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The Relationship Between Anxiety, Mental Health Status, Employee Performance, and Job Satisfaction in the Public and Private Healthcare Sectors

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Abstract

Mental health and anxiety are critical determinants of employee well-being, influencing work performance and job satisfaction, particularly among healthcare workers operating in demanding public and private hospital environments. This study examines the relationship between anxiety, mental health status, employee performance, and job satisfaction in public and private hospitals. Using a survey-based research design, standardized questionnaires were administered to a sample of 250 employees from both sectors. The findings indicate no significant differences in anxiety levels or mental health status between employees in government and private hospitals, irrespective of gender or marital status. Anxiety, as a mental health condition, can adversely affect overall well-being and work productivity, whereas good mental health is associated with improved task performance. Furthermore, the study reveals a bidirectional relationship between mental health status and job satisfaction, wherein poor mental health leads to reduced job satisfaction, while higher job satisfaction contributes to improved mental health.

Keywords: *Anxiety, Mental health status, Employee performance, Job satisfaction, Healthcare sector*

1. Introduction

Anxiety is a universal emotional experience and is often regarded as a natural response to stress, uncertainty, or perceived threat. While occasional anxiety can be adaptive and may help individuals prepare for challenging situations, persistent or excessive anxiety can become debilitating and interfere with daily functioning. Despite its prevalence, there is no single, definitive explanation for why anxiety is so widespread across populations. Anxiety is frequently used interchangeably with fear; however, the two constructs differ in important ways. Fear is typically a short-term, present-oriented emotional reaction to a specific and identifiable threat, whereas anxiety is a more prolonged, future-oriented response to a vague or uncertain danger and is accompanied by heightened physiological arousal and persistent worry (American Psychological Association, 2020). These distinctions are critical for understanding anxiety as both a normal emotional response and a potential mental health concern.

The global prevalence of anxiety disorders has increased considerably in recent decades. Current estimates suggest that approximately 4% of the world's population experiences clinically significant anxiety symptoms, making anxiety disorders among the most common mental health conditions worldwide (WHO, 2023). The growing burden of anxiety has significant implications not only for individual well-being but also for productivity, healthcare systems, and societal

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functioning. Mental health is broadly defined as a state of well-being in which individuals realize their abilities, can cope with the normal stresses of life, work productively, and contribute meaningfully to their communities (WHO, 2023). Despite this ideal, mental illnesses and disorders associated with psychological distress and psychoactive substance use remain highly prevalent across cultures and socioeconomic contexts (PAHO, n.d.).

Persistent and excessive anxiety that is disproportionate to actual circumstances and difficult to control may indicate the presence of a mental health disorder. Such anxiety often disrupts emotional regulation, cognitive functioning, interpersonal relationships, and occupational performance. Mental health does not imply the absence of internal conflict or emotional struggle; rather, it reflects an individual's capacity to manage internal challenges constructively without becoming immobilized or socially withdrawn (American Psychiatric Association, 2000). When mental health is compromised, individuals may experience impaired judgment, reduced resilience, emotional instability, and difficulties in maintaining personal and professional relationships.

Good psychological health plays a vital role in enabling individuals to navigate life's challenges effectively. It facilitates learning, emotional growth, relationship building, and the ability to manage transitions, uncertainties, and stressors. Psychological well-being also supports emotional regulation, allowing individuals to calm themselves during periods of anger, frustration, or distress. Importantly, good mental health does not mean feeling happy or positive at all times. Experiencing negative emotions such as sadness, anxiety, or frustration is a normal part of human life. Rather, mental well-being is reflected in the ability to respond to these emotions adaptively and to recover from adversity without prolonged dysfunction.

In recent years, considerable research attention has been devoted to understanding mental health and well-being in occupational settings, particularly in high-demand professions such as healthcare. Workplace mental health has emerged as a critical area of concern due to increasing job pressures, role ambiguity, work overload, and work–life imbalance. Research has highlighted that mental well-being in the workplace requires targeted interventions at individual, organizational, and policy levels. Factors such as workplace culture, availability of resources, leadership practices, and broader socioeconomic conditions play a crucial role in shaping employee mental health outcomes (Vikas et al., 2024). These findings emphasize the need for a multidimensional approach to mental health promotion within organizations.

Evidence from systematic reviews has identified numerous workplace interventions aimed at improving mental well-being and reducing burnout. A review of 17 workplace interventions revealed that although substantial evidence exists regarding effective strategies for addressing burnout and mental health concerns, a significant gap remains between research knowledge and practical implementation. Organizational and system-level factors were identified as key determinants influencing the success of these interventions, highlighting the importance of translating research findings into actionable workplace policies (Waddell et al., 2023).

Job-related stress has been strongly associated with mismatches between job demands and available resources. When employees face excessive workloads, inadequate support, and negative working environments, the risk of psychological distress increases significantly. Such conditions have been linked to decreased job satisfaction, increased absenteeism, marital strain, and deterioration of both physical and mental health (Joshi et al., 2022). These findings underscore the interconnected nature of occupational stress, personal well-being, and social functioning.

The COVID-19 pandemic further intensified mental health challenges, particularly among healthcare professionals. Studies conducted during the pandemic reported high levels of perceived stress among doctors and other healthcare workers, primarily due to increased workload, fear of infection, inadequate resources, and emotional exhaustion. These findings highlighted the urgent need for psychological support, motivation, and resilience-building strategies to help healthcare professionals cope with future crises (Goankar et al., 2021). Additional research indicated that a significant proportion of respondents experienced acute stress, depression, and anxiety as a result of the pandemic, reinforcing the need for robust psychiatric and psychological interventions for frontline healthcare workers (Mathur et al., 2020).

Stress among nursing staff has also been examined using multiple organizational and interpersonal constructs, including manpower adequacy, work–life balance, administrative flexibility, conflict management, emotional regulation,

and interactions with patients and families. High levels of stress arising from time-bound responsibilities and intense emotional demands were found to negatively impact both mental and physical health (Sengupta et al., 2019). These findings highlight the complex and multifaceted nature of occupational stress in healthcare settings.

The integration of communication and mobile technologies into work and family life has further complicated the relationship between professional responsibilities and personal well-being. Research involving office employees and their spouses revealed that increased connectivity during family time can intensify work-to-family spillover, leading to role conflict, reduced job satisfaction, and lower productivity (Carlson et al., 2018). Similar findings indicated that extended work hours and technology-driven availability contribute to burnout, work–life conflict, and turnover intentions (Wright et al., 2014).

Job satisfaction has been consistently identified as a protective factor for mental health. Studies examining industrial employees found a significant relationship between job satisfaction and mental health outcomes, with higher satisfaction associated with better psychological well-being and reduced depressive symptoms (Nadinloyi et al., 2013). In healthcare settings, high satisfaction levels were not always associated with lower stress, possibly due to incentive structures and organizational benefits that compensate for demanding work conditions (Srivastava & Madhusudan, 2017).

