International Journal of Mathematical, Engineering and Management Sciences
Vol. 9, No. 5, 1124-1144, 2024
https://doi.org/10.33889/IJMEMS.2024.9.5.059

Ram Arti
Publishers

An Empirical Correlation Between Work Stress and Occupational Performance Among Medical Practitioners: A Case Study

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(Received on December 23, 2023; Revised on April 10, 2024 & May 24, 2024 & June 5, 2024; Accepted on June 7, 2024)

Abstract
The modern age of professional competition and the post-COVID-19 situation led to the birth of stressful life. The lifestyle of medical practitioners becomes hectic and disturbing, affecting not only their profession but also their personal lives. This study identifies the factors like Role Overload & Responsibility (ROR), Lifestyle Variations (LV), Family Disruptions (FD), and Stringent Working Conditions (SWC) affecting the occupational performance of doctors. This was exploratory research that identified and validated antecedent work stress factors for the occupational performance of medical professionals in the national capital region. The factors were measured through a self-adapted questionnaire based on the five-point Likert scale. The validation of the factors was verified through the hypothesized model by using structural equation modeling (SEM) on their occupational performance. The study identifies that ROR and SWC affect the National Capital Region (NCR) medical practitioners' occupational performance. Moreover, this study has specific implications for medical professionals and provides the theoretical and practical basis for health issues during the job that severely impacts the employees' personal and professional lives. This study decodes the work stress buster factors that manipulated the effective occupational performance of the employees.

Keywords- Work stress, Occupational performance, Role overload and responsibility, Lifestyle variations, Stringent working conditions.

1. Introduction

In the modern competitive era of professionalism, work stress has become another significant part and parcel of human beings. It is not only associated with the profession but also with the personal lives of all of us. Since the inception of COVID-19, the medical profession has been exposed to anxiety and depression among doctors and nurses that impact their well-being and sustenance of needs. Sometimes, it becomes critical and uncontrollable, which leads to the death of a concerned person. This sort of situation of critical understanding requires a deep study so that it can identify the affecting factors of work stress that impinge on their occupational performance (McKeever, 2020; Saleem et al., 2021). This sometimes becomes out of control, and that leads to failure to perform on the job and even worse situations like death. Due to the prevalent panic attention of this global disease, medical practitioners had to change their lifestyles differently, like the availability of shifts, workload, work confrontation, and pressure on jobs. All these factors are the basic components of work stress, and they need to be suppressed, otherwise those who survive will be in much trouble with highly contagious diseases. These suppositions are based on two important constructs, like the work stress, and occupational performance, where management of these factors needs to be discussed from an empirical perspective, and that is the primary objective of this study.

Work stress and occupational performance are interrelated attributes affecting the lifestyle of medical practitioners because, even during their course time, they are taught to stick with the stringent mechanisms of learning and practical applications of medical courses. Therefore, the post-COVID-19 situation made them think differently, like following the process of medical science in a tough way, and then only they can serve the required medical service to human beings. But for this effectiveness, their performance should be evaluated, including the factors that not only make them effective but also negligent in their duties (Prasad et al., 2018). The present working conditions for medical practitioners are not conducive, and that creates adverse effects on their working style. This style is discussed in two forms that are positive and negative involvement. In the first case, positive factors include involvement of family time, the spirit of positive enthusiasm, and bringing creativity to their pedagogy, whereas negative attributes include suffering in terms of family, profession, unidentified workload, and operational discomfort. If all these components take birth in the working style of medical practitioners, it will affect their job, and that will be more critical as a life-saving device for their patients (human beings). All this led to bring in the parlance of common topics where it can be discussed and share the solutions. Then it will contribute to the proximity of relationships between medical practitioners and assigned forms of duties.

Numerous studies have been conducted in this area, but little has taken cognizance of medical practitioners in the National Capital Region of India, as overall it becomes a challenge for medical professionals to fulfil their duty effectively. There is no such scale (except the occupational stress scale prescribed by different researchers) that identifies the factors associated with work stress and occupational performance in this perspective. These days, human beings are more susceptible to newly occurring diseases, but due to a lack of basic medical knowledge, they feel hesitant to visit their doctors and share their concerns. As time flies, it becomes so critical to handle the cases, especially of elderly people, children, and pregnant women. If the practitioners are not in their proper mood for working due to the legible influencing factors of their profession and organization, obviously it will hamper their delivery of medical services. It is also found in many studies where this sort of anxiety has created huge distractions for practitioners and patients (Aruldoss et al., 2021). Indeed, India is one of the second largest populated countries in the world, where the availability of medical services is still a complex issue (Khasawneh et al., 2021). For this purpose, these doctors are categorized as next to God, so maintaining their well-being must be the organizations and their professions priority. Sometimes these professionals also face operational discomfort in such a manner that they become prone to drugs and alcohol, which affects their medical behavior (Khasawneh et al., 2021; Rashid and Talib, 2015).

The modern advancement of technology has contributed immensely not only to medical science but also to the economic growth of our country. Moreover, this growth has brought new additional discomfort affecting both professional and personal lifestyles. This pressure is a creation of employment-related attributes; this is not bringing a regular form of satisfaction or dissatisfaction with the prevalent ill-effects of delivered services (Khasawneh et al., 2021). Sometimes these consequences take the form of related regular diseases like blood pressure, diabetes, insomnia, cardiovascular disease, anxiety, irritation, and turning towards an introverted form of behavior. These are a few problems identified as per the previous studies; many are arising due to this existing form of work stress and occupational performance (Shacham et al., 2020). In general, only concentrating on the job satisfaction of medical practitioners is not the solution to this prevalent problem in our society. This has led to the creation of work stress, which has significantly hampered the lifestyles of physicians. Before the outbreak of Covid-19, physicians used to handle the work pressure by altering and sharing the duties. On the other hand, during this course of the pandemic, physicians became more alert and sensitive, as this problem has caused havoc not only in their personal lives but also in their working styles. Therefore, it needs to be studied through the perceptual form of medical behavior, and then only, the proper mechanism of management will be created. It is a very challenging position for these professionals in a complex form of society, where only satisfactory services are counted and not dissatisfaction, so who is going to take risks in their professional and personal lives (Bharadwaj, 2020)? The authors could not come across any particular institutions or government agencies that have formulated strategies to check this sort of relationship between work stress and occupational performance.

Taking these notes of propositions and identifying a smaller amount of existing studies, there is a cognitive purpose to conduct such an empirical study so that factors associated with work stress (role overload and responsibility; lifestyle variations; family disruptions; and stringent working conditions) and occupational performance can be evaluated. Therefore, the present objective of this study is to identify the associated factors and analyze them through a perceptual understanding of medical practitioners in a quantitative manner.

