TPM Vol. 32, No. S9, 2025
ISSN: 1972-6325
https://www.tpmap.org/

ANTECEDENTS OF EUSTRESS AND ITS IMPACT ON JOB SATISFACTION AND WORK-LIFE BALANCE AMONG DOCTORS

ASHIKA G S[1], SUBHADRA P. S[2], SATHYANARAYANA S[3]

[1]RESEARCH SCHOLAR, DEPARTMENT OF MANAGEMENT STUDIES, JNN COLLEGE OF ENGINEERING SHIMOGA KARNATAKA
ashika.gowdru@gmail.com
[2]ASSISTANT PROFESSOR, DEPARTMENT OF MANAGEMENT STUDIES, JNN COLLEGE OF ENGINEERING SHIMOGA, KARNATAKA
subhadrapss@jnnce.ac.in
[3]PROFESSOR, M.P BIRLA INSTITUTE OF MANAGEMENT BANGALORE, principal@mpbim.com

Abstract
This study investigates how important job resources, autonomy at work, meaning at work, and perceived organisational support are in relation to work-life balance amid the mediating roles of eustress and job satisfaction. The study incorporates the Job Demands-Resources approach and positive psychology, which proposes the importance of the resource approach, identifying stress as something which not only threatens, but also energizes.
A quantitative research design was carried out by using a pre-tested and structured research questionnaire among practising medical doctors in Karnataka, India. A total of 731 responses were collected, of which 566 were found to be valid. Two-step structural analysis has been performed on the data, which first employed confirmatory factor analysis for validating the structural model and then structural equation analysis for validating the proposed hypotheses.
The results show that autonomy at the workplace, professional meaningfulness, and perception of organizational support have a significant positive effect on eustress among doctors, with organizational support being the most prominent predictor variable. Eustress is an intervening variable with an overarching influence in enhancing job satisfaction as well as work-life balance outcomes, with job satisfaction fine-tuning the outcomes of work-life balance.
The findings and insights gained by the study have significant implications for healthcare management, pointing toward a paradigm shift away from traditional stress management techniques toward the design and creation of motivating, meaningful, and autonomy-oriented working environments. By instilling and promoting eustress, healthcare organizations can, in fact, achieve a balanced working as well as personal life, improving overall physician well-being and reducing turnover rates. The study has considerable theoretical significance in combining eustress with the concept of work-life balance, specifically within the healthcare sector, within an emerging economy such as Singapore.
Keywords: Eustress, Work-life balance, perceived organisational support, job autonomy, job satisfaction, professional meaningfulness.

1 INTRODUCTION

Work-life balance has emerged as a critical concern in contemporary organisations, particularly in professions characterised by intense job demands, emotional labour, and extended working hours. In the healthcare sector, doctors routinely face high workloads, time pressure, ethical responsibility, and emotional strain, often at the cost of their personal and family life. The inability to effectively balance professional and personal roles has been linked to adverse outcomes such as reduced job satisfaction, burnout, psychological distress, and diminished quality of care. As healthcare systems continue to grapple with workforce shortages and rising service demands, understanding the factors that enable doctors to achieve sustainable work-life balance has become both a theoretical and practical imperative (Allen et al., 2020; Shanafelt et al., 2022). Traditionally, research on work-life balance in healthcare has adopted a deficit-oriented perspective, focusing primarily on workload, stress, burnout, and role conflict. While this line of inquiry has yielded valuable insights, it largely conceptualises stress as inherently negative and overlooks the possibility that certain forms of stress may be experienced as motivating, energising, and growth-enhancing. Recent developments in occupational health psychology challenge this one-sided view by distinguishing between negative stress (distress) and positive stress (eustress). Eustress refers to a constructive psychological response to challenging demands that are perceived as meaningful and manageable, leading to enhanced motivation, engagement, and well-being (LePine et al., 2016; Sonnentag, 2023). Despite its relevance, eustress remains underexplored in healthcare research, particularly in relation to work-life balance outcomes.

The Job Demands-Resources (JD-R) framework provides a useful theoretical lens for understanding how workplace characteristics influence employee well-being. According to this model, job demands do not inevitably lead to strain; rather, their impact depends on the availability of job and personal resources that help individuals cope and thrive. Resources such as job autonomy, perceived organisational support, and meaningful work have been shown to play a pivotal role in shaping how employees interpret and respond to job demands (Bakker & Demerouti, 2017). In the medical profession, job autonomy reflects doctors' control over clinical decisions and work methods, professional meaningfulness captures the sense of purpose and societal contribution inherent in medical work, and perceived organisational support reflects the extent to which healthcare institutions value doctors' contributions and care for their well-being. Together, these resources may transform demanding work conditions into experiences of positive stress rather than exhaustion. Although prior studies have independently examined job autonomy, organisational support, job satisfaction, and work-life balance among healthcare professionals, much of this research treats these constructs in isolation. Moreover, existing studies often assume a direct relationship between job characteristics and work-life balance, without adequately accounting for the psychological mechanisms through which these relationships unfold. In particular, the role of eustress as an intervening psychological state linking job resources to job satisfaction and work-life balance remains largely unexplored in the healthcare context. Recent reviews have called for more integrative models that incorporate positive psychological processes to explain employee well-being beyond the absence of stress or burnout (Schaufeli, 2017; Bakker et al., 2023). Job satisfaction represents another important yet underutilised link in this chain of relationships. Satisfied doctors are more likely to experience positive emotions, psychological resilience, and effective coping, which in turn facilitate better management of work and non-work roles. Research increasingly suggests that job satisfaction is not merely an outcome of favourable work conditions but also a psychological resource that enables individuals to sustain balance across life domains (Haar et al., 2019; Allen et al., 2020). However, limited empirical work has examined how job satisfaction operates alongside eustress to influence work-life balance, particularly among doctors working in high-pressure healthcare systems.