Performance appraisal systems have also been shown to influence employee satisfaction, stress levels, and organizational effectiveness. Effective appraisal practices in healthcare institutions can enhance efficiency, reduce absenteeism and turnover, and improve patient care quality by fostering employee motivation and psychological well-being (Jha et al., 2016). Conversely, inadequate appraisal systems may contribute to dissatisfaction and emotional distress.

Occupational stress among doctors has been linked to factors such as role overload, resource inadequacy, conflicting expectations, and limited opportunities for professional growth. These stressors can lead to emotional exhaustion, reduced job engagement, and impaired mental health (Mangal, 2015). Additionally, workplace bullying and harassment have been associated with long-term psychological consequences, including symptoms of post-traumatic stress disorder. Evidence suggests that experiences of bullying, both in childhood and adulthood, are significantly related to mental and physical health problems later in life (Nielsen et al., 2015; Einarsen, 2005).

Work–life balance has emerged as a critical determinant of psychological well-being, particularly among working parents. Research examining part-time working mothers found lower stress levels and higher overall satisfaction due to reduced role demands and increased time available for family responsibilities (Higgins et al., 2000). These findings reinforce the importance of flexible work arrangements in promoting mental health.

2. Method of the Study

The present study employed a cross-sectional research design to examine the relationship between anxiety, mental health status, employee performance, and job satisfaction among healthcare professionals working in public and private hospitals in the Kolkata district. A cross-sectional approach was considered appropriate as it enables the assessment of psychological and occupational variables at a single point in time and allows for comparison between groups. The study focused on healthcare professionals holding managerial and supervisory positions at lower, middle, and higher levels of management, thereby ensuring representation of diverse occupational responsibilities within hospital settings. Anxiety and mental health were treated as independent variables, while employee performance and job satisfaction were considered dependent variables.

The population of the study comprised healthcare professionals employed in government and private hospitals located in the Kolkata district during the COVID-19 pandemic. The study targeted managerial personnel who were actively engaged in hospital administration and decision-making processes during this period of heightened occupational stress. The pandemic context was particularly relevant, as healthcare professionals experienced increased workloads, emotional strain, and job-related uncertainty, which may have influenced their anxiety levels, mental health status, performance, and work satisfaction.

A convenience sampling technique was adopted for selecting participants due to practical constraints such as limited access to healthcare professionals, time limitations, and institutional restrictions during the pandemic. Respondents who were available, willing to participate, and met the inclusion criteria were included in the study. The final sample consisted of 250 healthcare professionals drawn from both public and private hospitals, with representation across different managerial levels. This sample size was considered adequate for conducting comparative and correlational analyses between the study variables.

Data were collected using a structured and standardized questionnaire administered to respondents working in public and private healthcare institutions in the Kolkata district. Prior permission was obtained from hospital authorities, and respondents were informed about the purpose of the study. Participation was voluntary, and confidentiality and anonymity were assured to encourage honest and unbiased responses. Questionnaires were distributed either in person or through electronic means, depending on feasibility and institutional guidelines prevailing during the COVID-19 situation.

The questionnaire used in the study consisted of two main sections. The first section gathered demographic information such as age, gender, marital status, educational qualification, work experience, type of hospital, and level of management. The second section comprised psychographic and attitudinal measures designed to assess anxiety level, mental health status, employee performance, and job satisfaction. Standardized scales with established reliability and validity were used to measure these constructs, and responses were recorded using appropriate Likert-type rating scales.

Ethical considerations were strictly observed throughout the research process. Informed consent was obtained from all participants, and they were assured that their responses would be used solely for academic purposes. Participants were informed of their right to withdraw from the study at any stage without any consequences. No identifying information was collected, and all data were handled with strict confidentiality.

The collected data were coded, tabulated, and analyzed using appropriate statistical software. Descriptive statistics were used to summarize demographic characteristics and overall levels of anxiety, mental health, employee performance, and job satisfaction. Inferential statistical techniques such as correlation analysis were employed to examine relationships among the variables, while t-tests and analysis of variance were used to assess differences between public and private healthcare professionals. Regression analysis was conducted to examine the predictive influence of anxiety and mental health on employee performance and job satisfaction. All hypotheses were tested at an appropriate level of statistical significance.

3. Conceptual Framework

Based on an extensive review of existing literature and the objectives of the present study, a conceptual framework was developed to examine the relationships among anxiety, mental health, employee performance, and job satisfaction within public and private healthcare institutions. In this framework, anxiety and mental health status are conceptualized as the independent variables, as they represent key psychological factors influencing workplace behaviour and outcomes among healthcare professionals. These variables are assumed to have a direct and significant impact on occupational functioning, particularly during high-stress conditions such as the COVID-19 pandemic.

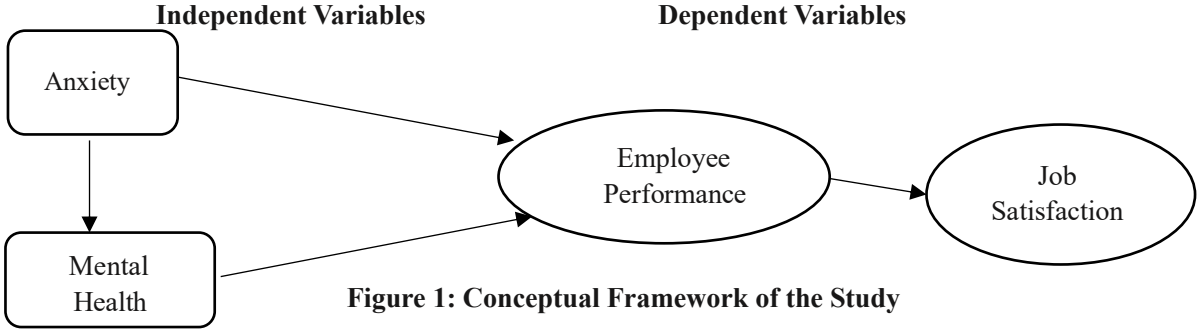

Figure 1: Conceptual Framework of the Study

The framework further identifies employee performance and job satisfaction as the dependent variables, reflecting critical indicators of organizational effectiveness and individual work-related well-being. Employee performance refers to the efficiency, productivity, and effectiveness with which healthcare professionals fulfill their roles, while job satisfaction represents the degree of contentment and positive attitude individuals hold toward their work and work environment. The model proposes that higher levels of anxiety may negatively influence mental health, which in turn may adversely affect employee performance and job satisfaction. Conversely, better mental health is expected to contribute positively to improved performance outcomes and higher levels of job satisfaction.