2. Literature Review and Background of the Study

In the prevalently developed set of professions, there is a deemed procedure of work stress, which may be positive or negative. It depends on the concerned person who is associated with it. For example, sometimes being more active at work is also a feature of stress, but can it affect his/her life once it becomes a normal routine for that person. In the same manner, it is presumed that there should be a generic level of work stress to sway professionalism among employees. However, it is a common occurrence for medical practitioners to experience work-related stress, which can be attributed to various factors such as their working conditions, job discomfort, or ongoing distress regarding their duty allocation. This can have a detrimental effect on their family lives. So, many authors have emphasized that the responsibility of the workload must be in a proper segment and should correlate with the hierarchical divisions of the organization (Mafune et al., 2019). But this fragment can only be possible in the multispecialty of hospitals where there is a bifurcation of specialization not in the case of the national capital region. Because there is good connectivity in this region to globally acclaimed medical institutions like AIIMS, Fortis, Artemis, Max, Medanta, Columbia Asia, and so on. This phenomenon approach makes the work style of medical professionals more active and challenging to provide productive and fruitful results. But if this exercise becomes more regular and dynamic without taking into consideration the needs and emotions of medical professionals, it will obviously harm their lifestyles and professions.

Different researchers have accumulated multiple factors associated with the occupational performance of medical practitioners. These factors not only impact their families but also the organizations where they are involved, so it becomes very complex for both of them to deal with the designed responsibilities of medical service. On the other hand, signifying the family and work pressure may not be a contributory approach for this study as there are other factors like overloading of roles and responsibilities that sometimes create a difficult transfusion of services. Likewise, the lifestyle choices of these practitioners also impact their working style, which demands a more proactive approach to the comfort-wise operation of medical services, and if it becomes continuous in their profession, then it gives birth to distress (Li et al., 2021). This is how it all affects occupational performance, and various authors have also figured out theories like role and work theory where these dimensions fit. These theories state that the perception associated with an organization gives birth to satisfaction and dissatisfaction, sometimes this becomes so complex that it sticks with a few factors. There are also roles in managing these issues as the most influential matter of concern. Hence, this distress of occupational performance is the reaction that makes inquiries about multiple overloading of roles and responsibilities, and that creates conflict and misconception among the medical professionals towards their job (Bharadwaj, 2020).

In the modern prevalent cutthroat competition, work stress has become not an issue, but a significant measurement of effectiveness because it proves the sincerity and necessity of the job. If it creates and designs as per demands of the organization and person, then it feels like there is positive proximity, affecting, directly and indirectly, professional and job performance. Numerous studies have examined job satisfaction and stress, yet only a handful have pinpointed the complex factors that contribute to work stress. Different studies have highlighted that work stress is the first and foremost dimension of creating health issues among human beings, and its consequences are none other than destroying their lives. Apart from these above-mentioned factors, there may be some more like attrition, downsizing, outsourcing, retrenchment, and layoff, but these are secondary issues that are uncontrollable and the disposition of mental disorders (Wersebe et al., 2018). Based on this theoretical foundation and methodological understanding of the empirical relationship between work stress and occupational performance, this present study is formulated through the identification of associated factors of work stress (like role overload and responsibility; lifestyle variations; family disruptions; and stringent working conditions) and how these are the antecedents of occupational performance. Taking this point into cognizant, this study is designed to identify associative factors so that the behavioral understanding of medical professionals can be improved. This not only impacts them but also motivates them towards the positive well-being of their personal and professional lives. In the previous studies, researchers did not come across any study that highlighted the significant relationship between work stress and occupational performance as it hampers the work culture of physicians in the medical field. They are not only related to this advanced field of medical science, but they also ignite a light of hope in the lives of common people. Hence, this study can serve the purpose for which physicians are granted the Hippocratic Oath by helping them understand the nexus of work stress and their expected performance.

3. The Prevalence of Study and Hypotheses Development

Medical professionals come across different sorts of pressure in an organization, ranging from personal to professional. Each person tries to accommodate this pressure as per his or her capability and perform the task accordingly, but when this situation becomes out of control, he reacts instantly in a negative manner. It may be through the anxiety and pressure of peers that the roles of the supporting staff need to be pondered so that, as per expectations of the job, they can improve their efficiency. It is also known that any sort of support will not bind them towards their goal (Huang et al., 2019; Kessler et al., 2003). Various authors have proposed different strategies so that this work stress can be coped with, but this practicality is low as well as unhygienic because it is the human tendency to think repeatedly about any assigned task. So how can we identify the factors associated with this stress? Based on the behavioral and perceptual understanding of medical practitioners, it becomes a little easier to figure out (Sarafis et al., 2016). Indeed, it is a serious wave of concern for the modern generation, and for this purpose, it has been categorized as a thought-provoking issue of discussion amongst researchers.

With the end-objective of a matter of sincere research, this problem is challenging, and it needs a regular and dynamic strategy. After finding out the associated factors, only the negative outcomes can be eradicated (Ilić et al., 2017). Otherwise, it is seen that it has become a regular practice among the generation that technological advancement has also affected this adversity, no matter where it will take us to achieve the expected outcome of the study. Various studies have explored this approach, emphasizing the importance of maintaining work-life balance, yet it fails to address the complex challenges of professions that involve social lives. This expense is a deadly concern for human beings, and patients are also classified in the segment of medical and human services, irrespective of efficiency and mankind's service (Shanafelt et al., 2015). This outbreak of work stress-related factors includes role overload and responsibility, family disruptions, lifestyle variations, and stringent working conditions. These are the real antecedents of the work stress and occupational performance of a medical organization, where they work for the productive amount of results (Győrffy et al., 2016). With these dimensions, this study has taken four identified factors associated with work stress and their empirical validation on the occupational performance of medical professionals in the national capital region. Based on this qualitative research and understanding, this study has conceptualized in the following proposed research model (**Figure 1**).