Against this backdrop, the present study seeks to address a significant gap in the literature by developing and testing an integrative framework that links job autonomy, professional meaningfulness, and perceived organisational support to work-life balance through the sequential mechanisms of eustress and job satisfaction. By focusing on doctors, a professional group for whom stress is both inevitable and consequential, this study moves beyond traditional stress-reduction narratives and adopts a resource-based, positive psychology perspective. Furthermore, empirical evidence from the Indian healthcare context remains limited, despite the unique structural, cultural, and systemic challenges faced by medical professionals in the region. By examining these relationships using data from doctors across Karnataka, the study contributes contextually grounded insights to the global discourse on work-life balance and healthcare workforce sustainability. In doing so, the study makes three key contributions. First, it extends work-life balance research by explicitly incorporating eustress as a central psychological mechanism rather than treating stress solely as a negative construct. Second, it integrates multiple job resources within a single explanatory framework, offering a more comprehensive understanding of how organisational and psychological factors jointly shape doctors' well-being. Third, it provides practical insights for healthcare leaders and policymakers by identifying actionable levers such as autonomy, support, and meaningful work that can enhance positive stress, satisfaction, and balance in demanding medical environments.

II. LITERATURE REVIEW

Work-life balance has been widely examined in organisational and occupational health research, particularly in professions characterised by high job demands such as healthcare. Contemporary scholarship increasingly recognises that work-life balance is not merely the absence of work-family conflict but reflects an individual's ability to manage and integrate professional and personal roles in a sustainable manner. The Job Demands-Resources (JD-R) theory provides a robust framework for understanding this process by suggesting that job demands do not inevitably lead to strain; rather, their impact depends on the availability of job and personal resources that enable employees to cope and thrive (Bakker & Demerouti, 2017). In the medical profession, where demands are unavoidable, resources such as job autonomy, perceived organisational support, and professional meaningfulness become particularly critical in shaping well-being and work-life balance.

The JD-R model further aligns with the challenge-hindrance stressor framework, which distinguishes between demands that foster growth and motivation and those that obstruct performance and well-being. Challenge stressors are more likely to be experienced as eustress when employees perceive sufficient control, support, and purpose in their work (LePine et al., 2016). Eustress represents a positive psychological response to demanding situations and plays a central role in transforming job demands into adaptive outcomes such as job satisfaction and improved work-life balance. This perspective shifts the focus from stress avoidance to stress optimisation, which is particularly relevant in healthcare settings where eliminating demands is often impractical. Self-Determination Theory strengthens this theoretical foundation by emphasising the importance of autonomy and meaningful engagement in promoting optimal functioning. Autonomy-supportive work environments satisfy basic psychological needs and foster intrinsic motivation, enabling employees to interpret work pressures as self-endorsed challenges rather than external constraints (Deci et al., 2017). In parallel, theories of meaningful work suggest that when individuals perceive their work as purposeful and socially valuable, they are better able to endure high demands and maintain psychological well-being (Lysova et al., 2019). For doctors, professional

meaningfulness serves as a vital psychological resource that supports positive stress experiences and sustained satisfaction. Social Exchange Theory provides further insight into the role of perceived organisational support in shaping employee attitudes and balance across life domains. When organisations demonstrate concern for employees' well-being, employees reciprocate with positive attitudes, trust, and psychological investment, which reduces strain and facilitates work-life balance (Cropanzano et al., 2017; Eisenberger et al., 2020). Additionally, spillover and enrichment theories explain how positive work experiences, such as job satisfaction, extend beyond the workplace and enhance functioning in personal life domains (Allen et al., 2020). Collectively, these theoretical perspectives underscore the importance of job autonomy, professional meaningfulness, organisational support, and positive stress in explaining job satisfaction and work-life balance, thereby providing a strong conceptual foundation for the present study.

HYPOTHESES DEVELOPMENT

Job autonomy is widely recognised as a fundamental job resource that enhances employees' sense of control, discretion, and professional competence. In high-demand professions such as healthcare, autonomy allows doctors to exercise clinical judgment, prioritise tasks, and adapt to complex patient needs, thereby shaping how work demands are cognitively appraised. The Job Demands-Resources framework suggests that autonomy enables individuals to reinterpret demanding situations as manageable challenges rather than constraints, fostering positive stress responses (Bakker & Demerouti, 2017). Self-Determination Theory further posits that autonomy satisfies a core psychological need, promoting intrinsic motivation and positive affect at work (Deci et al., 2017). Empirical studies consistently demonstrate that autonomy reduces harmful stress while enhancing challenge-related stress, engagement, and well-being (Karasek, 1979; LePine et al., 2016; Bakker et al., 2023). In the medical context, autonomy has been shown to strengthen doctors' resilience and adaptive stress experiences. Based on this theoretical and empirical evidence, it is proposed that job autonomy positively influences eustress.

H1: Job autonomy has a positive influence on eustress.

Professional meaningfulness refers to the extent to which individuals perceive their work as purposeful, valuable, and aligned with personal and societal values. Meaningful work has been identified as a critical psychological resource that enables individuals to endure demanding conditions by imbuing effort with purpose (Steger et al., 2012). Theories of meaningful work argue that when individuals view their work as significant, they are more likely to experience motivation, vitality, and positive stress even under high pressure (Rosso et al., 2010). Empirical research indicates that meaningfulness is positively associated with challenge appraisal, engagement, and psychological well-being, while buffering negative stress outcomes (Allan et al., 2019; Lysova et al., 2019). In healthcare settings, where emotional labour and responsibility are inherent, meaningfulness allows doctors to reframe stressors as worthwhile challenges. Accordingly, professional meaningfulness is expected to foster eustress.

H2: Professional meaningfulness has a positive influence on eustress.

Perceived organisational support reflects employees' beliefs about the extent to which their organisation values their contributions and cares for their well-being. Social Exchange Theory suggests that supportive organisational actions create reciprocal obligations, encouraging employees to respond with positive attitudes and psychological investment (Cropanzano et al., 2017). When doctors feel supported through fair policies, recognition, and concern for well-being, work demands are more likely to be perceived as manageable and motivating rather than threatening. Prior research consistently shows that perceived organisational support reduces distress, enhances challenge stress appraisal, and promotes positive emotional states (Rhoades & Eisenberger, 2002; Eisenberger et al., 2020). In healthcare environments, organisational support has been shown to be particularly critical in sustaining positive stress and resilience among doctors (Shanafelt et al., 2022; Bakker et al., 2023). Thus, perceived organisational support is expected to positively influence eustress.

H3: Perceived organisational support has a positive influence on eustress.