Additionally, the conceptual framework allows for the examination of differences between public and private healthcare sectors and across various managerial levels. It assumes that organizational context and employment conditions may moderate the strength and direction of relationships among the study variables. By integrating psychological and occupational dimensions, the framework provides a comprehensive basis for analysing how anxiety and mental health collectively influence employee performance and job satisfaction among healthcare professionals

4. Objectives & Hypotheses

The main Objectives of the present study are:

- To find out Anxiety level and Mental health status will be dependent on different demographic variables between the Public and Private Health-care Sector.
- To find out the relationship between the Anxiety level and Mental health status with Employee Performance and work Satisfaction of the Public and Private Hospitals.
- To investigate the effects of the Anxiety level on Mental health status to Employee performance and work Satisfaction of Public and Private Hospitals.

Hypotheses

For this study, the following hypotheses must be tested:

H01: The level of Anxiety will not be dependent on various demographic variables among the managerial personnel of govt and Private Hospitals.

H02: The status of Mental health level will not be dependent on various demographic variables among the managerial personnel of Public and Private Health-care Sector.

H03: The Anxiety level will not be high among the managerial personnel of Private in comparison to Public Health-care Sector.

H04: The level of Mental health status will not be high among the managerial personnel of Private in comparison to Public Health-care Sector.

H05: Employee Performance and Job satisfaction will not be negatively correlated with Anxiety and positively correlated with Mental Health status among the managerial personnel of both Public and Private Health-care Sector.

H06: The level of Anxiety and Mental Health among the managerial personnel of both govt and Private Health-care Sector will not predict Employee Performance and Satisfaction.

H07: The level of Anxiety, Mental health status, work Satisfaction and Employee Performance of private professionals will not be different from public professionals of Health-care Sector.

H08: Anxiety is not influencing the effect on Mental Health with Employee Performance and Satisfaction.

H09: There is no relation between the levels of employee with Anxiety, Mental Health status, Employee Performance and Job Satisfaction among the managerial personnel of both Public and Private Health-care Sector.

5. Instrument test & Data Description

All data were entered in SPSS version 25. Demographic characteristics were summarized using frequencies and percentages. Frequency analysis was carried out for demographic variables. Cronbach alpha was performed for

Reliability of all factors and their respective components. An t-test was used to compare the demographic variables with the level of Anxiety and Mental health status of Private in comparison to Public Health-care Sector. ANOVA was used to compare the level of employee position with Anxiety, Mental Health status, Employee Performance and Job Satisfaction. Pearson's test examined the correlation between Employee Performance and Job Satisfaction, considering factors such as Anxiety and Mental Health. Regression analysis was used to investigate Anxiety influencing Mental Health status and the effect of Employee Performance and Job Satisfaction. P-value which was lesser than 0.05 was set as significant statistics.

Table 1: Demographic Profile of the Respondents

Demographic Variables	Categories	Frequency	Percent
Gender	Male	179	71.6
	Female	71	28.4
Age	20 - 30 Years	190	76.0
	31 - 40 Years	31	12.4
	41-50 Years	9	3.6
	51 - 60 Years	12	4.8
	> 60 Years	8	3.2
Marital Status	Married	50	20.0
	Unmarried	200	80.0
Educational Qualification	10th STD	4	1.6
	12th STD	14	5.6
	Under graduate	104	41.6
	Masters	108	43.2
	MPhil/PhD	20	8.0
Company	Private	165	66.0
	Government	85	34.0
Position in the organization	Lower Management	86	34.4
	Middle Management	115	46.0
	Top Management	49	19.6
Years of Experience	0-3 Years	149	59.6
	4-6 Years	39	15.6
	7-8 Years	23	9.2
	9-10 Years	9	3.6
	>10 Years	30	12.0

Table 1 presents the demographic profile of the respondents selected for the study. The sample was predominantly male, accounting for 71.6% of the respondents, while females constituted 28.4%. A majority of the participants belonged to the younger age group of 20–30 years (76.0%), indicating a relatively young workforce in the healthcare sector during the study period. Most respondents were unmarried (80.0%), and a substantial proportion possessed higher educational qualifications, with 43.2% holding a master's degree and 41.6% being undergraduates.

Table 2: Reliability analysis

Dimension	Cronbach's Alpha
All Variables	0.945
Anxiety	0.911
Mental Health	0.892
Employee Performance	0.878
Job satisfaction	0.939

In terms of organizational affiliation, 66.0% of the respondents were employed in private hospitals, while 34.0% worked in government hospitals. Regarding organizational position, the largest proportion belonged to middle management (46.0%), followed by lower management (34.4%) and top management (19.6%). With respect to work

experience, a majority of respondents (59.6%) had 0–3 years of experience, suggesting that the sample largely comprised early-career healthcare professionals.

The overall Cronbach's alpha value for the study variables was 0.945, indicating excellent internal consistency of the measurement instrument. As above Table 2 indicates, the reliability coefficients for individual dimensions ranged from 0.878 to 0.939, demonstrating that all scales used in the study possessed high levels of reliability and were suitable for further statistical analysis.

Table 3: Frequency analysis

	Frequency	Percentage
Anxiety Scale		
Low anxiety	123	49.2
Moderate anxiety	89	35.6
High anxiety	38	15.2
Mental Health Scale		
None	35	14.0
Mild	41	16.4
Moderate	79	31.6
Moderate severe	65	26.0
Severe	30	12.0
Employee Performance Scale		
Very low	9	3.6
Low	17	6.8
Average	97	38.8
High	93	37.2
Very high	34	13.6
Job Satisfaction Scale		
Low	42	16.8
Moderate	150	60.0
High	58	23.2

Table 3 presents the frequency distribution of anxiety, mental health status, employee performance, and job satisfaction among the respondents. Nearly half of the respondents (49.2%) reported low levels of anxiety, while 35.6% experienced moderate anxiety and 15.2% reported high anxiety levels. In terms of mental health status, the largest proportion of respondents fell within the moderate category (31.6%), followed by moderate severe (26.0%) and mild levels (16.4%), indicating varying degrees of psychological distress among healthcare professionals. With respect to employee performance, the majority of respondents reported average (38.8%) to high performance levels (37.2%), suggesting overall satisfactory work functioning despite occupational stressors. Regarding job satisfaction, most respondents (60.0%) reported moderate satisfaction, while 23.2% expressed high satisfaction and 16.8% reported low satisfaction. Overall, the findings indicate a mixed pattern of psychological well-being and work-related outcomes among healthcare professionals during the study period.

6. Testing of Hypotheses, Data Analysis & Interpretation

Testing a hypothesis is a fundamental component of scientific research, as it provides a systematic and objective method for examining relationships among variables and validating research assumptions. Hypothesis testing enables researchers to move beyond subjective observations and rely on empirical evidence to support or reject proposed statements. By statistically testing hypotheses, researchers can determine whether observed patterns in data are meaningful or occurred merely by chance, thereby enhancing the credibility and reliability of research findings.

