

Understanding the Psychosomatic Impact of Occupational Stress among Working Professionals in Lucknow District.

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ABSTRACT

Background: Occupational stress has emerged as a significant public health concern, affecting the physical, psychological, and social well-being of working professionals. Persistent exposure to workplace stress can contribute to a range of psychosomatic health problems, negatively influencing employees' quality of life, job performance, and overall productivity. Despite increasing recognition of this issue, evidence on the psychosomatic effects of occupational stress among working professionals remains limited. This study aimed to investigate the psycho-somatic effects of occupational stress among working professionals in Lucknow district.

Methods: A community-based cross-sectional study was conducted in Lucknow district, Uttar Pradesh, India, between February and June 2026. A total of 141 working professionals were selected by using a simple random sampling technique. Data were collected through a pre-tested structured interview schedule after obtaining informed consent from all participants. The collected data were entered and analyzed using SPSS Statistics version 32.0. Descriptive statistics, including frequencies and percentages, were used to summarize the data, while the Chi-square test was applied to assess the association between gender and selected psychosocial variables. **Results** - Among 141 respondents, 66.0% were males and 34.0% were females. The mean age was 34.21 ± 7.49 years. Nearly half (46.8%) reported a slight level of occupational stress. Headache, irritation, mood swings and backache were the most reported psycho-somatic complaints. Significant gender differences were observed in work beyond regular working hours ($\chi^2=17.69$, $p<0.001$), causes of stress ($\chi^2=15.31$, $p=0.004$), and coping strategies ($\chi^2=14.36$, $p=0.002$). However, no significant association was found between gender and stress level ($\chi^2=0.316$, $p=0.854$) or work-life balance satisfaction ($\chi^2=3.50$, $p=0.173$). **Conclusion** - Occupational stress remains highly prevalent among working professionals in Lucknow district and is associated with multiple psycho-somatic symptoms and disturbed sleep. Organizational interventions focusing on workload management, employee recognition, stress management, and mental health support are recommended.

Keywords: Occupational stress, Psycho-somatic disorders, Work-life balance and Mental health.

INTRODUCTION

The workplace has undergone remarkable changes over the past few decades. Advances in technology, globalization, changing organizational structures, increasing competition, and growing expectations for productivity have transformed the nature of work across almost every profession. While these developments have created new opportunities for economic growth and career advancement, they have also placed considerable pressure on employees to continuously adapt to demanding work environments. As a result, occupational stress has emerged as one of the most important challenges affecting employee health, organizational performance, and public health worldwide (WHO, 2022).

Occupational stress refers to the harmful physical and emotional responses that occur when the requirements of a job exceed an individual's ability, resources, or capacity to cope effectively. Every occupation involves some degree of stress, and moderate levels of stress may even improve alertness and performance. However, when workplace demands become excessive or persist over long periods without adequate support, stress can become chronic and negatively affect both physical and mental health. The World Health Organization emphasizes that unhealthy work environments, poor organizational support, excessive workload, role ambiguity, and limited employee control over work are among the major contributors to occupational stress. These psychosocial hazards not only influence workers' well-being but also reduce productivity and overall organizational effectiveness (WHO, 2022).

A growing body of evidence has demonstrated that prolonged occupational stress is associated with a broad range of adverse health outcomes. Continuous exposure to workplace stress activates the body's physiological stress response, leading to hormonal and neurological changes that affect multiple organ systems. Over time, these biological changes may manifest as recurrent headaches, persistent fatigue, disturbed sleep, hypertension, digestive problems, musculoskeletal pain, weakened immune function, and other stress-related physical complaints (McEwen, 1998; Ganster & Rosen, 2013). In addition to physical symptoms, employees experiencing chronic stress frequently report anxiety, depression, emotional exhaustion, irritability, reduced job satisfaction, poor concentration, and burnout, all of which interfere with personal well-being as well as professional performance (Maslach & Leiter, 2016).