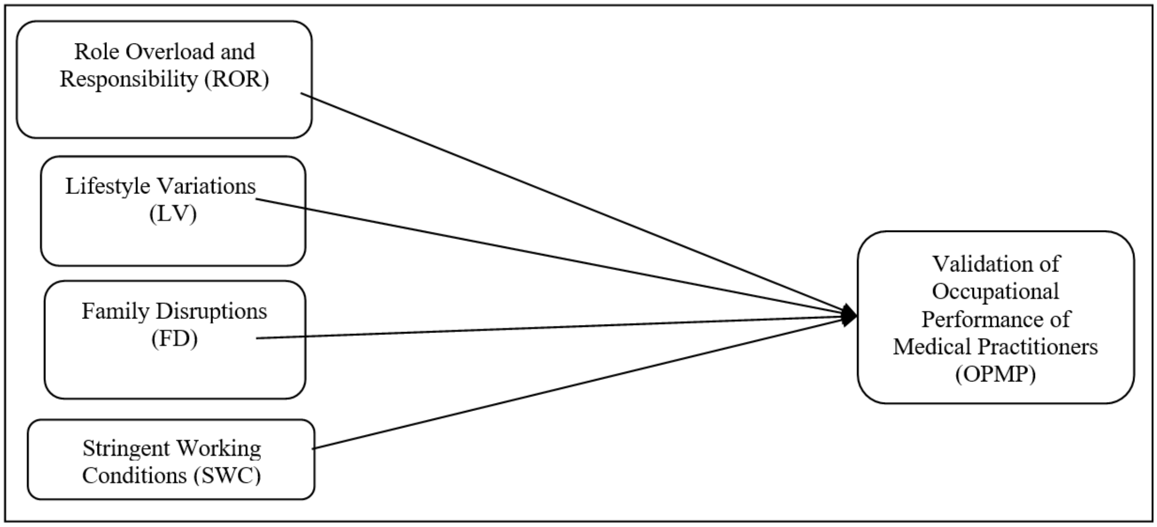

Figure 1. Proposed research model.

Therefore, based on this proposed model, this study has identified four independent variables (associated factors of work stress) and how these are antecedents of occupational performance (dependent variable) in the course of understanding medical practitioners' relationships. In this regard, based on the theoretical backdrop and literature review, these variables are explained differently and their relationship with the occupational performance of medical professionals in the NCR (India). With this objective and approach, hypotheses have also been created so that empirical validation can be made in the subsequent sections. These hypotheses have also justified their convincing development for the required study so that their expected outcomes can be fruitful for the validation of this study.

3.1 Role Overload and Responsibility (ROR)

In the case of medical practitioners' working patterns, their effectiveness depends upon the allocation of the load and their responsible behavior towards patients. This practically implies that there should be a proper distribution of the working load structure, or else the efficiency will be affected in terms of the distribution of medical services. Previous researchers have also identified and put special emphasis on their diligence behavior towards jobs; otherwise, the hourly distribution also impacts them heavily (Flood, 2017). After COVID-19, this factor gained significant perception in the minds of professionals, as it sometimes hampers their personal lives. All these propositions simply improve their performance and it will surely reduce their obnoxious forms of medical decompositions like stress, anger, anxiety, depression, insomnia, irritation, and so on (Ammons, 2013; Kroumova et al., 2023). Regular checking of role distribution on a random scale must be done after taking into account their important considerations so that it may not create havoc among them. This empirical relationship can be validated in the prescribed form.

***H*1:** There is a significant impact of role overload and responsibility on the job performance of medical professionals in the NCR.

3.2 Lifestyle Variations (LV)

Multispectral differences among human beings, especially professionals, often influence their lifestyles in different ways, which can sometimes lead to negative stress outcomes. This simply affects their lives in ways like sleeping disorders, disturbed eating habits, regular addiction to alcohol, health issues, and sometimes the irregular fulfilment of physiological needs (Rajpoot and Vaishnav, 2014). All these lifestyle components are negative forms of stress, which inevitably impact their profession and job performance. Several studies have proved that there should be a positive and high degree of correlation between the identified variables and job performance (Cho and Han, 2018; van Scheppingen et al., 2015). Organizations have been continuously offering lucrative opportunities so that their employees may refresh themselves, but most of them do not take advantage of their proper utilization; instead, they go for medical check-ups, and medical practitioners are also among them (Wepfer et al., 2018). Based on these propositions, lifestyle variations become an important antecedent of job performance, and this must be empirically validated through this proposed hypothesis.

***H*2:** There is a significant impact of lifestyle variations on the job performance of medical professionals in the NCR.

3.3 Family Disruptions (FD)

Regularly sitting at a job can lead to boredom and a lack of family time, which in turn can create distractions. During their work, small acts of kindness can help them forget their anger and stress, which in turn leads to positive interactions with their colleagues and effective work. But this will all happen when someone gets proper time and facilities, like the ones Scandinavian countries provide to their employees fortnightly. This makes them more accountable and responsible; these two forms of effectiveness will work only with sincere commitments and appreciation (Wepfer et al., 2018). Just a piece of advice, emotion, and expression of love even brings a smile to the face of the patient. The same is the case with the family disruptions of medical professionals. The question arises: why does all this happen? Then the answer is a regular and consistent form of devotion to the only job where accountability matters the most. Although it plays an important role, there should be a proper decorum for fulfilling family obligations, and then only these distractions will be removed (Miller et al., 2022). Otherwise, it becomes a routine part and the parcel of life. From the medical practitioners' concerns, this psychological form of attachment must come across publicly in terms of accolades, and then it will boost their morale and confidence towards their job. Therefore, this relationship between family disruptions and job performance must be analyzed through this hypothesis.

***H*3:** There is a significant impact of family disruptions on the job performance of medical professionals in the NCR.

3.4 Stringent Working Conditions (SWC)

During medical services, the facilities provided by organizations also impact the working style and autonomy of an employee. The same is the case with medical professionals; if they do not get a pleasant environment that contains a social, emotional, and psychological condition, then it will make them more complex and this will impact their job performance (Muzzatti et al., 2022)**.** Numerous studies have also demonstrated the importance of creating conducive working conditions that allow medical professionals to relax and enhance their efficiency. If SWC occurs on a regular basis, it will not foster a supportive environment, potentially leading to a chaotic state of insecurity (Shbeer and Ageel, 2022; Sugiura and Iwata, 2016). Similarly, this study can utilize a contemporary framework to assess the effects of strict working conditions on the required occupational performance, as articulated by the hypothesis.

***H*4:** There is a significant impact of stringent working conditions on the job performance of medical professionals in the NCR.

3.5 Occupational Performance of Medical Practitioners of NCR
Employee satisfaction is one of the most important constructs for any organization because it is an integral component of the delivery of services. If they need to be satisfied, then, their occupational performance must be evaluated. This variable is an antecedent to employee satisfaction. In the case of medical professionals, this construct of job performance is very clear where the job nature must be clear and the mechanism should be very lucid (Platis et al., 2015; Rajpoot et al., 2024). Then only will it develop an atmosphere of commitment and sincerity towards an organization. Based on the literature review and interaction during the response of information, it was observed that most of the respondents took this feature as pivotal and integral to the functioning of medical services. If an employee is diligent enough towards his job, it will appropriately facilitate their health style (Mafune et al., 2019).