One of the key importance of hypothesis testing lies in its ability to establish relationships between independent and dependent variables. In behavioral and social science research, such as studies on anxiety, mental health, employee

performance, and job satisfaction, hypothesis testing helps in understanding how psychological factors influence workplace outcomes. It allows researchers to assess the strength, direction, and significance of these relationships, contributing to theory building and validation.

Table 4: The level of Anxiety for different gender, marital status among employees of Public and Private Health-care Sector

Variables	Categories	N	Mean	Std. Deviation	t stat	P value	95% CI of the Difference	
							Lower	Upper
Gender	Male	179	22.27	12.92	-0.44	0.66	-4.36	2.76
	Female	71	23.07	12.83				
Marital Status	Married	50	23.62	13.11	0.69	0.49	-2.61	5.41
	Unmarried	200	22.22	12.83				

The results presented in Table 4 indicate that there is no statistically significant difference in anxiety levels based on gender and marital status among employees of public and private healthcare sectors. The mean anxiety scores of male and female employees were comparable, and the obtained t value was not significant ($p > 0.05$), suggesting that anxiety levels do not vary by gender. Similarly, no significant difference was observed between married and unmarried employees, as reflected by the non-significant p value. These findings suggest that anxiety levels among healthcare professionals are relatively uniform across gender and marital status, irrespective of their employment in public or private hospitals.

The findings presented in Table 5 indicate a statistically significant difference in anxiety levels across age groups among employees of public and private healthcare sectors, as reflected by the obtained F value ($F = 2.54$) and a p value of 0.04, which is less than the 0.05 level of significance. Employees in the age groups of 41–50 years and 51–60 years reported comparatively higher mean anxiety scores than younger age groups, suggesting that anxiety levels tend to increase with age among healthcare professionals.

Table 5: The level of Anxiety for different age, education, position and years of experience among employees of Public and Private Health-care Sector

Variables	Categories	N	Mean	Std. Deviation	Std. Error	95% CI for Mean		F Value	P Value
						Lower Bound	Upper Bound		
Age	20 - 30 Yrs	190	21.62	12.41	0.90	19.84	23.39	2.54	0.04
	31- 40 Yrs	31	23.29	12.93	2.32	18.55	28.03		
	41-50 Yrs	9	30.89	13.64	4.55	20.40	41.38		
	51 - 60 Yrs	12	30.42	13.82	3.99	21.64	39.20		
	> 60 Yrs	8	19.13	16.46	5.82	5.36	32.89		
Education	10th STD	4	11.25	14.80	7.40	-12.29	34.79	1.37	0.24
	12th STD	14	22.64	16.03	4.28	13.39	31.90		
	UG	104	21.25	11.92	1.17	18.93	23.57		
	PG	108	23.79	12.99	1.25	21.31	26.27		
	MPhil/PhD	20	24.20	13.89	3.11	17.70	30.70		
Experience	0-3 Years	149	21.02	11.60	0.95	19.14	22.90	1.23	0.30
	4-6 Years	39	24.85	14.91	2.39	20.01	29.68		
	7-8 Years	23	24.30	13.96	2.91	18.27	30.34		
	9-10 Years	9	24.89	16.52	5.51	12.19	37.59		
	>10 Years	30	24.70	13.89	2.54	19.51	29.89		

In contrast, no statistically significant differences were observed in anxiety levels based on educational qualifications and years of work experience. The p values for educational qualification ($p = 0.24$) and years of experience ($p = 0.30$) exceeded the 0.05 significance threshold, leading to the rejection of the alternative hypotheses for these variables. These findings indicate that educational attainment and work experience do not significantly influence anxiety

levels among employees in public and private healthcare sectors. Overall, the results suggest that age is a more influential factor in determining anxiety levels compared to education and work experience among healthcare employees.

Table 6: The level of Mental health for different gender, marital status among employees of Public and Private Health-care Sector

Variables	Categories	N	Mean	Std. Deviation	t stat	P value
Gender	Male	179	12.27	6.68	-0.5849	0.559
	Female	71	12.82	6.45		
Marital Status	Married	50	11.5400	6.90522	-1.0619	0.289
	Unmarried	200	12.6500	6.53614		

The results presented in Table 6 indicate that there are no statistically significant differences in mental health levels based on gender and marital status among employees of public and private healthcare sectors. The mean mental health scores of male and female employees were comparable, and the obtained *t* value was not statistically significant ($p > 0.05$). Similarly, no significant difference was observed between married and unmarried employees, as reflected by the non-significant *p* value. These findings suggest that mental health status among healthcare employees does not vary significantly with gender or marital status across public and private hospitals. Consequently, the alternative hypothesis stating that mental health status is dependent on gender and marital status is rejected.

The results presented in Table 7 indicate a statistically significant difference in mental health status across different age groups among employees of public and private healthcare sectors, as evidenced by the obtained F value and a p value of 0.004, which is less than the 0.05 level of significance. This finding supports the acceptance of the alternative hypothesis, suggesting that mental health status varies significantly with age. Employees in the 51–60 years age group reported comparatively higher mean mental health scores, while lower scores were observed among younger and older age groups.

Table 7: The level of Mental health for different age, educational qualification and years of experience among employees of Public and Private Health-care Sector

Variables	Categories	N	Mean	Std. Deviation	Std. Error	95% CI for Mean		F Value	P Value
						Lower Bound	Upper Bound		
Age	20 – 30 Yrs	190	12.695	6.378	0.463	11.782	13.607	4.002	0.004
	31 – 40 Yrs	31	9.548	6.495	1.167	7.166	11.931		
	41-50 Yrs	9	13.333	6.764	2.255	8.134	18.533		
	51 – 60 Yrs	12	17.333	6.125	1.768	13.442	21.225		
	> 60 Years	8	8.875	8.340	2.949	1.903	15.847		
Education	10th STD	4	9.250	10.905	5.452	-8.102	26.602	1.235	0.297
	12th STD	14	15.357	7.407	1.980	11.081	19.634		
	UG	104	11.942	6.035	0.592	10.769	13.116		
	Masters	108	12.796	6.676	0.642	11.523	14.070		
	MPhil/PhD	20	11.550	7.543	1.687	8.020	15.080		
Experience	0-3 Years	149	12.799	6.259	0.513	11.785	13.812	0.752	0.557
	4-6 Years	39	12.615	6.846	1.096	10.396	14.835		
	7-8 Years	23	10.435	7.650	1.595	7.126	13.743		
	9-10 Years	9	11.000	5.523	1.841	6.755	15.245		
	>10 Years	30	12.300	7.530	1.375	9.488	15.112		

In contrast, no statistically significant differences were found in mental health status based on educational qualifications and years of work experience. The p value for educational qualification was 0.297, and for years of experience it was 0.557, both of which exceed the 0.05 significance threshold. Accordingly, the alternative hypotheses related to educational qualification and years of experience were rejected. These findings indicate that age plays a more

influential role in determining mental health status than educational attainment or work experience among employees in public and private healthcare sectors.