Lucknow, one of the fastest-growing urban centers in northern India, has experienced considerable expansion in both the public and private employment sectors. Increasing professional responsibilities, organizational changes, and competitive work environments may expose employees to substantial occupational stress. However, there is limited empirical evidence regarding the psycho-somatic consequences of occupational stress among working professionals in Lucknow district. Understanding the nature and extent of these health problems is essential for developing evidence-based workplace interventions, employee wellness programmes, and occupational health policies.

The present study was undertaken to investigate the psycho-somatic effects of occupational stress among working professionals in Lucknow district, Uttar Pradesh. The study aims to assess the level of occupational stress, identify the major workplace stressors experienced by employees, evaluate the psycho-somatic health problems associated with occupational stress, and examine differences in stress perception and coping strategies across demographic groups.

Objective of the Study

The principal objective of this study is to examine the psycho-somatic effects of occupational stress among working professionals within the Lucknow district. The study aims to describe the socio-demographic profile of the participants and assess the prevalence and severity of occupational stress within the study population.

MATERIALS AND METHODS

A community-based cross-sectional study was conducted among working professionals in the Lucknow district of Uttar Pradesh, India, between February to June 2026. The study population comprised actively employed individuals across various occupational sectors, yielding a final sample of 141 respondents selected via simple random sampling. Inclusion criteria encompassed working professionals in Lucknow who voluntarily consented to participate, whereas individuals who refused participation were excluded. Primary data were gathered through a hybrid approach. The data collection tool evaluated socio-demographic profiles, occupational characteristics, work-life balance, stress levels, causes of occupational stress, psycho-somatic symptoms, mental health status, and coping mechanisms. Prior to data collection, institutional ethical approval was secured and written, and verbal informed consent was obtained from all participants while ensuring confidentiality and anonymity. Collected data were entered into Microsoft Excel and analysed using SPSS 32.0 version, where descriptive statistics were expressed as frequencies and percentages, and Chi-square tests were utilized to examine associations between gender and psychosocial variables. A p-value of <0.05 was considered statistically significant.

RESULTS

Socio-demographic Characteristics

The study included 141 respondents, of whom 66.0% were males and 34.0% females. The mean age was 34.21 ± 7.49 years. Most participants (44.7%) belonged to the 33–43 years age group. Nearly 60% had postgraduate education. Most respondents belonged to the OBC category (40.4%), followed by General (38.3%) and SC/ST (21.3%). Nearly three-fourths (72.3%) were married. Government employees constituted 34.0% of respondents, while contractual employees represented 29.8%. Office-based work was reported by 42.6% of participants.

Table 1.1 Socio-demographic Characteristics of the Respondents

Characteristics	Respondents (N=141)	
	No.	Percentage (%)
Age (in Year)		
21 - 32 years	60	42.6
33 – 43 years	63	44.7
44 - 55 years	18	12.8
Mean Age $\pm$ SD = 34.21 ± 7.49		
Sex		
Male	93	66
Female	48	34
Educational Qualification		
Graduate	30	21.3
Postgraduate	84	59.6
Ph.D.	27	19.1
Caste		
General	54	38.3
OBC	57	40.4
SC/ST	30	21.3
Marital Status		
Married	102	72.3
Single	39	27.7
Type of Family		
Joint	93	66.0
Nuclear	48	34.0
Native Place		
Rural	69	39.1
Semi-Urban	18	36.2
Urban	54	20.6
Type of Occupation		
Govt. Job	48	34.0
Contractual	42	29.8
Private Job	27	19.1

Self-Employment	24	17.0
Nature of Job		
Office Work	60	42.6
Field based work	39	27.7
Others (Domestic worker, Manual Labour, Salesperson)	42	29.8
Annual Income (In Rs.)		
84000-200000	24	17.0
200001-500000	66	46.8
500001-1000000	36	25.5
1000001-2000000	15	10.6

Work-Life Satisfaction, Occupational Stressors, Physical Complaints, and Coping Strategies

Occupational Stress Profile

Nearly half (46.8%) reported mild stress, followed by moderate stress (40.4%), while 12.8% experienced severe stress. Almost one-third (31.9%) sometimes worked beyond regular office hours. The most common causes of stress were Lack of promotion/reward (29.8%), Task overload (29.8%) and Job insecurity (21.3%).

