
Occupational Stress Among Nurses in Private Hospitals: Patterns, Causes, and Consequences with Reference to Rajasthan

Narendra Sharma

Research Scholar, Index Nursing College, Malwanchal University

Dr. Manoj Prajapati

Professor, Index Nursing College, Malwanchal University

Abstract

This review examines the patterns, determinants, and consequences of occupational stress among nurses in private hospital settings with specific reference to Rajasthan, India. Drawing on the Job Demand–Control and Effort–Reward Imbalance frameworks, it synthesizes evidence on key stressors, including workload, shift work, role conflict, organizational support deficits, and work–life imbalance. Documented outcomes span physiological, psychological, and behavioral domains, with implications for job satisfaction, turnover intentions, and quality of patient care. Sectoral and regional nuances pertinent to private hospitals in Rajasthan such as staffing models, institutional culture, and gendered role expectations are assessed alongside emerging Indian evidence indicating elevated stress and dissatisfaction among private-sector nurses in Western India. The review identifies gaps in region-specific and longitudinal evidence, limited gender-disaggregated analysis, and sparse evaluation of organizational interventions in Rajasthan’s private sector. It outlines an implementation agenda for evidence-based stress mitigation and proposes a research design tailored to Rajasthan to guide policy and hospital management reforms.

Keywords: Occupational Stress; Private Hospitals; Nurses; Job Satisfaction; Rajasthan; Workload; Mental Health

Introduce the Problem in Rajasthan’s Private Hospitals

Rajasthan has witnessed rapid growth of private hospitals, which now shoulder a substantial portion of inpatient and ambulatory care. Within these institutions, nurses form the backbone of service delivery, yet report high levels of occupational stress linked to intensive workloads, rotating shifts, role ambiguity, and constrained organizational support (Mathew & Thomas, 2019; Pai Vernekar &

Shah, 2018). Despite robust national and international research, Rajasthan-specific evidence focused on private hospitals remains limited, complicating localized planning and policy. This review aims to:

- Identify primary stressors affecting private-hospital nurses.
- Assess consequences for nurse well-being, institutional outcomes, and patient care.
- Outline actionable organizational practices and policy implications for Rajasthan.

Ground the Review in Theory

Two complementary models support analysis and intervention design:

- Job Demand–Control model: Elevated psychological demands combined with low decision latitude predict high strain and adverse health outcomes (Karasek, 1979).
- Effort–Reward Imbalance model: Mismatch between high effort and low rewards monetary, esteem, and career opportunities elicits stress and ill health (Siegrist, 1996).

These frameworks map well onto private-hospital realities where high throughput, protocol-driven tasks with limited autonomy, and constrained recognition or progression opportunities co-occur.

Define and Measure Occupational Stress

Occupational stress reflects adverse physical and emotional responses when job demands exceed worker resources and needs (Pani, n.d.). In nursing research, validated instruments enable robust assessment:

- Perceived Stress Scale for general stress appraisal (Cohen et al., 1983).
- Nursing Stress Scale for nursing-specific stressors (Gray-Toft & Anderson, 1981).
- Maslach Burnout Inventory for burnout dimensions emotional exhaustion, depersonalization, personal accomplishment (Maslach & Leiter, 2016).
- Turnover intention, job satisfaction, and patient safety culture scales to capture downstream organizational effects (Joshi et al., 2021).

Map the Determinants in Private Settings

Evidence identifies interconnected determinants that are salient in Indian private hospitals:

- Workload and staffing: High patient-to-nurse ratios, task overload, and frequent admissions elevate strain and error risk (Pai Vernekar & Shah, 2018; Vernekar & Shah, 2018).
- Shift work and extended hours: Night and rotating shifts disrupt circadian rhythms and work–life balance, compounding stress (Adiba & Nair, 2021).
- Role conflict and ambiguity: Conflicts among directives from physicians, administrators, and patient families and unclear boundaries intensify cognitive and emotional load (Pai Vernekar & Shah, 2018).
- Organizational support and resources: Limited supervisory support, constrained supplies, and weak recognition systems elevate strain and reduce control (Mathew & Thomas, 2019).
- Work–life imbalance: Particularly affecting women navigating domestic responsibilities and shift schedules, with implications for fatigue and absenteeism (Chauhan et al., 2025).