Based on the depicted qualitative researchers' studies and identified variables, it is practically true that distress creates dissatisfaction among medical professionals, and it is considered as a predictor for occupational performance. Moreover, the levels of working patterns of an organization also affect the proximity of the above-mentioned variables, which may range from societal to emotional well-being (De Hert, 2020; Sarıköse and Göktepe, 2022). With this approach of theoretical understanding and methodological variations, both of these constructs must be brought together, and it can be expected that the higher the occupational performance, the lesser the work stress. This theory needs to be validated through an empirical relationship, and for that purpose, the figured-out variables need to be put together, and then we can make a particular conclusive remark with some managerial implications. This validation will serve the rightful objective for the medical practitioners of the national capital region.

4. Material and Methods
4.1 Item Integration and Validation of the Scale
A structural equation modeling technique is used for this study. The dependent variable used in this study is the occupational performance of medical practitioners, whereas the independent variables are role overload and responsibility (ROR), lifestyle variations (LV), family disruptions (FD), and stringent working conditions (SWC). The items used in this study have been put forward based on Cooper et al. (1988) and Smith et al. (2000) studies. Indeed, they identified different constructs but the present author has adapted them as pe nature of study and literature review. Moreover, the items of 'ROR' were adapted from the studies of Chen et al. (2009) and McKeever (2020). The studies conducted by Ashforth et al. (2000), Fried (2017) and Gariepy et al. (2010) were taken into consideration for the items of 'LV', on the other hand, for the 'FD' factor, the studies of Adams et al. (1996), Fox and Dwyer (1999), and Prasad et al. (2018) were put forth for the basic understanding and development of items. In the case of the 'SWC' factor, the assessed studies are Li et al. (2021), Mafune et al. (2019) and Sugiura and Iwata (2016). Lastly, for 'OPMC' constructs, the identified studies are Diener et al. (1985), Kessler et al. (2003) and Wersebe et al. (2018). This study employed a self-designed questionnaire with a five-point Likert scale, measuring responses from strongly disagree to strongly agree. Before, the finalization of the questionnaire, the constructs containing items were sent to subject experts so that the reliability and accuracy of the subject matter were checked and verified. Based on their comments, a few items were either modified or dropped, and finally, 26 items were adopted to achieve the said objective of the study. This has surely helped researchers develop positive proximity between the identified variables so that it may be the benefit for the health care institutions in the national capital region.

4.2 Sample Design and Procedure

This study has identified various factors as antecedents of work stress, which in turn affect the occupational performance of medical professionals in the National Capital Region. This region is a prime connecting landmark to the capital of India, which is New Delhi. So, it is expected to have desired expectations from patients and practitioners to have an effective and productive medical service. This study has used a convenience sampling approach based on a five-point Likert scale and a self-designed questionnaire. For that purpose, the required information about the mentioned constructs was supposed to be very reliable and valid, as it was collected only from practicing medical professionals. Then only the figured-out objective will be accomplished. In this way, the questionnaire was divided into two sections; the first part covers the basic demographic information of medical professionals, like gender, age, marital status, years of experience, educational status, and working status. Consequently, the second part contains the required sort of information on the identified factors of work stress affecting their occupational performance.

This information was collected in two steps from July to September 2021, and in the further, the collected data of 60 practitioners was measured with the conclusive purpose of a pilot study, so that the required characteristics could be developed. Due to the unavailability of an exact quantitative figure (due to organized and unorganized approach) of the number of hospitals, including private and public, the researchers followed the rule of thumb method (Hair et al., 2013; Rogers, 2021), and the variable ratio, in which there must be an extent of 5:1, as previous authors have also suggested this criterion for sample size (Gaskin and Happell, 2014; Lloret et al., 2017). This approach was also utilized, as different studies conducted through exploratory factor analysis and structural equation modelling also followed the same pattern (Revelle, 2017). Another reason for choosing this stated methodology of sampling an element is that no medical practitioners were ready to share their demographic details, as this study needs them.

Therefore, researchers followed the required set of methods, and it has been categorically used in many studies. In this continuation, researchers personally visited and took the help of near and dear ones, and then 600 questionnaires were distributed to medical professionals, who are practicing in a public and private hospital in the national capital region. Out of this, the author got 540 questionnaires as a usable one for the measurement of the study. This means there was a 90 percent response rate among the respondents and it is a required and followed practice for the utilization of SEM methodology (Dyer, 2006; Yan et al., 2020).

5. Data Analysis and Results

5.1 Descriptive Analysis of Demographic Factors

The information collected from medical professionals is categorized into six dimensions that explain their demographic variations. Based on gender, 380 were males and 160 were females. While 22% were in the age group of 20-29 years, again 22% were of 30-39 years, 28% were in the category of 40-49 years, and the remaining 28% were in the age group of 50 years or more. All these dimensions are categorically enough to understand the characteristics of the working pattern of the delivery of medical services. Likewise, 52% were single, and 48% were married practitioners. However, 70% of professionals had less than 10 years of work experience; on the other hand, 30% had over 10 years of experience. In this manner, 52% had only MBBS educational qualifications, 26% were in the PG Diploma category, and the remaining 22% were in the MD/MS group of education. Moreover, based on working status, 39% of professionals were in the PG Students category, 26% were senior residents, 15% were assistant professor, 9% were an associate professor category, and the remaining 11% were professors. All these propositions methodologically explained the required taxonomy of work stress-affecting factors for the occupational performance of medical practitioners in the national capital region. It will surely be an eye-opener for the medical industry so that the variations can be practically evaluated and serve the rightful need for this organization.

5.2 Exploratory Factor Analysis

For the statistical validity of this scale, EFA and CFA were applied. The EFA was run in SPSS version 20.0 by using the principal component analysis with the varimax rotation method. Only those items, either whose factor loading is greater than 0.5 or at least three items, were loaded on a single construct and were retained (Mohammed Naved and Mohd, 2013). These 26 items were loaded on six different constructs. However, one construct had been omitted due to only two items (at least three have to be loaded on a single construct) being loaded on it. Another item had been dropped due to low EFA loading (<0.5). Thus, three items were dropped due to these reasons. After EFA, CFA was run on AMOS version 22.0 to strengthen the validation of the scale on Amos. Thus, 23 items out of a total of 26 items were retained and loaded on five different constructs, which are ROR, LV, FD, SWC, and OPMP. **Table 2** presents the details of items with EFA and CFA factors' loading values on their respective constructs. **Table 1** indicates the results of Bartlett's Test of Sphericity (BTS) and Kaiser-Meyer-Olkin (KMO) are within the ranges for substantial correlation in data and sampling adequacy, with the variance of the EFA model being 67.5% (Hair Jr et al., 2019; Kline, 2014).