Eustress represents a positive psychological response to demanding situations that are perceived as challenging and growth-oriented. The challenge-hindrance stressor framework clearly differentiates eustress from distress, suggesting that challenge-related stress enhances motivation, learning, and performance outcomes (Podsakoff et al., 2007). Empirical evidence demonstrates that eustress is positively associated with engagement, job involvement, and favourable job attitudes, including satisfaction (Cavanaugh et al., 2000; LePine et al., 2016). In healthcare contexts, positive stress has been linked to feelings of professional accomplishment and meaningful contribution, which enhance overall job satisfaction (Schaufeli, 2017; Sonnentag, 2023). Accordingly, eustress is expected to contribute positively to doctors' job satisfaction.

H4: Eustress has a positive influence on job satisfaction.

Beyond job attitudes, eustress is also expected to influence doctors' ability to manage work and non-work roles effectively. Positive stress enhances psychological energy, coping capacity, and emotional regulation, which are essential for maintaining balance in high-demand professions (Hobfoll et al., 2018). Research suggests that individuals experiencing eustress are better equipped to prevent negative spillover from work into personal life and are more likely to experience work-life enrichment (Allen et al., 2020). Studies in occupational health psychology further indicate that positive stress supports role integration and reduces work-family conflict (Sonnentag & Fritz, 2015; Haar et al., 2019). Therefore, eustress is expected to positively influence work-life balance.

H5: Eustress has a positive influence on work-life balance.
Job satisfaction reflects a global positive evaluation of one's job and has been consistently linked to broader well-being and life satisfaction outcomes. Spillover and enrichment theories suggest that positive work-related attitudes extend beyond the workplace, enhancing individuals' functioning in personal and family domains (Greenhaus & Powell, 2006). Empirical studies have demonstrated that job satisfaction reduces emotional exhaustion and work-family conflict while enhancing work-life balance (Haar et al., 2019; Allen et al., 2020). In healthcare settings, satisfied doctors report better boundary management and greater psychological availability for non-work roles (Shanafelt et al., 2022). Accordingly, job satisfaction is expected to contribute positively to work-life balance.
H6: Job satisfaction has a positive influence on work-life balance.

III. RESEARCH DESIGN

From the comprehensive literature review undertaken in this research, it has been found that the balance between life and work for doctors has been influenced by a combination of organisational resource variables, positive stress, and job-related attitudes. However, the manner in which such variables interact, specifically in high-stress medical organisations, has been inadequate in prior research. In an attempt to overcome such shortcomings, the research questions listed below have been established in order to undertake this research.

RQ1: What is the impact of autonomy, professional meaningfulness, and perceptions of organisational support on the experience of eustress by doctors in demanding healthcare settings?

RQ2: How eustress positively impacts job satisfaction and work-life balance for doctors, and the consequent effect of job satisfaction on the interaction between the two?
For the purpose of data collection, the researcher developed a structured research instrument based on well-established and validated measurement scales reported in prior literature. The questionnaire was initially pre-tested to ensure clarity, relevance, and contextual suitability for doctors, and minor refinements were made based on expert feedback. The final instrument was administered to 731 doctors working across public and private healthcare institutions in Karnataka. Of these, 566 completed questionnaires were found to be usable for the final analysis, representing a response rate of approximately 77.4 per cent, which is considered satisfactory for organisational and healthcare research. The latent constructs included in the study were operationalised using items adapted from prior validated scales. Job Autonomy was measured using items derived from the work of Breaugh (1985) and Hackman and Oldham (1975); Professional Meaningfulness was assessed using items adapted from Steger, Dik, and Duffy (2012); Perceived Organisational Support was measured using the scale developed by Eisenberger et al., (1986); Eustress items were drawn from the challenge stressor framework proposed by Cavanaugh et al., (2000) and further refined by LePine et al., (2016); Job Satisfaction was measured using items adapted from Brayfield and Rothe (1951) and Judge et al., (2001); and Work-Life Balance was assessed using established measures proposed by Fisher, Bulger, and Smith (2009) and Haar (2013). All items were measured on a Likert-type scale, and the use of previously validated instruments enhances the reliability and validity of the study findings.
In order to identify the target population for this research, it was proposed to consider practising doctors who are employed in the state of Karnataka. To ensure representativeness of the sampling process, this research adopted a probability-based sampling method. To ensure better representativeness of the sampling process, the sampling frame for this research was finalised using details gathered from the state medical council. This state medical council keeps an official list of licensed medical professionals. Using this official list of licensed professionals in the state of Karnataka, every doctor in the state was shortlisted. This helps ensure that within this sampling process, every eligible participant had an equal chance of being selected for participating in this research study. This process helps ensure alignment with the principles of simple random sampling. In order to gather feedback from 731 practising doctors employed with various health institutions, either in the state-run institutions or in the various private institutions of the state of Karnataka, personal invitations were issued. This sampling technique has been highly advocated for in different research studies conducted in the healthcare industry. This technique helps improve the external validity of the research study. Hence, it enables generalisation of research results (Bryman, 2016). Additionally, it helps ensure methodological quality of the research. It helps ensure reduced coverage errors. Moreover, it ensures proper adherence by respondents to the criteria of eligibility for participating in the research study.
Before carrying out hypothesis testing, the data collected was analysed systematically for fulfilment of assumptions fundamental to multivariate regression and structural equation models. The data was analysed for missing values, outliers, and normality, in addition to analysis for linearity, homoscedasticity, and multicollinearity, based on well-observed methodological standards applied for behavioural and organizational research (Hair et al., 2019; Kline, 2016). The aim of these preliminary tests was to ensure that the data collected was suitable for multivariate analysis. After carrying out tests for assumptions, the properties for measurement using the research instrument were also analysed. The analysis for internal consistency reliability was carried out through the application of Cronbach's alpha and composite reliability. Additionally, analysis for convergence

validity was carried out using Confirmatory Factor Analysis. The aims for carrying out Confirmatory Factor Analysis were based on standards observed for evaluating the properties for measurement, factor loading, average variance extracted, and measurement model fitness, as observed for best practices associated with validating scales (Fornell & Larcker, 1981; Hair et al., 2019). The analysis for discriminant validity was also carried out based on a comparison between the value of correlations needed for average variance extracted, confirming that the applied constructs are distinct. After obtaining satisfactory fitness for the measurement model properties, a Structural Equation Model analysis was applied based on aims that assessed the proposed hypotheses. The basis for selecting the analysis was based on its capacity to spatially analyse a variety of interactions between several constructs that encompass measurement errors. Based on observed standards, it is considered more superior than regression analysis based on capacities needed to outline a conceptual framework proposed (Kline, 2016; Byrne, 2016).