Table 8: The level of Anxiety different in Private and Government Health-care Sector

Sector	Categories	N	Mean	Std. Deviation	t stat	P value	95% CI of the Difference	
							Lower	Upper
Health care	Private	165	24.91	13.68	2.81	0.006	1.89	10.92
	Government	85	18.51	10.56				

The results presented in Table 8 indicate a statistically significant difference in anxiety levels between employees working in private and government healthcare sectors. Employees in the private healthcare sector reported significantly higher mean anxiety scores compared to those in the government sector. The obtained *t* value was statistically significant, and the p value (0.006) was less than the 0.05 level of significance. The 95% confidence interval of the mean difference did not include zero, further supporting the significance of the result. Therefore, the alternative hypothesis stating that anxiety levels are higher among employees in the private healthcare sector than in the public healthcare sector is accepted.

Table 9: The level of Mental health different in Private and Government Health-care Sector

Sector	Categories	N	Mean	Std. Deviation	Std. Error Mean	t value	P Value
Health-care	Private	165	13.5273	6.07129	0.47265	3.757	0.061
	Govt	85	10.2941	7.11776	0.77203		

The results presented in Table 9 indicate no statistically significant difference in mental health levels between employees working in private and government healthcare sectors, as the p value (0.061) exceeds the 0.05 level of significance. Although the mean mental health score of private healthcare employees was higher than that of government healthcare employees, the difference was not statistically significant. Therefore, the alternative hypothesis stating that mental health status is higher in the public healthcare sector compared to the private sector is rejected.

Table 10: Correlation on Employee Performance and Job satisfaction versus Anxiety and Mental health among employees of Public and Private Health-care Sector

Type of a sector	Type of a company	Variables		Anxiety total	Mental health Total
Health-care	Private	Employee performance	Pearson Correlation	-.350**	.272*
			Sig. (2-tailed)	0.001	0.004
			N	165	165
		Job satisfaction	Pearson Correlation	-.260*	0.074
			Sig. (2-tailed)	0.009	0.001
			N	165	165
	Govt	Employee performance	Pearson Correlation	-0.127	0.040
			Sig. (2-tailed)	0.03	0.005
			N	85	85
		Job satisfaction	Pearson Correlation	-.409**	.662**
			Sig. (2-tailed)	0.003	0.000
			N	85	85

The results presented in Table 10 reveal a significant relationship between anxiety, mental health, employee performance, and job satisfaction among employees of both private and government healthcare sectors. In the private sector, anxiety was found to be significantly and negatively correlated with employee performance and job satisfaction, indicating that higher anxiety levels are associated with lower performance and reduced job satisfaction. Mental health, on the other hand, showed a positive and significant correlation with employee performance, suggesting that better mental health contributes to improved work outcomes.

In the government sector, anxiety was also negatively correlated with job satisfaction and employee performance, while mental health demonstrated a strong positive correlation with job satisfaction and a positive association with employee performance. These findings collectively indicate that increased anxiety adversely affects work-related outcomes, whereas better mental health enhances employee performance and satisfaction across both sectors.

Therefore, the alternative hypothesis stating that employee performance and job satisfaction are negatively correlated with anxiety and positively correlated with mental health status among managerial personnel in both public and private hospitals is accepted.

Table 11: Regression analysis on the level of Anxiety and Mental Health on Employee performance

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	984.867	3	328.289	3.537	.015b
	Residual	22832.317	246	92.814		
	Total	23817.184	249			
a. Dependent Variable: Employee Performance Total						
b. Predictors: (Constant), Mental Health Total, Anxiety Total						

The regression analysis presented in Table 11 indicates that the model is statistically significant, as evidenced by the F value of 3.537 and a p-value of 0.015 ($p < 0.05$). This demonstrates that anxiety and mental health jointly have a significant influence on employee performance among healthcare employees. The results suggest that variations in employee performance can be meaningfully explained by changes in anxiety and mental health levels. Therefore, the regression model provides a good fit to the data and confirms that psychological factors play a significant role in determining employee performance.

Table 12: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	21.799	2.890		7.543	.000
	Anxiety Total	-.051	.020	.165	2.551	.011
	Mental Health Total	.130	.108	.088	1.205	.229
a. Dependent Variable: Employee Performance Total						

The coefficients table indicates that anxiety and mental health were entered as predictors of employee performance. The regression equation derived from the analysis is: *Employee Performance = 21.799 − 0.051 (Anxiety) + 0.130 (Mental Health)*. The constant value of 21.799 represents the predicted level of employee performance when both anxiety and mental health scores are zero.

Anxiety was found to be a statistically significant predictor of employee performance ($\beta = -0.165$, $t = 2.551$, $p = 0.011$). The negative regression coefficient suggests that higher levels of anxiety are associated with lower levels of employee performance. This indicates that as anxiety increases, employee performance tends to decline significantly.

Table 13: Regression analysis on the level of Anxiety and Mental Health on Job Satisfaction

Model		Sum of Squares	Df.	Mean Square	F	Sig.
1	Regression	21256.823	3	7085.608	37.437	.000b
	Residual	46559.677	246	189.267		
	Total	67816.500	249			
a. Dependent Variable: Job satisfaction Total						
b. Predictors: (Constant), Mental Health Total, Anxiety Total						

In contrast, mental health did not emerge as a significant predictor of employee performance ($\beta = 0.088$, $t = 1.205$, $p = 0.229$). Although the coefficient for mental health was positive, the relationship was not statistically significant, indicating that mental health did not independently contribute to predicting employee performance in the presence of

anxiety. Overall, the findings highlight anxiety as a key psychological factor influencing employee performance among healthcare employees.

Table 14: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	30.969	4.127		7.504	.000
	Anxiety Total	-.268	.029	.507	9.292	.000
	Mental Health Total	.571	.154	-.229	-3.715	.000

a. Dependent Variable: Job satisfaction Total

The regression analysis examines the influence of anxiety and mental health on job satisfaction among healthcare employees. The regression equation derived from the coefficients table is: *Job Satisfaction = 30.969 − 0.268 (Anxiety) + 0.571 (Mental Health)*. The constant value of 30.969 represents the predicted level of job satisfaction when both anxiety and mental health scores are zero.

Anxiety was found to be a strong and statistically significant predictor of job satisfaction ($B = -0.268$, $t = 9.292$, $p < 0.001$). The negative regression coefficient indicates that higher levels of anxiety are associated with lower levels of job satisfaction. This suggests that an increase in anxiety significantly reduces job satisfaction among employees.