Table 1. KMO and Bartlett's test.

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.743
Bartlett's Test of Sphericity	Approx. Chi-Square	7470.399
	Degree of Freedom	325
	Significance	0.000

Table 2. Items with exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) loading results.

S. No.	Item (Total variance = 67.54%)	EFA Loading variable	CFA Loading variable	Suggestive remark
1.	ROR1: There is much attachment to pay and benefits attached to your medical skills or competencies.	0.920	0.959	Retained
2.	ROR2: You get an uncomfortable and inflexible sort of help in shielding medical equipment.	0.894	0.907	Retained
3.	ROR3: There is a limited number of staffs allowed access to the patient room, thus inability to obtain adequate assistance.	0.833	0.706	Retained
4.	ROR4: Feeling overburdened with work.	0.710	0.536	Retained
5.	LV1: There is employment responsibility interviewing with lifestyle opportunities.	0.937	0.981	Retained
6.	LV2: Relationships with lifestyle variations affect human nature.	0.920	0.821	Retained
7.	LV3: Hardcore relation with job and colleagues is a source of disturbed lifestyle.	0.894	0.706	Retained
8.	LV4: Decisions are made promptly on the basis of the facts, not personal prejudice or self-interest in your lifestyle.	0.818	0.704	Retained
9.	FD1: Family members put restrictions on socializing and extra-mural activities.	0.863	0.841	Retained
10.	FD2: There is a fear of being separated from one's family and not being able to see one's children and family.	0.850	0.827	Retained
11.	FD3: Do you see the inconvenience of taking care of children or family members in person and difficulty in settling them down?	0.824	0.754	Retained
12.	FD4: You find discrimination or exclusion of oneself or one's family by others.	0.763	0.729	Retained
13.	FD5: Family members encourages you for career development.	0.772	0.687	Retained

Table 2 continued…

14.	FD6: Family members feel positive while performing duties individually.	0.691	0.622	Retained
15.	SWC1: There is no place to stay and no place to live after work.	0.897	0.894	Retained
16.	SWC2: You do not dare talk about work in a public place or disclose the place and nature of work.	0.893	0.860	Retained
17.	SWC3: The actual work is shaped more by the practitioners' than by the formal job description.	0.841	0.775	Retained
18.	SWC4: The unpleasant aspect of work is night shift.	0.795	0.699	Retained
19.	OPMP1: Worried about not being able to deal with the psychological or emotional problems of practitioners' and their families.	0.821	0.864	Retained
20.	OPMP2: Willing to accept all sorts of challenges at work.	0.762	0.764	Retained
21.	OPMP3: Organization minutely considers the employees' feedback and suggestions.	0.759	0.708	Retained
22.	OPMP4: There is an understanding of relationship with seniors for the execution of the allotted task.	0.759	0.685	Retained
23.	OPMP5: There is a strong sense of belonging to the organization.	0.753	0.642	Retained
24.*	OPMP6	0.417	-	Not Retain EFA Loading < 0.5
25.*	Other1	0.724	-	Not Retain due to construct has only two items
26.*	Other2	0.692	-	

Note: * Items in this study have been adapted from the different studies mentioned in the theoretical background.

5.3 Measurement Model

As per previous studies, confirmatory factor analysis (CFA) has been applied with the help of the AMOS 22.0 version after running the EFA so that the item loadings and their empirical relationship among explained constructs would be statistically measured (Ahmad and Khan, 2017). As depicted in **Figure 2**, all remaining 23 items were attached to their respective constructs with more than 0.60 item loadings, whereas there was no item in the study with poor item loadings (<0.50). Therefore, all the items have been retained in the CFA procedure (Nanjundeswaraswamy, 2019). However, as reported in **Table 3**, the fit indexes of the model were within the required ranges (Gerbing and Anderson, 1988; Hu and Bentler, 1999), which reflected the strong and substantial empirical relationship between recognized constructs of occupational stress. These recognized constructs directly affect the occupational performance of medical practitioners (OPMP) in the National Capital of India

For the construct reliability and validity of the study, the author has used various methods like Cronbach's alpha (α), average variance extracted (AVE), and composite reliability (CR). The most common and prevalent practice to test reliability is Cronbach's coefficient alpha (Yang and Green, 2011). The value of Cronbach's alpha varied between 0.840 and 0.912 in this study, which is highly satisfactory (Revelle, 2017). On the other hand, the composite reliability (CR) of all constructs computed from a confirmatory factor analysis ranged from 0.854 to 0.917, which were within the threshold value (> 0.7). So, proving to be immense and useful for the purposeful nature of the empirical goal of the measurement model under this study, it could fruitfully serve its desired objective for medical practitioners in the NCR region (Hair et al., 2013; Malhotra, 2021). The results of the confirmatory factor analysis (CFA) found that all loadings were significant at a p-value of 0.01. Thus, this strong evidence demonstrates satisfactory convergent validity. If AVE values for every construct were higher than 0.5, this would indicate satisfactory reliability and convergent validity (Hair et al., 2013; Sarstedt et al., 2022). As the diagonal values mentioned in **Table 3**, which is the square root of AVE, show that the inter-construct correlation is significantly positive and less than the square root of AVE signifying the high discriminant validity of the model (Cheung et al., 2024; Khasawneh et al., 2021).

Table 3. Validity & reliability.

Constructs	α	CR	AVE	Fornell-Larcker (1981) criterion				
				ROR	FD	LV	SWC	OPMP
ROR	0.865	0.868	0.632	**0.795**				
FD	0.884	0.882	0.558	0.002	**0.747**			
LV	0.916	0.917	0.736	-0.014	0.034	**0.858**		
SWC	0.882	0.884	0.657	0.030	0.026	-0.026	**0.811**	
OPMP	0.840	0.854	0.542	0.124	-0.039	0.002	0.085	**0.736**

Note: α = Cronbach's Alpha; CR = Composite Reliability; AVE = Average Variance Extracted; ROR = Role Overload & Responsibility; FD= Family Disruptions; LV= Lifestyle Variations; SWC = Stringent Working Conditions; OPMP= Occupational Performance of Medical Practitioners.