IV. DATA ANALYSIS

TABLE 1: TABLE SHOWING AVE, CR, AND SQRT OF AVE (CFA RESULTS)

Item	Cronbach's Alpha	Loadings	AVE	CR		SqrtAVE
JA1	0.811	0.895	0.853	0.875	0.895***	0.924
JA2		0.858			0.858***	
JA3		0.807			0.807***	
JA4		0.852			0.852***	
POS1	0.832	0.815	0.875	0.945	0.815***	0.936
POS2		0.880			0.880***	
POS3		0.801			0.801***	
POS4		0.960			0.960***	
POS5		0.920			0.920***	
PM1	0.799	0.713	0.834	0.895	0.713***	0.913
PM2		0.813			0.813***	
PM3		0.926			0.926***	
PM4		0.912			0.912***	
PM5		0.804			0.804***	
EUS1	0.805	0.860	0.897	0.954	0.860***	0.947
EUS2		0.954			0.954***	
EUS3		0.937			0.937***	
EUS4		0.783			0.783***	
EUS5		0.953			0.953***	
JS1	0.847	0.920	0.911	0.958	0.920***	0.955
JS2		0.880			0.880***	
JS3		0.938			0.938***	
JS4		0.946			0.946***	
JS5		0.872			0.872***	
WLB1	0.904	0.862	0.845	0.925	0.862***	0.919
WLB2		0.905			0.905***	
WLB3		0.917			0.917***	
WLB4		0.834			0.834***	
WLB5		0.705			0.705***	

JA= Job Autonomy, PRM= Professional meaningfulness, POS = Perceived Organisational Support, EUS=Eustress, JS= Job Satisfaction, WLB Work-life balance
CMIN =1256.341, DF=459, P=0.000, CMIN/DF=2.737, RMR, 0.038, SRMR =0.041, RMSEA =0.039, NFI=0.978, RFI=0.949, IFI=0.991, TLI=0.964, CFI=0.991.

The measurement model demonstrated an overall good fit with the observed data. Although the chi-square statistic was significant, CMIN = 1256.34, df = 459, $p < .001$, this result is expected in large samples and does not by itself

indicate poor model fit (Kline, 2016). The relative chi-square value (CMIN/DF = 2.74) was below the recommended threshold of 3, suggesting an acceptable fit between the hypothesised model and the data (Hair et al., 2019). The absolute fit indices further supported this conclusion, with low RMR (.038) and SRMR (.041) values, both below the .08 cutoff, indicating minimal residual discrepancies (Hu & Bentler, 1999). The RMSEA value of .039 indicated a close fit to the data, as values below .06 are considered indicative of good model fit (Browne & Cudeck, 1993). In addition, the incremental fit indices showed excellent values, with NFI (.978), IFI (.991), TLI (.964), and CFI (.991) all exceeding the recommended thresholds of .90 and, in most cases, .95, thereby confirming the robustness of the measurement model relative to the null model (Hu & Bentler, 1999; Kline, 2016). Overall, these indices suggest that the measurement model fits the data well and is suitable for subsequent structural model analysis.

The Job Autonomy construct demonstrated satisfactory internal consistency, with a Cronbach's alpha of .811, exceeding the recommended threshold of .70 (Nunnally & Bernstein, 1994). All four indicators (JA1-JA4) loaded strongly and significantly on the construct, with standardized factor loadings ranging from .807 to .895 ($p < .001$), indicating strong indicator reliability. Convergent validity was well supported, as reflected by a high Average Variance Extracted (AVE) value of .853 and a Composite Reliability (CR) of .875, both exceeding established cut-off criteria (Fornell & Larcker, 1981; Hair et al., 2019). Furthermore, the square root of AVE (.924) was higher than the inter-construct correlations, confirming adequate discriminant validity for Job Autonomy. Perceived Organisational Support exhibited strong internal consistency reliability, with a Cronbach's alpha of .832. The five observed indicators (POS1-POS5) demonstrated substantial and statistically significant factor loadings ranging from .801 to .960 ($p < .001$), indicating that the items effectively capture the underlying construct. The AVE value of .875 exceeded the recommended .50 threshold, confirming strong convergent validity, while the CR value of .945 indicated excellent composite reliability (Hair et al., 2019). Discriminant validity was also established, as the square root of AVE (.936) exceeded the correlations with other constructs, supporting the empirical distinctiveness of POS. The Professional Meaningfulness construct demonstrated acceptable internal consistency, with a Cronbach's alpha of .799. All five indicators (PM1-PM5) loaded significantly on the construct, with standardized loadings ranging from .713 to .926 ($p < .001$), meeting recommended criteria for indicator reliability. Convergent validity was supported by an AVE of .834 and a CR of .895, both exceeding the recommended thresholds and indicating that the construct explains a substantial proportion of variance in its indicators (Fornell & Larcker, 1981). The square root of AVE (.913) exceeded the inter-construct correlations, thereby confirming discriminant validity. Eustress exhibited strong psychometric properties, with a Cronbach's alpha of .805, indicating satisfactory internal consistency. The five indicators (EUS1-EUS5) showed very high and statistically significant standardized factor loadings ranging from .783 to .954 ($p < .001$), suggesting excellent indicator reliability. The AVE value of .897 indicated strong convergent validity, while the CR value of .954 confirmed high composite reliability (Hair et al., 2019). Additionally, the square root of AVE (.947) exceeded inter-construct correlations, supporting the discriminant validity of the Eustress construct. The Job Satisfaction construct demonstrated high internal consistency reliability, with a Cronbach's alpha of .847. All five indicators (JS1-JS5) loaded strongly and significantly on the construct, with standardized factor loadings ranging from .872 to .946 ($p < .001$). Convergent validity was well established, as indicated by an AVE of .911 and a CR of .958, reflecting that the construct captures a high proportion of variance in its indicators (Fornell & Larcker, 1981). The square root of AVE (.955) exceeded the inter-construct correlations, confirming strong discriminant validity. Work-Life Balance exhibited excellent internal consistency, with a Cronbach's alpha of .904. The five observed indicators (WLB1-WLB5) loaded significantly on the construct, with standardized factor loadings ranging from .705 to .917 ($p < .001$), indicating adequate to strong indicator reliability. The AVE value of .845 exceeded the recommended threshold, supporting convergent validity, while the CR value of .925 indicated strong composite reliability (Hair et al., 2019). Discriminant validity was further confirmed, as the square root of AVE (.919) was greater than the correlations with other constructs.