Mental health also emerged as a statistically significant predictor of job satisfaction ($B = 0.571$, $t = -3.715$, $p < 0.001$). Despite the negative t value, the positive unstandardized coefficient indicates that better mental health is associated with higher job satisfaction. This implies that improvements in mental health contribute positively to employees' satisfaction with their jobs.

Overall, the results demonstrate that both anxiety and mental health have a significant impact on job satisfaction. Higher anxiety decreases job satisfaction, while better mental health enhances it. Therefore, the alternative hypothesis stating that job satisfaction is significantly influenced by anxiety and mental health is accepted.

Table 15: The level of Anxiety, Mental health status, Job Satisfaction and Employee Performance comparison in private and public Health-care sector

Type of a sector		N	Mean	Std. Deviation	Std. Error Mean	t value	P value
Anxiety Total	Private	165	22.500	12.863	1.174	0.000	1.000
	Govt	85	22.500	12.931	1.134		
Mental Health Total	Private	165	12.875	6.582	0.601	1.027	0.305
	Govt	85	12.015	6.639	0.582		
Employee Performance Total	Private	165	30.942	9.794	0.894	0.232	0.007
	Govt	85	30.654	9.803	0.860		
Job satisfaction Total	Private	165	61.025	16.041	1.464	0.115	0.009
	Govt	85	60.785	16.980	1.489		

The results presented in Table 15 compare levels of anxiety, mental health status, employee performance, and job satisfaction between employees working in private and public healthcare sectors. The findings indicate that there is no statistically significant difference in anxiety levels between private and government healthcare employees, as the mean scores are identical and the p-value exceeds the 0.05 level of significance. Similarly, no significant difference was observed in mental health status between the two sectors, with a p-value greater than 0.05. These results lead to the rejection of the alternative hypothesis for anxiety and mental health status, suggesting that sector type does not significantly influence these variables.

In contrast, statistically significant differences were found in employee performance and job satisfaction between private and public healthcare sectors, as indicated by p-values less than 0.05. Although the mean differences are small, the results support the acceptance of the alternative hypothesis for these two variables. This implies that sectoral

differences play a significant role in influencing employee performance and job satisfaction among healthcare professionals.

Table 16: Regression analysis for Anxiety and Mental Health on Employee performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.203a	.041	.030	.74108	.041	3.537	3	246	.015
2	.365b	.133	.112	.70898	.092	8.594	3	243	.000
a. Predictors: (Constant), Mental Health, Anxiety									
b. Predictors: (Constant), Mental Health, Anxiety, Interaction of Anxiety and Mental Health									

Table 16 presents the hierarchical regression analysis examining the influence of anxiety and mental health on employee performance. In Model 1, anxiety and mental health together explain 4.1% of the variance in employee performance ($R^2 = 0.041$), with a modest but statistically significant correlation ($R = 0.203$, $p = 0.015$). This indicates that these psychological factors have a significant, though limited, impact on employee performance.

Table 17: ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	5.828	3	1.943	3.537	.015b
	Residual	135.102	246	.549		
	Total	140.930	249			
2	Regression	18.786	6	3.131	6.229	.000c
	Residual	122.144	243	.503		
	Total	140.930	249			
a. Dependent Variable: Employee Performance						
b. Predictors: (Constant), Mental Health, Anxiety						
c. Predictors: (Constant), Mental Health, Anxiety, Interaction of Anxiety and Mental Health						

In Model 2, the inclusion of the interaction term between anxiety and mental health increases the explained variance to 13.3% ($R^2 = 0.133$), with a significant R^2 change of 0.092 ($p < 0.001$). This improvement suggests that the interaction between anxiety and mental health significantly enhances the prediction of employee performance, highlighting their combined effect rather than their independent influence alone.

The ANOVA results indicate that the regression models are statistically significant in predicting employee performance. In Model 1, anxiety and mental health together significantly predict employee performance ($F = 3.537$, $p = 0.015$), confirming that these variables contribute meaningfully to the model.

Table 18: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.677	.222		7.543	.000
	Anxiety	.042	.091	.035	-.463	.004
	Mental Health	.178	.070	.165	2.551	.011
2	(Constant)	1.820	.220		8.280	.000
	Anxiety	-.147	.223	-.119	-.657	0.000
	Mental Health	.362	.164	-.353	2.201	.009
	Interaction of Anxiety and Mental Health	-.102	.021	-.695	-4.918	003
a. Dependent Variable: Employee Performance						

In Model 2, the inclusion of the interaction term between anxiety and mental health further improves the model, resulting in a higher F value ($F = 6.229$) and a highly significant p value ($p < 0.001$). This demonstrates that the combined

interaction of anxiety and mental health significantly enhances the prediction of employee performance, indicating that their joint effect is more influential than their individual effects alone.

The regression coefficients indicate that mental health has a positive and statistically significant effect on employee performance, suggesting that higher levels of mental health are associated with improved performance. Anxiety, on the other hand, shows a negative association with employee performance, indicating that increased anxiety tends to reduce performance levels. In Model 2, the interaction term between anxiety and mental health is statistically significant and negative ($\beta = -0.102$, $p < 0.01$), demonstrating that the positive effect of mental health on employee performance weakens as anxiety levels increase. Overall, the findings confirm that while good mental health enhances employee performance, high anxiety significantly undermines this relationship.

Table 19: Regression analysis for Anxiety and Mental Health on Job satisfaction

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.560a	.313	.305	.68787	.313	37.437	3	246	.000
2	.564b	.318	.301	.68980	.005	.542	3	243	.654
a. Predictors: (Constant), Mental Health, Anxiety									
b. Predictors: (Constant), Mental Health, Anxiety, Interaction of Anxiety and Mental Health									

The regression results show that anxiety and mental health together have a strong and statistically significant relationship with job satisfaction, as indicated by an R value of 0.560. Model 1 explains 31.3% of the variance in job satisfaction ($R^2 = 0.313$), and the model is highly significant ($F = 37.437$, $p < 0.001$). However, in Model 2, the inclusion of the interaction term between anxiety and mental health results in only a marginal increase in explained variance ($\Delta R^2 = 0.005$), which is not statistically significant ($p = 0.654$). This indicates that while anxiety and mental health independently influence job satisfaction, their interaction does not significantly enhance the prediction of job satisfaction.