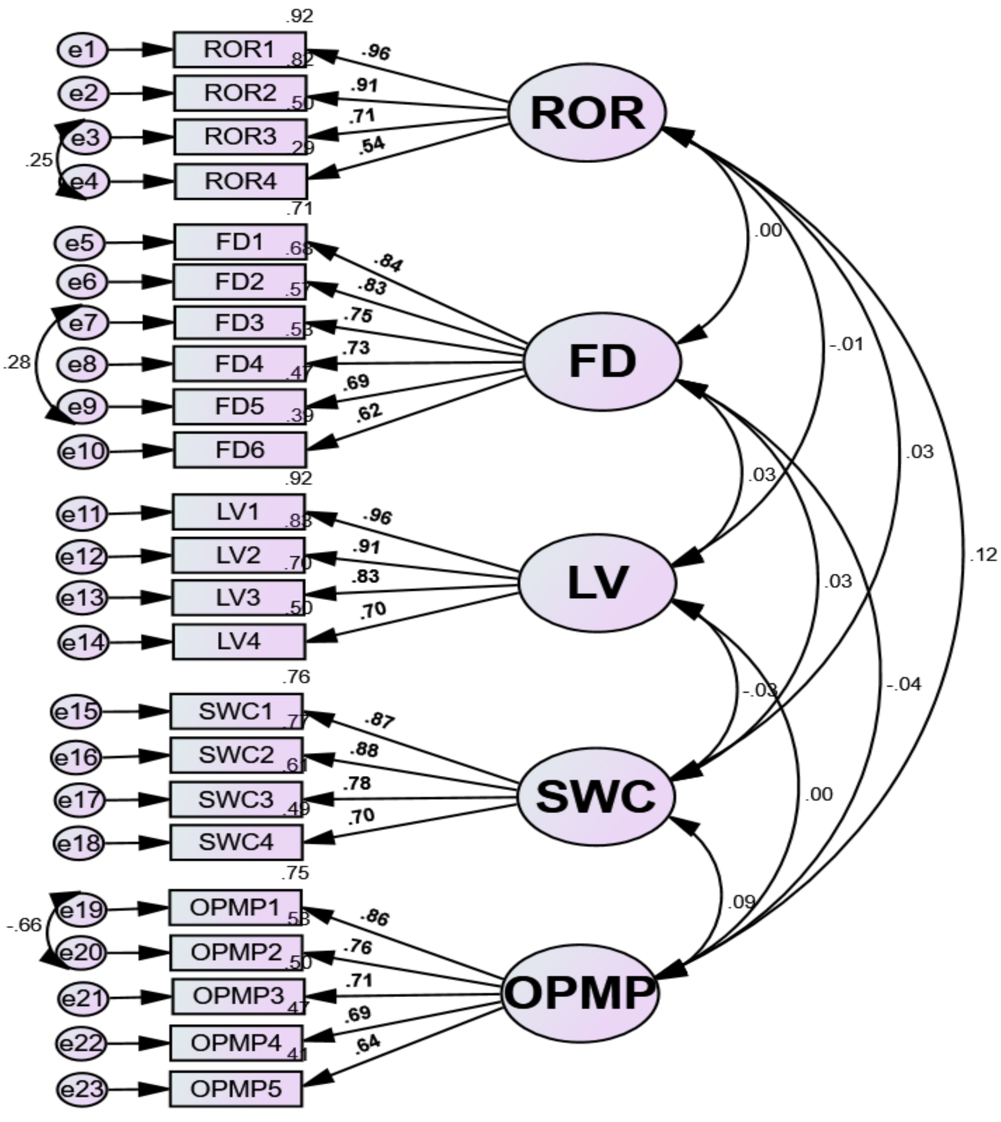

Figure 2. Measurement model.

Concerning the studies of distinguished researchers, the measurement and structural model fit indices are within the required adequate framework, as depicted in the below **Table 4** (Hooper et al., 2008; Hu and Bentler, 1999; Malhotra, 2021; Sarstedt et al., 2022; Spicer, 2005).

Table 4. Fit indices for measurement & structural models.

Models	X^2/df	RMSEA	CFI	NFI	TLI	GFI	AGFI
Measurement	3.558	0.075	0.92	0.89	0.90	0.89	0.85
Structural	3.632	0.076	0.91	0.88	0.89	0.88	0.85