TABLE 2: TABLE SHOWING DISCRIMINANT VALIDITY OF THE MEASUREMENT MODEL

	PM	POS	JA	EUS	JS	WLB	Mean	SE	SD
PM	**0.913**	0.483**	0.609**	0.521**	0.447**	0.227*	4.01	0.042	0.894
POS		**0.936**	0.666**	0.348**	0.428**	0.369**	3.951	0.043	1.021
JA			**0.924**	0.329**	0.541**	0.274**	4.09	0.052	0.874
EUS				**0.947**	0.458**	0.436**	4.112	0.049	0.942
JS					**0.955**	0.496**	3.946	0.067	0.631
WLB						**0.919**	4.21	0.048	0.874

JA= Job Autonomy, PRM= Professional meaningfulness, POS = Perceived Organisational Support, EUS=Eustress, JS= Job Satisfaction, WLB Work-life balance

Discriminant validity was assessed using the Fornell-Larcker criterion by comparing the square root of the Average Variance Extracted (AVE) for each construct with its correlations with other constructs. As shown in the

matrix, the diagonal elements representing the square root of AVE for Professional Meaningfulness (.913), Perceived Organisational Support (.936), Job Autonomy (.924), Eustress (.947), Job Satisfaction (.955), and Work-Life Balance (.919) were all higher than the corresponding inter-construct correlations, thereby providing strong evidence of discriminant validity (Fornell & Larcker, 1981). Although the correlations among constructs were positive and statistically significant ($p < .01$; $p < .05$), none exceeded the respective square root of AVE values, indicating that each construct is empirically distinct and captures a unique conceptual domain. For instance, Professional Meaningfulness showed a moderate positive association with Job Autonomy ($r = .609$, $p < .01$) and Eustress ($r = .521$, $p < .01$), while Perceived Organisational Support demonstrated a strong correlation with Job Autonomy ($r = .666$, $p < .01$), suggesting theoretically meaningful relationships without redundancy. The descriptive statistics further indicate adequate variability and favourable central tendencies across constructs, with mean values ranging from 3.95 to 4.21 and relatively low standard errors, suggesting stable estimates and consistent perceptions among respondents. Overall, these findings confirm that the constructs are related in expected directions while remaining sufficiently distinct, thereby supporting the adequacy of discriminant validity and reinforcing the robustness of the measurement model for subsequent structural analysis.

GRAPH SHOWING STRUCTURAL RELATIONSHIP AND HYPOTHESES TESTING

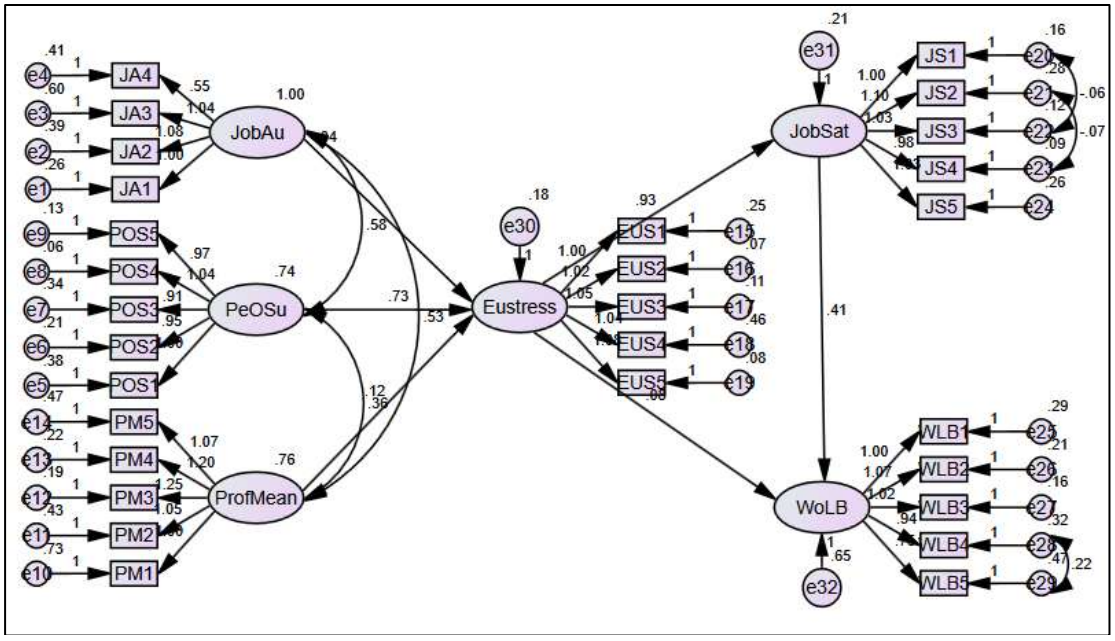

TABLE 3: TABLE SHOWING TESTING OF HYPOTHESES

Path	Estimate	Estimate	S.E.	C.R.	P	Label
JA →EUS	0.590	0.64	0.034	17.353	***	Supported
PRM →EUS	0.122	0.127	0.032	3.813	***	Supported
POS →EUS	0.730	0.755	0.043	16.977	***	Supported
EUS→JS	0.928	0.859	0.038	24.421	***	Supported
EUS→WLB	0.480	0.53	0.091	5.275	***	Supported
JS→WLB	0.407	0.402	0.085	4.788	***	Supported

JA= Job Autonomy, PRM= Professional meaningfulness, POS = Perceived Organisational Support, EUS=Eustress, JS= Job Satisfaction, WLB Work-life balance
CMIN =1129.308, DF=385, P=0.000, CMIN/DF=2.933, RMR, 0.033, SRMR =0.034, RMSEA =0.041, NFI=0.975, RFI=0.975, IFI=0.988, TLI=0.964, CFI=0.988.

