited to private hospital nurses within a single geographic location, Tiruchirappalli, which may restrict the generalizability of the findings to other regions or public healthcare settings. Second, the cross-sectional design does not allow for establishing causal relationships; longitudinal studies would provide a more comprehensive view of how stress and burnout evolve over time. Third, self-reported data may be subject to social desirability bias, where participants underreport their stress or burnout levels to maintain a professional image. Additionally, other potential mediators or moderators, such as emotional intelligence, coping strategies, or organizational support, were not examined and may further enrich the understanding of this relationship.

10. Future Research Directions

Future studies could build on these findings by exploring similar models in public hospitals, rural settings, or across different states in India to improve generalizability. Longitudinal research designs are encouraged to examine the dynamic progression of stress and burnout and their cumulative effect on job performance. Additionally, future research could incorporate other psychological or organizational variables such as resilience, psychological capital, leadership support, and work-life balance to gain a more holistic view of employee well-being. Finally, intervention-based studies assessing the effectiveness of stress-reduction or burnout-prevention programs would be valuable in offering practical recommendations for policy and human resource development in healthcare institutions.

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Appendices

Construct	Item Statement	Item Label	Reference
Occupational Stress	I often feel overwhelmed by my work responsibilities.	OS1	Occupational Stress Indicator (Adapted), Agustina et al. (2021); Ding et al. (2014), Gandi et al. (2011)
	I find it difficult to relax after work due to job-related stress.	OS2	
	My workload is too heavy to complete tasks efficiently.	OS3	
	I feel pressure to meet unrealistic deadlines.	OS4	
	I experience frequent stress due to staffing shortages.	OS5	
	I feel emotionally exhausted after completing my shift.	OS6	
	I find it hard to concentrate at work due to stress.	OS7	
Burnout	I feel emotionally drained from my work.	BO1	Maslach Burnout Inventory (MBI) Kar & Suar (2014); Singh & Singh (2018); Shah et al. (2022); Vinothkumar et al. (2016)
	I feel fatigued even before I start the workday.	BO2	
	I feel less enthusiastic about my job than I used to.	BO3	
	I doubt the significance of my work.	BO4	
	I feel detached or disconnected from my duties.	BO5	
	I often feel I am not making a meaningful impact at work.	BO6	
Job Performance	I complete my duties and responsibilities efficiently.	JP1	Williams & Anderson (1991); Singh & Singh (2018); Sharma & Dhar (2016); Kar & Suar (2014); Gandi et al. (2011)
	I meet the quality standards required in my job.	JP2	
	I am dependable when it comes to job-related tasks.	JP3	
	I consistently achieve the goals set for my position.	JP4	
	I perform my tasks with minimal supervision.	JP5	
	I handle unexpected job-related problems effectively.	JP6	
	I contribute positively to my team's productivity.	JP7	

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