5.4 Structural Model

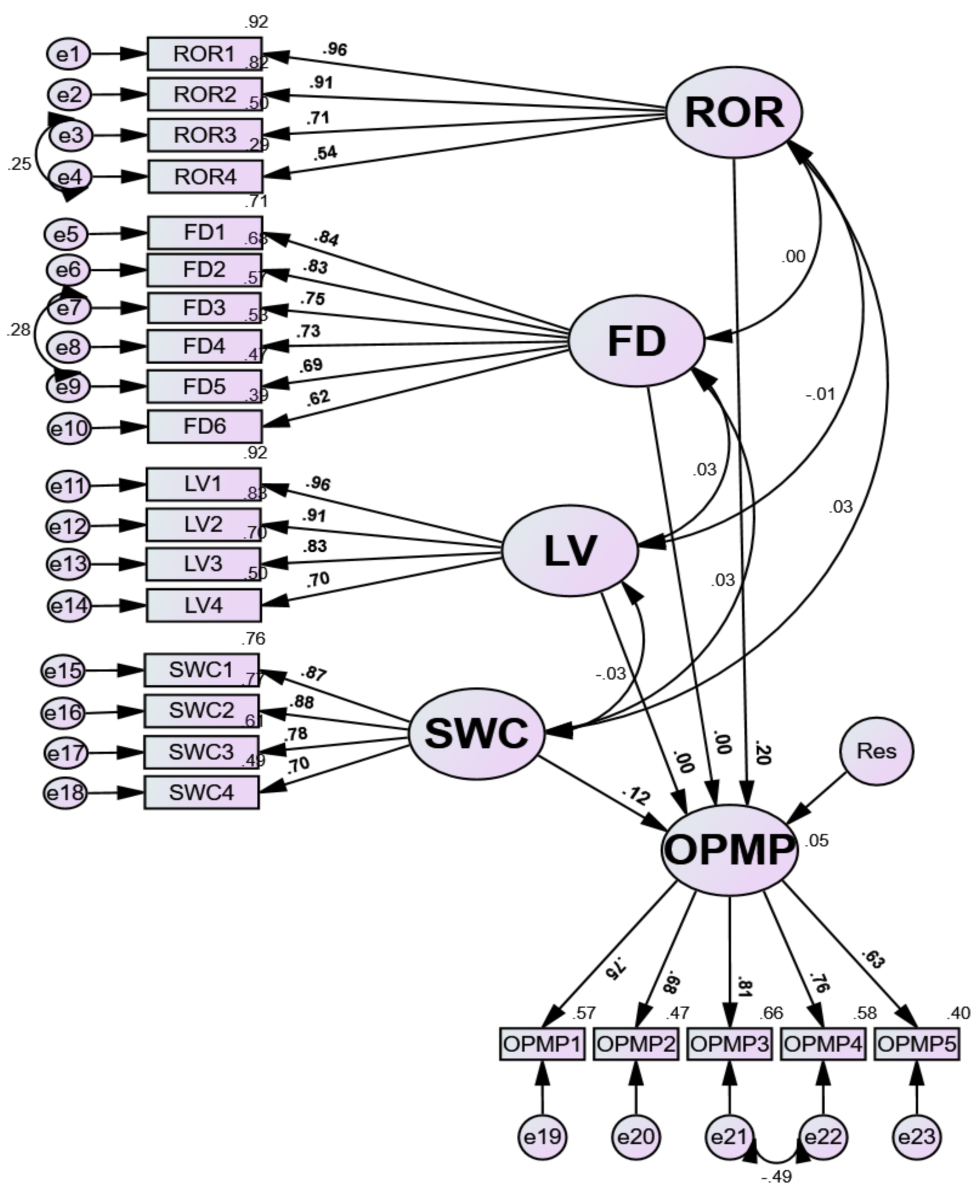

Figure 3. Structural model.

As depicted earlier in **Table 4** and **Figure 3**, the structural model fit indexes are within the required ranges as per established standards. Moreover, the result of this study illustrates that valuable attributes of work stress have a significant positive weight in recognising their relationship with the occupational performance of medical practitioners.

Table 5. Hypotheses testing.

Hypotheses		β-Value	C.R	p-Value	Remark
H1	OPMP ← ROR	0.207	4.082	0.000	Accepted
H2	OPMP ← FD	-0.004	-.078	0.938	Rejected
H3	OPMP ← LV	0.014	0.292	0.770	Rejected
H4	OPMP ← SWC	0.112	2.149	0.032	Accepted

Source- Based on the findings of Statistical findings

In terms of hypotheses testing, results are indicated in **Table 5**. The first hypothesis (H1) and the fourth hypothesis (H4) have been accepted with $\beta = 0.21$ and $\beta = 0.11$ ($P< 0.05$), respectively. It means that role overload and responsibility (ROR) and stringent working conditions (SWC) have statistically significantly persuaded and determined the occupational performance of medical practitioners (OPMP) in the NCR region. Interestingly, hypotheses (H2) and (H3) are not accepted ($P > 0.05$). It indicates that lifestyle variations (LV) and family disruptions (FD) do not have any considerable impact on the occupational performance of medical practitioners (OPMP). Therefore, it can be predicted that in the occupational performance of medical practitioners (OPMP), stress has a significant and contributing impact on the working pedagogy of medical professionals. Likewise, it is quite visible and necessary to have a deep-provoking study that should be measured on significant determinates of stress because only then will it serve the rightful purpose of their profession, which is the need of the hour in the convergent validity of the modern competitive and professional technological advance era.

6. Discussion and Practical Implications

The results of the present study highlighted that ROR and SWC are predominately deciding factors for the professional effectiveness of medical practitioners. These associations signify that workload and working conditions should not be out of control so that doctors might perform in a favorable environment (Hasan and Tumah, 2019). There is a vital need in this required field that medical organizations should think about their employees' stress, especially after COVID-19, when they are preoccupied with their roles in a distinguished manner. To overcome an intolerable and suffocating working climate, medical professionals should get an environment that contains social, emotional, and psychological support, which will provide them with relaxing time on a regular interval (Diener et al., 1985; Saravanabavan et al., 2019).

Numerous studies have examined the relationship between work stress and occupational performance among medical doctors, revealing a positive correlation to achieve the desired outcome. But a few have emphasized the national capital region of India, and this study is filling that gap so that medical practitioners can be benefited (Kroumova et al., 2023; Rashid and Talib, 2015). The outcome of this study has also proved that the performance of medical practitioners is more efficient than that of dissatisfied practitioners, and that is due to work stress. They do not manage their work quality as they are overloaded with departmental tasks and for that, they need physical, physiological and mental strength (De Hert, 2020; Hien et al., 2023). This can only fulfil the requirements of practitioners and their nature of work, so that they share their personal desire for a better relationship.

Medical professionals come across different sorts of pressure during their duties, ranging from personal to professional. Both personal and professional causes of stress must be dealt with in indifferent and distinguished manners. So that there can be identified associated stress factors, only the adverse outcomes would be adequately eradicated. Indeed, maintenance of work-life balance has become another grave concern for professionals, and it would be used as a tool to mitigate the level of job-related stress (Wepfer et al., 2018; Wersebe et al., 2018). Work-life balance is also an essential part of medical professionals' lives and affects their lifestyles differently. Work-life balance plays a crucial role in the lives of medical professionals, impacting their lifestyles in unique ways. It does not affect their lives, like sleeping disorders, disturbed eating habits, regular addiction to alcohol, or health issues, but impacts their profession and job performance as well. Different studies revealed that time with family makes medical practitioners more accountable and responsible (Öksüz et al., 2019; Yildiz et al., 2021). This approach of spending some time with near and dear ones can solve the issue, but it also needs sincere cooperation from the organization. From the medical practitioners' concerns, this psychological form of attachment must come across publicly in terms of accolade; then, it will boost their morale and confidence towards their duties. It will facilitate and boost their performance (Côté et al., 2021; Öksüz et al., 2019).

Since the beginning of COVID-19, the situation has become more complicated and worse for medical practitioners. It creates a regular form of anxiety and depression related to their well-being and the sustenance of their needs. Surprisingly, this study did not indicate that family disruptions and lifestyle variations significantly impact their job performance (Bharadwaj, 2020). It might be possible because doctors in the NCR used to face such situations in the past (Hien et al., 2023; Rashid and Talib, 2015). However, ROR and SWC both have a strong and significant impact on the working performance of doctors. The main reason for this impact is the high overload of patients due to the panic situation caused by COVID-19. Medical practitioners have changed their lifestyles differently, like the availability of shifts, workload, work confrontation, the pressure of jobs, and the expectations of people from them (Tran, 2023).