The overall model fit indices indicate that the proposed structural model demonstrates a good to very good fit with the observed data. The chi-square statistic was significant, CMIN = 1129.31, df = 385, $p < .001$; however, this result is expected in large samples and is not uncommon in SEM studies (Kline, 2016). Importantly, the relative chi-square value (CMIN/DF = 2.93) falls well within the recommended threshold of less than 3, suggesting an acceptable model fit (Hair et al., 2019). The absolute fit indices further support this conclusion, with low values of RMR (.033) and SRMR (.034), both below the commonly accepted cutoff of .08, indicating minimal residuals between the observed and model-implied covariance matrices (Hu & Bentler, 1999). The RMSEA value of .041 also reflects a close fit to the data, as values below .06 are generally interpreted as indicative of good model fit

(Browne & Cudeck, 1993). The incremental and comparative fit indices reinforce these findings. The model demonstrated high levels of fit across NFI (.975), RFI (.975), IFI (.988), TLI (.964), and CFI (.988), all exceeding the recommended threshold of .90 and, in most cases, the more stringent criterion of .95, thereby indicating excellent comparative fit relative to the null model (Hu & Bentler, 1999; Kline, 2016). Collectively, these results suggest that the hypothesised measurement and structural model fit the data well and provides a reliable representation of the underlying relationships among the constructs. The structural equation modelling results provide strong empirical support for the hypothesised relationships among job resources, eustress, and employee outcomes. Job Autonomy (JA) demonstrated a significant and positive effect on Eustress (EUS) ($\beta = .64$, SE = .034, CR = 17.353, $p < .001$), indicating that employees who experience greater control over how and when they perform their tasks are more likely to perceive work-related stress as motivating rather than debilitating. This finding is consistent with prior research grounded in the Job Demands-Resources (JD-R) model, which identifies autonomy as a critical job resource that transforms job demands into positive challenges (Bakker & Demerouti, 2007; Karasek, 1979). Earlier empirical studies have similarly reported that autonomy enhances psychological empowerment and promotes adaptive stress responses, thereby fostering eustress (Sonnentag & Frese, 2013). Professional Meaningfulness (PRM) also showed a significant positive association with Eustress ($\beta = .127$, SE = .032, CR = 3.813, $p < .001$), suggesting that employees who perceive their work as meaningful are more likely to experience challenge-related stress. This result aligns with the work of Steger et al., (2012), who argue that meaningful work functions as a psychological resource that enhances engagement and positive emotional states. Prior studies have further demonstrated that meaningfulness enables employees to cognitively reframe job demands as opportunities for growth rather than sources of strain, thereby contributing to eustress (Tadić et al., 2015). Perceived Organisational Support (POS) emerged as the strongest predictor of Eustress ($\beta = .755$, SE = .043, CR = 16.977, $p < .001$), underscoring the pivotal role of organisational care, recognition, and support in shaping employees' stress perceptions. This finding strongly corroborates social exchange theory (Blau, 1964) and is consistent with extensive empirical evidence suggesting that when employees feel valued and supported, they are more likely to respond positively to work pressures (Eisenberger et al., 2002). Previous studies have also shown that POS not only buffers the negative effects of stressors but actively facilitates positive stress experiences by enhancing feelings of security and reciprocity (Rhoades & Eisenberger, 2002). Eustress exhibited a very strong positive influence on Job Satisfaction (JS) ($\beta = .859$, SE = .038, CR = 24.421, $p < .001$), indicating that employees who experience higher levels of positive stress report greater satisfaction with their jobs. This result is consistent with the distinction made in stress literature between eustress and distress, where challenge stressors are associated with enhanced motivation, performance, and satisfaction (Cavanaugh et al., 2000; LePine et al., 2005). The magnitude of this relationship reinforces earlier findings that eustress plays a central mediating role between job resources and favourable work attitudes. Eustress also had a significant positive effect on Work-Life Balance (WLB) ($\beta = .53$, SE = .091, CR = 5.275, $p < .001$), suggesting that positive stress enhances employees' ability to manage work and non-work roles effectively. This finding aligns with prior research indicating that eustress improves coping strategies, time management, and psychological resilience, thereby reducing role conflict between work and personal life (Quick et al., 2017). Studies in occupational health psychology similarly suggest that positive stress contributes to energy gain rather than depletion, supporting balance across life domains (Hobfoll, 2001). Finally, Job Satisfaction was found to significantly and positively influence Work-Life Balance ($\beta = .402$, SE = .085, CR = 4.788, $p < .001$). This result is consistent with previous literature suggesting that satisfied employees experience lower emotional exhaustion and work-family conflict, enabling better integration of professional and personal responsibilities (Greenhaus & Allen, 2011). Prior empirical studies have also reported that job satisfaction serves as an important attitudinal mechanism through which workplace experiences translate into broader well-being outcomes, including work-life balance.

Overall, the findings are largely consistent with and extend existing literature by empirically demonstrating the central role of eustress as a key psychological mechanism linking job resources such as autonomy, meaningfulness, and organisational support to job satisfaction and work life balance. The results strengthen theoretical arguments within the JD R and positive psychology frameworks by highlighting that not all stress is detrimental and that positive stress can serve as a catalyst for enhanced employee well-being and organisational outcomes.

V. DISCUSSION AND CONCLUSION

This study draws on responses from 566 doctors working across public and private healthcare institutions in Karnataka, offering a comprehensive view of how workplace resources shape positive stress and well-being in the medical profession. Doctors operate in inherently high-pressure environments characterised by long working hours, emotional demands, and critical decision-making responsibilities. In such contexts, understanding how organisational and psychological resources can transform stress into a positive experience is essential for sustaining professional effectiveness and personal well-being. Grounded in the Job Demands -Resources framework and positive psychology, the present findings provide meaningful insights into how healthcare organisations can cultivate supportive and sustainable work environments.