Table 20: ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	53.142	3	17.714	37.437	.000b
	Residual	116.399	246	.473		
	Total	169.541	249			
2	Regression	53.916	6	8.986	18.885	.401c
	Residual	115.625	243	.476		
	Total	169.541	249			
a. Dependent Variable: Job Satisfaction						
b. Predictors: (Constant), Mental Health, Anxiety						
c. Predictors: (Constant), Mental Health, Anxiety, Interaction of Anxiety and Mental Health						

The ANOVA results demonstrate that Model 1, which includes anxiety and mental health as predictor variables, is statistically significant in explaining variations in job satisfaction among employees ($F = 37.437$, $p < 0.001$). This finding indicates that anxiety and mental health jointly contribute to predicting job satisfaction and that the overall regression model provides a good fit to the data. The significant F value confirms that these psychological factors play an important role in determining employees' satisfaction with their jobs in the healthcare sector. Specifically, variations in anxiety levels and mental health status are meaningfully associated with differences in job satisfaction outcomes.

In contrast, Model 2, which incorporates the interaction term between anxiety and mental health in addition to the main effects, does not show a statistically significant improvement over Model 1, as reflected by a non-significant p value ($p > 0.05$). This suggests that the combined interactive effect of anxiety and mental health does not add substantial explanatory power beyond their individual contributions.

While both anxiety and mental health independently influence job satisfaction, their interaction does not significantly modify this relationship. Therefore, job satisfaction appears to be more strongly shaped by the direct effects of anxiety and mental health rather than by the way these two variables.

Table 21: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.548	.206		7.504	.000
	S	.602	.065	.507	9.292	.000
	Anxiety	.080	.085	.059	.937	.350
	Mental Health	.602	.065	.507	9.292	.000
2	(Constant)	1.597	.214		7.467	.000
	Anxiety	-.142	.217	-.106	-.655	.513
	Mental Health	.602	.065	.507	9.292	.000
	Interaction of Anxiety and Mental Health	-.025	.040	-.112	-.623	.004

a. Dependent Variable: Job Satisfaction

The regression analysis reveals that mental health has a strong and statistically significant positive influence on job satisfaction among healthcare employees ($p < 0.05$), indicating that better mental health is associated with higher levels of job satisfaction. In contrast, anxiety does not show a significant direct effect on job satisfaction, as its p values exceed 0.05. However, the interaction between anxiety and mental health is significant and negative ($B = -0.025$, $p < 0.05$), suggesting that increased anxiety slightly reduces the positive impact of mental health on job satisfaction. Overall, mental health is the key predictor of job satisfaction, while anxiety functions as a moderating factor.

Table 22: The level of the position of employee with Anxiety, Mental Health status, Employee Performance and Job Satisfaction of both Public and Private Health-care Sector.

Variable/s		N	Mean	Std. Deviation	Std. Error	95% CI for Mean		F Value	P Value
						Lower Bound	Upper Bound		
Anxiety	Lower Mgmt.	86	125.4535	28.25333	3.04664	119.3960	131.5110	2.900	0.037
	Middle Mgmt.	115	135.5217	33.28119	3.10349	129.3738	141.6697		
	Top Mgmt.	49	135.1224	30.26111	4.32302	126.4304	143.8145		
Mental Health	Lower Mgmt.	86	19.8953	11.60023	1.25089	17.4083	22.3824	2.944	0.055
	Middle Mgmt.	115	24.2957	13.37317	1.24705	21.8252	26.7661		
	Top Mgmt.	49	22.8571	13.28533	1.89790	19.0412	26.6731		
Employee Performance	Lower Mgmt.	86	29.9302	9.08754	0.97993	27.9819	31.8786	0.551	0.577
	Middle Mgmt.	115	31.3913	9.96810	0.92953	29.5499	33.2327		
	Top Mgmt.	49	30.8980	10.57167	1.51024	27.8614	33.9345		
Job satisfaction	Lower Mgmt.	86	57.8023	15.59323	1.68146	54.4591	61.1455	2.408	0.092
	Middle Mgmt.	115	62.8435	16.62886	1.55065	59.7717	65.9153		
	Top Mgmt.	49	61.7755	17.27747	2.46821	56.8128	66.7382		

The findings presented in Table 22 indicate that employees' position in the organizational hierarchy has a significant influence on anxiety levels, as reflected by a p value of 0.037, which is below the 0.05 level of significance. This suggests that anxiety varies across management levels, with middle- and top-level management reporting higher mean anxiety scores compared to lower management. However, no statistically significant differences were observed in mental health status, employee performance, or job satisfaction across different position levels, as the respective p values exceeded 0.05. Therefore, the results imply that while job position contributes to variations in anxiety among healthcare

employees, mental health, performance, and job satisfaction remain relatively stable across management levels in both public and private healthcare sectors.

7. Findings

The present study examined the interrelationships among anxiety levels, mental health status, employee performance, and job satisfaction among managerial personnel working in public and private healthcare hospitals. The findings provide valuable insights into how psychological factors influence workplace outcomes within the healthcare sector, particularly during challenging periods such as the COVID-19 pandemic.

One of the major findings of the study is that anxiety levels were significantly higher among employees working in private hospitals compared to those in government hospitals. This difference suggests that the work environment, job demands, and organizational pressures in private healthcare institutions may contribute to elevated anxiety levels among employees. In contrast, no statistically significant difference was observed between public and private hospital employees with respect to overall mental health status, indicating that mental health challenges are experienced at comparable levels across both sectors.

The study further revealed that age plays a significant role in determining anxiety and mental health levels among healthcare employees. Employees in the middle and older age groups reported comparatively higher anxiety levels than younger employees, highlighting age-related occupational stressors such as increased responsibilities, role overload, and work–life balance challenges. However, educational qualification and years of experience did not significantly influence anxiety or mental health status, suggesting that psychological stress in healthcare settings is not necessarily mitigated by higher education or longer tenure.

Correlation analysis showed that employee performance and job satisfaction were negatively correlated with anxiety and positively correlated with mental health status in both public and private hospitals. This indicates that higher anxiety is associated with poorer performance and reduced job satisfaction, whereas better mental health is linked to improved performance outcomes and greater satisfaction at work. These findings emphasize the critical role of psychological well-being in enhancing employee effectiveness and workplace satisfaction.

Regression analysis provided further clarity on the predictive role of anxiety and mental health. The results demonstrated that anxiety significantly predicts employee performance, with higher anxiety levels leading to decreased performance. In contrast, mental health status did not emerge as a significant predictor of employee performance when considered independently. However, both anxiety and mental health status significantly predicted job satisfaction, underscoring the importance of psychological well-being in shaping employees' attitudes toward their jobs. Interaction effects showed that anxiety moderates the relationship between mental health and job satisfaction, slightly weakening the positive influence of mental health when anxiety levels are high.

Another important finding relates to managerial position. Anxiety levels differed significantly across lower, middle, and top management positions, with middle and top management personnel reporting higher anxiety levels. This suggests that increased responsibility, decision-making pressure, and accountability at higher organizational levels may contribute to greater anxiety. However, mental health status, employee performance, and job satisfaction did not differ significantly across managerial positions, indicating a relative consistency in these outcomes irrespective of hierarchical level.