Therefore, the post-COVID-19 situation compels the organizations to rethink differently to cope with the adverse situation where diagnosis and identification of diseases are at a nascent stage and their causes are confirmed. But for their effectiveness, their performance should be evaluated, including the factors that not only make them effective but also negligent in their duties (Sugiura and Iwata, 2016). Strategic use of an HR management system enhances the effectiveness of healthcare organizations (Ahmad et al., 2019). The empirical relationship between work stress and occupational performance among medical practitioners in the National Capital Region can vary depending on several factors, including individual differences, organizational factors, and contextual influences. However, based on existing research and theoretical frameworks, several important features can be proposed regarding this relationship. One common factor is that higher levels of work stress are associated with lower levels of occupational performance. Work stress, such as high workloads, long working hours, and organizational pressures, may impair doctors' cognitive functioning, decision-making abilities, and interpersonal skills, thereby compromising their performance in delivering patient care.

Another feature is that moderate levels of stress may enhance doctors' motivation, focus, and performance, leading to optimal occupational outcomes. However, excessive stress beyond a certain threshold may overwhelm doctors' coping resources, leading to burnout, fatigue, and diminished performance. This factor acknowledges the complex interplay between stress and performance, suggesting that both low and high levels of stress may be detrimental to occupational performance. Alternatively, it is suggested that there may be an optimal level of stress that maximizes performance, with performance declining at both low and high levels of stress. Moderate levels of stress may stimulate doctors' engagement, problem-solving abilities, and resilience, leading to improved occupational performance. However, excessive stress may deplete doctors' energy, impair their concentration, and undermine their effectiveness in performing job tasks. For the above discussion, it can be concluded that only concentrating on the job satisfaction of medical practitioners in general is not the solution to this prevalent problem in our society. Instead, our medical infrastructure and system should be revisited and revamped as per new reality. In addition, the findings of the study have various practical implications:

(a) For Medical Practitioners

(i) Self-Awareness and Stress Management

- ***Recognizing Stress*****:** Medical practitioners might become more aware of the signs and sources of work-related stress.
- ***Stress Management Techniques*****:** The study might highlight the importance of adopting effective stress management techniques such as mindfulness, regular exercise, or professional counseling.

(ii) Work-Life Balance

- ***Personal Well-Being*****:** Understanding the impact of stress on occupational performance could encourage practitioners to prioritize work-life balance.
- ***Time Management*****:** Improved time management strategies might be adopted to reduce stress and enhance performance.

(b) For Healthcare Institutions

(i) Policy and Procedure Changes

- ***Work Environment Improvements*****:** Hospitals and clinics may implement changes to improve the work environment, such as better shift scheduling, providing adequate rest periods, and ensuring reasonable patient loads.
- ***Support Systems*****:** Establishing support systems like stress management workshops, peer support groups, and access to mental health professionals.

(ii) Training and Development

- ***Professional Development*****:** Continuous training programs focused on coping strategies and resilience building.
- ***Leadership Training*****:** Educating leaders and managers in the healthcare sector to recognize stress among their teams and respond appropriately.

(c) For Policymakers

(i) Regulations and Standards

- ***Work Hours and Conditions***: Developing regulations to limit excessive work hours and ensure safe and healthy working conditions.
- ***Mandatory Breaks and Leaves***: Implementing policies that mandate regular breaks and adequate leave for medical practitioners to reduce burnout.

(ii) Healthcare Infrastructure

- ***Resource Allocation***: Ensuring adequate staffing and resources in healthcare institutions to distribute the workload more evenly and reduce individual stress levels.
- ***Investment in Technology***: Encouraging investment in healthcare technologies that can streamline administrative tasks and reduce the workload on medical practitioners.

(d) For the Healthcare System

(i) Patient Care Quality

- ***Improved Performance***: Reducing work stress among medical practitioners can lead to improved occupational performance, which in turn can enhance the quality of patient care and safety.
- ***Patient Satisfaction***: Higher occupational performance and reduced practitioner stress can contribute to higher patient satisfaction and better health outcomes.

(ii) Reduction in Errors

- ***Fewer Mistakes***: Lower stress levels can lead to fewer medical errors, thus improving overall healthcare quality and reducing costs associated with malpractice and corrective treatments.

Overall, the practical implications of the study emphasize the need for a holistic approach to managing work stress among medical practitioners, involving individual strategies, institutional policies, and systemic changes to foster a healthier, more effective healthcare workforce.

7. Managerial Scope

In the current study, the author used an exploratory-confirmatory process for the determinants of stress related to job performance. The study discerns various attributes that control medical practitioners' outcomes through professional and personal factors. The results of these factors reflect on NCR medical practitioners. This study suggested that medical healthcare organizations should focus on how to reduce the workload on doctors and create a conducive and pleasant working environment. Moreover, the results of this study denounce personal factors like FD and LV as considerably important in performing the doctors' duties. It signifies that they and their families are already very well aware of all facets of this profession. In this way, there is a vital scope for the healthcare industry to identify potential practitioners who are committed to professional quality. Thus, the study reprimands the healthcare system for building medical infrastructure that could fill the gap.

On the other hand, findings from this study show that ROR and SWC factors are controlling the practitioners' desired performance during their services for medical treatment. Therefore, there is an urgent need to reduce and reschedule the working load in both qualitative and quantitative terms. Simultaneously, there should be a pleasant ambience surrounding the medical practitioners so that they can perform their duties effectively. These efforts might bring positive changes to the highly effective delivery of care services by medical practitioners.

8. Limitations and Future Research Directions

This empirical study was designed in such a way where researchers could examine the role of work stress in the occupational performance of medical practitioners in the National Capital Region, India. In order to grasp this phenomenon extensively and intensively, researchers evaluate several sorts of stress affiliations from different angles in this empirical exploration. A novel designed suitable methodology of research instruments and hypothesized a model can help health care practitioners and researchers understand the empirical association between the different attributes of stress and the delivery of medical practitioners. In this way, medical organizations and authorities may align their future course of action as per particular needs of the medical profession. In addition to this connotation, the time and resource constraints of the current researchers have led to a few limitations in this empirical study, which future researchers working in the health care system could have properly resolved. Future researchers may either expand the geographical region beyond the NCR or exclusively focus on new territories in order to make more generalized findings. By adopting the longitudinal research design, future studies can examine the divergence in the association between stress and job performance and maybe add some more latent attributes to the body of academics' knowledge. For a more comprehensive and divergent understating of this topic, future researchers may include more respondents from different levels and areas of the medical industry, along with doctors like nurses, paramedical staff and so on.

Conflict of Interest

The author confirms that there is no conflict of interest to declare for this publication.

Acknowledgments

The author extends her appreciation to the Deputyship for Research and Innovation, Ministry of Education in Saudi Arabia for funding her research work through project number ISP-2024. The author would like to thank the editor and anonymous reviewers for their comments that helped improve the quality of this work. In addition, I would like to thank all the research participants who took time out of their busy schedules and responded to our survey.

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