Psycho-somatic Symptoms

Headache was the most reported symptom (19.1%), followed by irritation (17.0%), mood swings (17.0%), backache (14.9%), fatigue (12.8%), sleep disorder (10.6%), and blurred vision (8.5%). Nearly 60% reported that occupational stress affected their sleeping pattern. Almost half (46.8%) perceived themselves as mentally stressed.

Professional Help and Coping Strategies

Only 12.8% have always sought professional help. Almost half (44.7%) never consulted any professional for stress management. The most preferred coping strategy was spending time with family and friends (48.9%), followed by meditation (21.3%).

Table 1.2 Distribution of Respondents by Work-Life Satisfaction, Occupational Stressors, Physical Complaints, and Coping Strategies (N=141)

Characteristics	Respondents (N=141)	
	No.	Percentage (%)
Level of satisfaction with Work life balance		
Satisfied	45	31.9
Average	66	46.8
Not Satisfied	30	21.3
Work beyond regular working hours		
Always	24	17.0
Never	15	10.6
Often	33	23.4
Rarely	24	17.0
Sometimes	45	31.9
Chief Complaints		

Backache	21	14.9
Blurred/ Strained vision	12	8.5
Fatigue	18	12.8
Headache	27	19.1
Irritation	24	17.0
Mood swings	24	17.0
Sleep disorder	15	10.6
Level of Stress (Respondents opinion)		
Mild level of Stress	66	46.8
Moderate level of Stress	57	40.4
Severe level of Stress	18	12.8
Causes of Stress		
Job Insecurity	30	21.3
Lack of funding, resources and support	15	10.6
Lack of Promotion, Reward and Recognition	42	29.8
Poor Leadership & Management	12	8.5
Task Overloaded	42	29.8
Effects of stress on Sleeping pattern		
Yes	84	59.6
Maybe	30	21.3
No	27	19.1
Mental Health Condition (Respondents Opinion)		
Anxiety	21	14.9
Loneliness	18	12.8
Stressful	66	46.8
No Comment	36	25.5
Professional help for Stress		
Always	18	12.8
Sometimes	42	29.8
Rarely	18	12.8
Never	63	44.7
Cope up with stress		
Expanding time with Friends and Family	69	48.9
Meditation/ Relaxation	30	21.3
Watching TV or Internet	24	17.0
Exercise	18	12.8

Gender-Based Analysis of Psychosocial Effects and Work Dynamics

Work Beyond Regular Hours

A statistically significant difference exists between male and female respondents regarding working beyond regular hours ($\chi^2 = 17.69$, $p < 0.001$). A notably higher proportion of female respondents' report working

overtime on a regular basis, with 31.2% stating they "Always" work beyond regular hours compared to only 9.7% of males. Conversely, 16.1% of male respondents report "Never" working extra hours, whereas 0.0% of females reported the same. Overall, 32.0% of the total sample works overtime "Sometimes," making it the most frequent response overall.

Perceived Level of Stress

When assessing self-reported stress levels across genders, no statistically significant association was observed ($\chi^2 = 0.316$, $p = 0.854$). The distribution of stress severity remains nearly identical between males and females. Most respondents experience Mild level of stress (50.0% females and 45.2% males), followed closely by Moderate level of stress (37.5% females, 41.9% males). Severe level of stress was reported by 12.5% of females and 12.9% of males.