Overall, the findings highlight the pervasive influence of anxiety and mental health on employee performance and job satisfaction in the healthcare sector. While sector type and managerial position affect anxiety levels, mental health and job satisfaction are shaped more by individual psychological factors than by organizational structure alone. The study underscores the need for targeted mental health interventions and stress management strategies to improve employee well-being, performance, and satisfaction in both public and private healthcare settings.

8. Conclusion

Anxiety has a significant negative impact on employee performance and job satisfaction, particularly when anxiety levels are high, leading to reduced productivity and diminished workplace effectiveness. As a mental health condition, anxiety affects an individual's overall functioning and ability to cope with professional responsibilities, thereby influencing performance outcomes in demanding work environments such as healthcare settings. Employees experiencing lower levels of anxiety are more likely to demonstrate better focus, efficiency, and work engagement. The findings further highlight the critical role of mental health in shaping both employee performance and job satisfaction. Individuals with good mental health tend to perform more effectively at work and report higher levels of job satisfaction. The relationship between mental health and job satisfaction is reciprocal in nature, wherein positive mental health contributes to greater job satisfaction, while dissatisfaction at work may, in turn, lead to a decline in mental well-being. This dynamic relationship underscores the importance of addressing psychological well-being as part of organizational management strategies. Overall, the study emphasizes that maintaining and promoting mental health is essential not only for individual well-being but also for organizational success. Healthcare institutions must prioritize mental health support and anxiety management initiatives to enhance employee performance, improve job satisfaction, and ensure sustained productivity across both public and private healthcare sectors..

9. Reference

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR). Washington DC: American Psychiatric Association. https://doi.org/10.1176/appi.books.9780890423349

American Psychological Association. (2020). *Anxiety*. https://www.apa.org/topics/anxiety

Carlson, D. S., Kacmar, K. M., & Williams, L. J. (2014). A short and valid measure of work–family enrichment. *Journal of Occupational Health Psychology, 19*(1), 32–45. https://doi.org/10.1037/a0036014

Carlson, D. S., Thompson, M. J., Crawford, W. S., Boswell, W. R., & Whitten, D. (2018). Your job is messing with mine! The impact of mobile device use for work during family time on the spouse's work life. *Journal of Occupational Health Psychology, 23*(4), 471–482. https://doi.org/10.1037/ocp0000103

Clayton, S., Manning, C. M., Speiser, M., & Hill, A. N. (2021). *Mental health and our changing climate: Impacts, inequities, responses*. American Psychological Association & ecoAmerica.

Einarsen, S. (2005). The nature, causes, and consequences of bullying at work: The Norwegian experience. *Perspectives Interdisciplinaires sur le Travail et la Santé, 7*(3). https://doi.org/10.4000/pistes.3154

Anjusha, I. B., Roopashree, N., Nalini, Y. C., & Goankar, S. (2021). *A study on perceived stress among health care workers in a medical college hospital, Karnataka, India, during COVID-19 pandemic*. *International Journal of Dental and Medical Sciences Research, 3*(2), 462–468.

Higgins, C., Duxbury, L., & Johnson, K. L. (2000). Part-time work for women: Does it really help balance work and family? *Human Resource Management, 39*(1), 17–32. https://doi.org/10.1002/(SICI)1099-050X(200021)39:1<17::AID-HRM3>3.0.CO;2-1

Indra, K. (2014). Role of family support in balancing personal and work life of women employees. *Global Journal for Research Analysis, 3*(11).

Joshi, K., Modi, B., Singhal, S., & Gupta, S. (2022). *Occupational stress among healthcare workers*. IntechOpen. https://doi.org/10.5772/intechopen.107397

Jha, R., Pandey, D. K., & Vashisht, A. (2016). A study on employee performance appraisal and job satisfaction in the healthcare sector. *International Journal of Advance Research, Ideas and Innovations in Technology, 2*(5).

Mangal, C. (2015). Sources of occupational stress among doctors in government hospitals: A study of District Kota, Rajasthan. *Amity Management Review, 4*(1).

Mathur, S., Sharma, D., Solanki, R. K., & Goyal, M. K. (2020). Stress-related disorders in healthcare workers during the COVID-19 pandemic. *Indian Journal of Medical Specialities*. https://doi.org/10.4103/INJMS.INJMS_77_20

Nadinloyi, K. B., Sadeghi, H., & Hajloo, N. (2013). Relationship between job satisfaction and employees' mental health. *Procedia – Social and Behavioral Sciences, 84*, 293–297. https://doi.org/10.1016/j.sbspro.2013.06.554

Nielsen, M. B., Tangen, T., Idsøe, T., Matthiesen, S. B., & Magerøy, N. (2015). Post-traumatic stress disorder as a consequence of bullying at work and school. *Aggression and Violent Behavior, 21*, 17–24. https://doi.org/10.1016/j.avb.2015.01.001

Pan American Health Organization. (n.d.). *Mental health*. https://www.paho.org/en/topics/mental-health

Schneiderman, N., Ironson, G., & Siegel, S. D. (2005). Stress and health: Psychological, behavioral, and biological determinants. *Annual Review of Clinical Psychology, 1*, 607–628. https://doi.org/10.1146/annurev.clinpsy.1.102803.144141

Sengupta, M., Sengupta, N., & Srilakshminarayana, G. (2019). *Stress management among nursing staff in private hospitals in India*. Applied Research Series.

Srivastava, P., & Singh, M. M. (2017). Job satisfaction among healthcare professionals in public and private healthcare setups in India. *Indian Journal of Research, 6*(1).

Vikas, S., Susanta, P., & Preethy, R. (2024). Mental health and well-being at the workplace. *Indian Journal of Psychiatry*. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_608_23

Waddell, A., Kunstler, B., Lennox, A., Pattuwage, L., Grundy, E. A. C., & Tsering, D. (2023). How effective are interventions in optimizing workplace mental health and well-being? A scoping review of reviews and evidence map. *Scandinavian Journal of Work, Environment & Health, 49*, 235–248. https://doi.org/10.5271/sjweh.4099

World Health Organization. (2023). *Anxiety disorders*. https://www.who.int/news-room/fact-sheets/detail/anxiety-disorders

Wright, K. B., Brown, J., & Fields, C. (2014). Work-related communication technology use outside regular work hours and work–life conflict. *Management Communication Quarterly, 28*(4), 507–530. https://doi.org/10.1177/0893318914533332

Yasmin, H., Khalil, S., & Mazhar, R. (2020). COVID-19: Stress management among students and its impact on effective learning. *International Technology and Education Journal, 4*(2).

American Psychological Association. (2019, October 28). *What's the difference between stress and anxiety?* https://www.apa.org/topics/stress/anxiety-difference