The findings indicate that job autonomy plays a crucial role in enabling doctors to experience work-related demands as motivating rather than overwhelming. When doctors have discretion over clinical decisions,

scheduling, and task execution, they are more likely to interpret pressure as a professional challenge that enhances engagement and growth. This aligns with recent healthcare and organisational research suggesting that autonomy strengthens intrinsic motivation and adaptive coping, particularly in knowledge-intensive professions where professional judgement is central to performance (Bakker et al., 2023; Deci et al., 2017). From a managerial perspective, this underscores the importance of balancing clinical protocols with professional discretion. Excessive bureaucratic control may inadvertently intensify distress, whereas autonomy-supportive leadership can foster positive stress and professional fulfilment. Professional meaningfulness also emerged as an important contributor to positive stress experiences. Doctors who perceive their work as purposeful and socially valuable are better equipped to cognitively reframe demanding situations as worthwhile and energising. Recent studies emphasise that meaningful work acts as a psychological resource that enhances resilience and sustains motivation, particularly in caring professions where emotional labour is unavoidable (Allan et al., 2019; Lysova et al., 2019). For healthcare managers, reinforcing the meaningfulness of medical work through recognition, patient impact narratives, mentoring roles, and alignment between organisational values and professional ethics can strengthen doctors' sense of purpose and help sustain positive engagement under pressure.

Among all organisational factors examined, perceived organisational support emerged as the most influential in shaping positive stress. When doctors feel that their organisation values their contributions and genuinely cares about their well-being, work demands are more likely to be appraised as manageable challenges rather than threats. This finding is consistent with recent evidence demonstrating that organisational support enhances psychological safety, emotional well-being, and positive stress appraisal, particularly in high-stress service sectors such as healthcare (Eisenberger et al., 2020; Kurtessis et al., 2017). Managerially, this highlights the need for hospitals and healthcare systems to institutionalise support through transparent communication, fair workload allocation, access to mental health resources, and visibly supportive leadership practices. Supportive organisational climates not only protect doctors from burnout but also actively promote positive stress and engagement.

The findings further demonstrate that positive stress plays a central role in enhancing job satisfaction among doctors. When stress is experienced as stimulating and meaningful, it contributes to feelings of accomplishment, professional competence, and overall satisfaction with one's job. Contemporary occupational health research increasingly recognises that not all stress is harmful and that challenge-related stress can enhance motivation and satisfaction when adequate resources are present (LePine et al., 2016; Podsakoff et al., 2007). This suggests that healthcare organisations should move beyond a purely deficit-based view of stress management and instead adopt approaches that cultivate positive stress by strengthening resources rather than merely reducing demands.

Positive stress was also found to support doctors' ability to maintain balance between professional and personal life. Doctors who experience energising stress appear better able to manage role boundaries and cope with competing demands, thereby reducing spillover into personal life. This finding resonates with recent work-life balance research, which highlights that balance is not solely a function of reduced workload but also of psychological resources that enhance role integration and recovery (Allen et al., 2020; Haar et al., 2019). In addition, job satisfaction itself contributes to improved work-life balance, suggesting that positive job attitudes enable doctors to manage work pressures more effectively and experience less conflict between work and non-work roles. From a managerial standpoint, initiatives aimed at improving job satisfaction such as fair evaluation systems, professional development opportunities, and supportive supervision can indirectly enhance doctors' work-life balance.

Taken together, these findings suggest that healthcare managers should adopt a holistic approach that simultaneously enhances autonomy, reinforces meaningfulness, and strengthens organisational support. Rather than focusing exclusively on reducing stressors, organisations should invest in building environments where stress can be experienced as purposeful and growth-oriented. Such an approach is likely to improve not only individual well-being but also retention, commitment, and quality of patient care.

Based on data from 566 doctors across Karnataka, this study demonstrates that job autonomy, professional meaningfulness, and perceived organisational support play a vital role in fostering positive stress in the medical profession. Positive stress, in turn, enhances job satisfaction and supports better work-life balance, highlighting its central role in promoting sustainable well-being among doctors. The findings contribute to contemporary stress and healthcare management literature by reinforcing the idea that stress is not inherently negative and that, when supported by appropriate organisational and psychological resources, it can function as a catalyst for positive outcomes. For healthcare organisations facing rising burnout and workforce challenges, prioritising autonomy-supportive practices, meaningful work design, and strong organisational support systems offers a viable pathway toward sustaining both doctor well-being and organisational effectiveness.

LIMITATIONS OF THE STUDY AND DIRECTIONS FOR FUTURE RESEARCH

Despite its contributions, this study has certain limitations that should be acknowledged. The use of a cross-sectional design restricts causal interpretation of the relationships among job autonomy, professional meaningfulness, perceived organisational support, eustress, job satisfaction, and work-life balance, as these experiences may evolve over time in response to changing work demands and organisational conditions. In addition, reliance on self-reported data may introduce common method bias and socially desirable responses, particularly in the medical profession where resilience and emotional control are strongly valued. The geographical focus on doctors from Karnataka also limits the generalisability of the findings, as healthcare

systems, organisational cultures, and policy environments may differ across regions. Moreover, the study focused primarily on positive stress and did not explicitly examine negative stress or burnout, which often coexist with eustress in healthcare settings (Podsakoff et al., 2012; Schaufeli, 2017; Bakker et al., 2023).

Future research can build on these findings by employing longitudinal and multi-source research designs to better capture the dynamic nature of stress, satisfaction, and work-life balance among doctors. Expanding the research across different states, countries, and healthcare systems would enhance external validity and allow for meaningful cross-context comparisons. Scholars may also integrate both positive and negative forms of stress within a single framework to provide a more holistic understanding of doctors' stress experiences. Additionally, incorporating individual factors such as resilience, psychological capital, and emotional intelligence, as well as organisational variables such as leadership style and staffing adequacy, may further clarify boundary conditions in the proposed relationships. Mixed-method approaches and examinations of patient-level or organisational outcomes would also strengthen the practical relevance of future studies (Bakker & Demerouti, 2017; Sonnentag, 2023; Shanafelt et al., 2022).