Primary Causes of Stress

The perceived causes of occupational stress vary significantly by gender ($\chi^2 = 15.31$, $p = 0.004$). For female respondents, the leading cause of stress is Lack of Promotion, Reward and Recognition (43.8%), followed by Job Insecurity and Task Overload (both at 18.8%). In contrast, male respondents reported Task Overloaded as their primary stressor (35.5%), followed by Job Insecurity (25.8%) and Lack of Promotion (22.6%). Poor Leadership & Management was cited as the least common cause of stress for both genders (6.3% females, 9.7% males).

Satisfaction with Work-Life Balance

Gender differences regarding satisfaction with work-life balance were not statistically significant ($\chi^2 = 3.50$, $p = 0.173$). Across the total sample, most respondents rated their work-life balance satisfaction as Average (50.0% females, 45.2% males). However, a higher proportion of females expressed being Satisfied (37.5% vs. 29.0% in males), while a larger proportion of males reported being Not Satisfied (25.8% vs. 12.5% in females).

Coping Strategies for Stress

The methods used to cope with stress demonstrate a statistically significant variance between genders ($\chi^2 = 14.36$, $p = 0.002$). Spending time with family and friends is the most predominant coping mechanism for both groups, utilized by 56.3% of females and 45.2% of males (48.9% total). Notably, 19.4% of male respondents use Exercise as a coping strategy, whereas 0.0% of female respondents reported exercising for stress relief. On the other hand, female respondents engaged more frequently in Meditation/Relaxation (31.3%) compared to males (16.1%). Watching TV or using the Internet was preferred slightly more by males (19.4%) than females (12.5%).

Significant gender differences were observed regarding Working beyond office hours ($\chi^2=17.69$; $p<0.001$), Causes of stress ($\chi^2=15.31$; $p=0.004$) and Coping strategies ($\chi^2=14.36$; $p=0.002$). No statistically significant association was found between gender and Stress level ($p=0.854$) and Satisfaction with work-life balance ($p=0.173$).

Table 1.3 Gender-Based Analysis of Psychosocial Effects and Work Dynamics

Psychosocial effect	Respondents (N=141)		Total	χ^2	p value
	Male	Female			
	No. (%)	No. (%)	No. (%)		
Work beyond working hours					
Always	15 (31.2)	9 (9.7)	24 (17.0)	17.69	< 0.001
Never	0 (0.0)	15 (16.1)	15 (10.6)		
Often	12 (25.0)	21 (22.6)	33 (23.4)		
Rarely	9 (18.8)	15 (16.1)	24 (17.0)		
Sometimes	12 (25.0)	33 (35.5)	45 (32.0)		

Gender wise level of Stress					
Mild level of Stress	24 (50.0)	42 (45.2)	66 (46.8)	0.316	0.854
Moderate level of Stress	18 (37.5)	39 (41.9)	57 (40.4)		
Severe level of Stress	6 (12.5)	12 (12.9)	18 (12.8)		
Gender wise Causes of Stress					
Job Insecurity	6 (12.5)	24 (25.8)	30(21.3)	15.31	0.004
Lack of Funding	9 (18.8)	6 (6.5)	15 (10.6)		
Lack of Promotion	21 (43.8)	21 (22.6)	42 (29.8)		
Poor Leadership & Management	3 (6.3)	9 (9.7)	12 (8.5)		
Task Overloaded	9 (18.8)	33 (35.5)	42 (29.8)		
Satisfaction with Work life Balance					
Average	24 (50.0)	42 (45.2)	66 (46.8)	3.50	0.173
Not Satisfied	6 (12.5)	24 (25.8)	30 (21.3)		
Satisfied	18(37.5)	27(29.0)	45(31.9)		
Cope up with Stress					
Exercise	0 (0.0)	18 (19.4)	18 (12.8)	14.36	0.002
Expanding time with Family & Friends	27 (56.3)	42 (45.2)	69 (48.9)		
Meditation/ Relaxation	15 (31.3)	15 (16.1)	30 (21.3)		
Watching TV/ Internet	6 (12.5)	18 (19.4)	24 (17.0)		