Potential moderators include tenure, unit type (ICU/OT vs. general wards), perceived autonomy, and perceived fairness of rewards.

Trace the Consequences for People, Patients, and Organizations

- Health and well-being: Elevated stress correlates with fatigue, sleep problems, anxiety, depression, and burnout (Joshi et al., 2021; Maslach & Leiter, 2016).
- Job attitudes and retention: Stress is negatively associated with job satisfaction and positively with turnover intentions; Western India data indicate high dissatisfaction in private facilities (Badhla et al., 2025; Mathew & Thomas, 2019).
- Patient care and safety: Stress relates to attentional lapses, lower adherence to safety practices, and error risk, particularly under staffing constraints (Jacob & Tripathi, 2022; Aiken et al., 2002).
- Organizational productivity: Stress drives absenteeism, presenteeism, and turnover, with replacement and onboarding costs burdening hospital finances (Pani, n.d.).

Contrast Private vs Public Sector Realities

Dimension	Private Hospitals	Public Hospitals
Staffing ratios	More variable; often lean staffing	More standardized; sometimes shortages
Autonomy/control	Protocol-heavy; lower control	Bureaucratic; variable unit control
Rewards/recognition	Performance-linked, uneven	Pay scales standardized; recognition varies
Support programs	Limited formal stress programs	More access to government programs
Workload dynamics	High throughput, revenue targets	High patient volumes; less revenue pressure

Sources: Mathew and Thomas (2019); Indian hospital case evidence cited in Pai Vernekar and Shah (2018).

Embed the Rajasthan Context

Rajasthan's private sector spans urban multi-specialty hospitals and smaller peri-urban facilities. Contextual features relevant to stress include:

- Urban–rural gradients in staffing and training access.
- High patient loads in urban tertiary centers and variable support services in smaller facilities.
- Gendered expectations and dual caregiving roles shaping off-duty workload (Chauhan et al., 2025).
- Emerging evidence from Western India indicating 78% moderate stress and 78% dissatisfaction among private-hospital nurses, implying systemic pressures likely present in Rajasthan (Badhla et al., 2025).

Identify Mediators and Moderators for Targeted Action

- Mediators: Perceived organizational support, psychological safety, team climate, and reward fairness may transmit effects of workload to burnout and turnover.
- Moderators: Shift type, unit acuity, supervisor support quality, tenure, coping style, and resilience may buffer or amplify stress responses.

Translate Evidence into Multi-Level Interventions

Organizational strategies that align with JDC and ERI mechanisms include:

- Optimize staffing and scheduling
 - Implement acuity-adjusted nurse-to-patient ratios.
 - Cap consecutive night shifts; enforce mandatory rest periods.
 - Use self-scheduling and predictable rosters to increase control (Adiba & Nair, 2021).
- Redesign work and enhance control
 - Expand nurse decision latitude in care protocols.
 - Streamline documentation with digital tools and reduce non-nursing tasks.
 - Adopt team-based care with clear role delineation to reduce conflict.
- Strengthen rewards and recognition
 - Introduce transparent pay bands, differential pay for nights/ICU, and progression ladders.
 - Institutionalize recognition programs tied to quality and mentoring (Siegrist, 1996).
- Build supportive supervision and culture
 - Train charge nurses in supportive leadership and conflict resolution.
 - Establish zero-tolerance policies for incivility and abuse from any stakeholder.
 - Create confidential reporting and rapid-response mechanisms for psychosocial risks.
- Provide targeted psychosocial supports
 - Onsite counseling/Employee Assistance Programs.
 - Resilience, stress management, and sleep hygiene workshops.
 - Peer support huddles and structured debriefs after critical events.
- Safeguard work–life integration

- Provide childcare partnerships or subsidies and transport for night shifts.
- Offer part-time/flexible shifts without career penalties.
- Measure, learn, and adapt
 - Quarterly stress and burnout surveillance using validated tools (PSS, MBI, NSS).
 - Link unit-level metrics to patient safety and turnover to prioritize interventions.
 - Pilot–evaluate–scale continuous improvement cycles.