DISCUSSION

The present study investigated the psycho-somatic effects of occupational stress among working professionals and found that occupational stress is a widespread concern, with 53.2% of respondents reporting moderate to severe levels of stress. This finding highlights that occupational stress has emerged as a major public health and occupational health issue affecting employees across diverse professional sectors. The results are consistent with the WHO (2022) which identifies workplace stress as a significant determinant of poor mental health, reduced productivity, increased absenteeism, and diminished organizational performance. Likewise, Quick and Henderson (2016) emphasized that unmanaged occupational stress adversely affects employee's physical health, psychological well-being, job satisfaction, and organizational efficiency.

The distribution of stress severity findings is comparable with earlier studies conducted among professionals in healthcare, education, and corporate organizations, where moderate occupational stress was reported as the most common level of stress (Ganster & Rosen, 2013). Persistent occupational stress has been associated with emotional exhaustion, burnout syndrome, decreased work engagement, and reduced organizational commitment. A major contribution of the present study is the identification of psycho-somatic manifestations associated with occupational stress. These findings support Selye's (1976) General Adaptation Syndrome, which explains that prolonged activation of the body's stress response eventually results in physiological dysfunction and illness. Similar observations have been reported by Ganster and Rosen (2013), who concluded that chronic occupational stress contributes to musculoskeletal pain, fatigue, cardiovascular disorders, gastrointestinal disturbances, and psychological distress. Previous research has consistently demonstrated that inadequate sleep is associated with poor concentration, reduced decision-making ability, emotional instability, increased cardiovascular risk, metabolic disorders, anxiety, and depression (APA, 2023).

The study further identified task overload (29.8%) and lack of promotion, reward, and recognition (29.8%) as the leading occupational stressors, followed by job insecurity (21.3%). These findings indicate that organizational rather than individual factors are the primary determinants of occupational stress. According to Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, stress occurs when individuals perceive workplace demands to exceed their coping resources. Similar observations have been reported by the (ILO, 2022), which identified excessive workload, inadequate organizational support, poor recognition, and employment insecurity as major contributors to occupational stress worldwide.

Another noteworthy finding was that 44.7% of respondents had never sought professional assistance for stress management. This may reflect limited awareness of mental health services, social stigma surrounding psychological counselling, or inadequate workplace support systems. The WHO (2022) recommends integrating mental health promotion, counselling services, and employee assistance programmes into organizational policies to facilitate early identification and management of occupational stress. Delayed professional intervention may increase the risk of anxiety disorders, depression, burnout, and reduced work performance. Spending time with family and friends (48.9%) emerged as the most common coping strategy, followed by meditation and relaxation (21.3%). These findings support Lazarus and Folkman's (1984) coping theory, which highlights the importance of social support and adaptive coping in reducing stress. Overall, the findings emphasize the need for comprehensive workplace mental health programs, employee assistance services, flexible work arrangements, and organizational policies promoting work-life balance.

CONCLUSION

Occupational stress is highly prevalent among working professionals in Lucknow district and is associated with considerable psycho-somatic morbidity. Headache, mood swings, sleep disturbances, and backache were common manifestations. Organizational factors such as task overload and lack of promotion emerged as major contributors to stress. Although gender differences existed in workplace experiences and coping mechanisms, overall stress levels were comparable between males and females. Workplace interventions promoting employee well-being, recognition, counseling services, and healthy work-life balance are essential to reduce occupational stress and improve quality of life.

RECOMMENDATIONS

Based on the findings of the present study, organizations should implement comprehensive workplace stress management and resilience-building programs to enhance employees' coping skills and psychological well-being. Professional counseling services should be strengthened to provide timely psychological support and facilitate early intervention for individuals experiencing work-related stress. Employers should also promote a healthy work-life balance by adopting flexible work policies. Regular physical activity, wellness initiatives, and mindfulness-based interventions such as meditation and yoga should be encouraged to improve both physical and mental health outcomes.

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