Policy Directions for Rajasthan

- Establish state-level norms for nurse staffing and safe scheduling in private hospitals.
- Require annual psychosocial risk assessments and publish aggregate benchmarks.
- Incentivize accreditation standards that embed psychosocial hazard controls.
- Offer grants/tax incentives for private hospitals adopting evidence-based supports (EAPs, supervisor training, childcare).
- Expand nursing education seats tied to retention in Rajasthan and offer return-to-work upskilling.

Research Gaps and a Rajasthan-Focused Agenda

- Region-specific evidence: Conduct studies exclusively in Rajasthan’s private hospitals across tiers and geographies.
- Longitudinal designs: Track stress trajectories and intervention impacts over 12–24 months.
- Gender-sensitive analysis: Examine differential stressors, coping, and outcomes by gender and life stage.
- Implementation and economic evaluation: Test feasibility, fidelity, and cost-effectiveness of multi-component interventions.
- Patient-linked outcomes: Link nurse stress metrics with safety indicators (falls, infections, medication errors).

A Pragmatic Study Design for Rajasthan

- Design: Multicenter mixed-methods with cohort follow-up at 0, 6, 12 months.
- Sites: Urban tertiary, peri-urban secondary, and rural private hospitals.
- Sample: Stratified random sample of nurses by unit type and shift pattern.
- Measures: PSS, NSS, MBI, job satisfaction, turnover intention, sleep quality, and patient safety climate; administrative data on absenteeism/turnover.
- Analysis: Multilevel modeling to partition variance at nurse, unit, and hospital levels; mediation tests for organizational support; cost-consequence analysis.
- Qualitative: Focus groups and interviews on role conflict, support culture, and gendered constraints to inform intervention tailoring.

Conclusion

Occupational stress among nurses in Rajasthan's private hospitals is shaped by high demands, constrained control, and imbalanced rewards, producing significant health, organizational, and patient care consequences. Evidence-based, multi-level interventions that rebalance demands and control, strengthen rewards and support, and enable work-life integration are both warranted and feasible. A focused Rajasthan research agenda longitudinal, gender-sensitive, and implementation-oriented can close critical evidence gaps and guide scalable reforms that protect nurse well-being and improve care quality.

References

- Adiba, M. S. W., & Nair, R. (2021). Occupational stress and its impact on work and work-life balance among nurses in a large private hospital in South India. *Indian Journal of Forensic Medicine & Toxicology*, 15(2), 3978–3984.
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288(16), 1987–1993.

Badhla, S. S., Matoria, R. S., Chaturvedi, D., Tyagi, A., & Pareek, S. (2025). A correlational study to assess workplace stress and job satisfaction among nursing professionals in Western India. *International Journal of Indian Psychology*, 13(1), 2490–2498.

Chauhan, N., Mohan, J., & Sehgal, M. (2025). A study of occupational stress and its correlates among nurses. *International Journal of Indian Psychology*, 13(3), 1494–1503.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385–396.

Gray-Toft, P., & Anderson, J. G. (1981). The Nursing Stress Scale: Development of an instrument. *Journal of Behavioral Assessment*, 3(1), 11–23.

Jacob, J., & Tripathi, S. (2022). Job stress experienced by nurses working in private hospitals in Kottayam. *Journal of Management Research and Analysis*, 9(4), 191–193.

Joshi, K., Sochaliya, K., Modi, B., Sharma, L., Singh, S., & Kartha, G. P. (2021). A study on the effect of occupational stress on job performance in the nursing staff of a tertiary care teaching hospital in Surendranagar district. *Indian Journal of Community Health*, 33(1), 139–145.

Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly*, 24(2), 285–308.

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103–111.

Mathew, A., & Thomas, S. (2019). Occupational stress among nurses: Government versus private sector. *International Journal of Nursing Care*, 7(1), 1–5.

Pai Vernekar, S., & Shah, H. (2018). A study of work-related stress among nurses in a tertiary care hospital in Goa. *International Journal of Community Medicine and Public Health*, 5(12), 5106–5111.

Pani, P. K. (n.d.). Occupational stress among nurses: A study of hospitals in Jamshedpur city of Jharkhand. *Ranchi Management Journal*, 11, 1–12.

Siegrist, J. (1996). Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology*, 1(1), 27–41.

Vernekar, S. P., & Shah, H. (2018). A study of work-related stress among nurses in a tertiary care hospital in Goa. *International Journal of Community Medicine and Public Health*, 5(12), 5106–5111.