REFERENCES

1. Allan, B. A., Autin, K. L., & Duffy, R. D. (2019). Examining social class and work meaning within the psychology of working framework. Journal of Career Assessment, 27(4), 638-655.
2. Allen, T. D., French, K. A., Dumani, S., & Shockley, K. M. (2020). A cross-national meta-analytic examination of predictors and outcomes associated with work-family conflict. Journal of Applied Psychology, 105(6), 539-576.
3. Bakker, A. B., & Demerouti, E. (2007). The Job Demands-Resources model: State of the art. Journal of Managerial Psychology, 22(3), 309-328.
4. Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. Journal of Occupational Health Psychology, 22(3), 273-285.
5. Bakker, A. B., Demerouti, E., & Sanz-Vergel, A. I. (2023). Burnout and work engagement: The JD-R approach. Annual Review of Organizational Psychology and Organizational Behavior, 10, 245-272.
6. Blau, P. M. (1964). Exchange and power in social life. Wiley.
7. Brayfield, A. H., & Rothe, H. F. (1951). An index of job satisfaction. Journal of Applied Psychology, 35(5), 307-311.
8. Breaugh, J. A. (1985). The measurement of work autonomy. Human Relations, 38(6), 551-570.
9. Browne, M. W., & Cudeck, R. (1993). Alternative ways of assessing model fit. Sociological Methods & Research, 21(2), 230-258.
10. Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). Multivariate data analysis (8th ed.). Cengage.
11. Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis. Structural Equation Modeling, 6(1), 1-55.
12. Kline, R. B. (2016). Principles and practice of structural equation modeling (4th ed.). Guilford Press.
13. Bryman, A. (2016). Social research methods (5th ed.). Oxford University Press.
14. Cavanaugh, M. A., Boswell, W. R., Roehling, M. V., & Boudreau, J. W. (2000). An empirical examination of self-reported work stress among U.S. managers. Journal of Applied Psychology, 85(1), 65-74.
15. Cavanaugh, M. A., Boswell, W. R., Roehling, M. V., & Boudreau, J. W. (2000). Challenge and hindrance stressors. Journal of Applied Psychology, 85(1), 65-74.
16. Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). Sage.
17. Cropanzano, R., Anthony, E. L., Daniels, S. R., & Hall, A. V. (2017). Social exchange theory. Journal of Management, 43(6), 1-38.
18. Deci, E. L., Olafsen, A. H., & Ryan, R. M. (2017). Self-determination theory in work organizations. Annual Review of Organizational Psychology and Organizational Behavior, 4, 19-43.
19. Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. Journal of Applied Psychology, 71(3), 500-507.
20. Eisenberger, R., Malone, G. P., & Presson, W. D. (2020). Optimizing perceived organizational support to enhance employee engagement. Society for Human Resource Management Foundation.
21. Eisenberger, R., Stinglhamber, F., Vandenberghe, C., Sucharski, I. L., & Rhoades, L. (2002). Perceived supervisor support: Contributions to perceived organizational support and employee retention. Journal of Applied Psychology, 87(3), 565-573.
22. Etikan, I., & Bala, K. (2017). Sampling and sampling methods. Biometrics & Biostatistics International Journal, 5(6), 00149.
23. Fisher, G. G., Bulger, C. A., & Smith, C. S. (2009). Beyond work and family. Journal of Occupational Health Psychology, 14(4), 441-456.
24. Fornell, C., & Larcker, D. F. (1981). Evaluating structural equation models with unobservable variables and measurement error. Journal of Marketing Research, 18(1), 39-50.
25. Greenhaus, J. H., & Allen, T. D. (2011). Work-family balance: A review and extension of the literature. Journal of Management, 37(1), 7-33.

26. Greenhaus, J. H., & Powell, G. N. (2006). Work-family enrichment. Academy of Management Review, 31(1), 72-92.
27. Haar, J. M. (2013). Testing a new measure of work-life balance. Journal of Human Resource Management, 24(2), 330-348.
28. Haar, J. M., Sune, A., Russo, M., & Ollier-Malaterre, A. (2019). A cross-national study on the antecedents of work-life balance. Human Resource Management Journal, 29(3), 361-376.
29. Hackman, J. R., & Oldham, G. R. (1975). Development of the Job Diagnostic Survey. Journal of Applied Psychology, 60(2), 159-170.
30. Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). Multivariate data analysis (8th ed.). Cengage.
31. Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process. Applied Psychology, 50(3), 337-421.
32. Hobfoll, S. E., Halbesleben, J., Neveu, J. P., & Westman, M. (2018). Conservation of resources theory. Journal of Management, 44(1), 227-257.
33. Judge, T. A., Bono, J. E., & Locke, E. A. (2001). Personality and job satisfaction. Journal of Applied Psychology, 86(1), 80-92.
34. Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain. Administrative Science Quarterly, 24(2), 285-308.
35. Kline, R. B. (2016). Principles and practice of structural equation modeling (4th ed.). Guilford Press.
36. Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. (2017). Perceived organizational support: A meta-analytic evaluation. Journal of Management, 43(6), 1854-1884.
37. LePine, J. A., Podsakoff, N. P., & LePine, M. A. (2005). A meta-analytic test of the challenge-hindrance stressor framework. Journal of Applied Psychology, 90(5), 883-897.
38. LePine, J. A., Zhang, Y., Crawford, E. R., & Rich, B. L. (2016). Turning their pain to gain: Challenge and hindrance stressors. Journal of Applied Psychology, 101(11), 1650-1665.
39. Lysova, E. I., Allan, B. A., Dik, B. J., Duffy, R. D., & Steger, M. F. (2019). Meaningful work. Journal of Vocational Behavior, 110, 374-389.
40. Nunnally, J. C., & Bernstein, I. H. (1994). Psychometric theory (3rd ed.). McGraw-Hill.
41. Podsakoff, N. P., LePine, J. A., & LePine, M. A. (2007). Differential challenge stressor-hindrance stressor relationships. Journal of Applied Psychology, 92(2), 438-454.
42. Podsakoff, P. M., MacKenzie, S. B., & Podsakoff, N. P. (2012). Sources of method bias in social science research. Annual Review of Psychology, 63, 539-569.
43. Quick, J. C., Cooper, C. L., Nelson, D. L., & Quick, J. D. (2017). Positive organizational behavior. Routledge.
44. Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. Journal of Applied Psychology, 87(4), 698-714.
45. Schaufeli, W. B. (2017). Applying the job demands-resources model. Organizational Dynamics, 46(2), 120-132.
46. Shanafelt, T. D., West, C. P., & Noseworthy, J. H. (2022). Addressing physician burnout. The Lancet, 399(10328), 931-933.
47. Sonnentag, S. (2023). Dynamics of well-being at work. Annual Review of Organizational Psychology and Organizational Behavior, 10, 261-286.
48. Sonnentag, S., & Frese, M. (2013). Stress in organizations. In N. W. Schmitt & S. Highhouse (Eds.), Handbook of psychology (pp. 560-592). Wiley.
49. Steger, M. F., Dik, B. J., & Duffy, R. D. (2012). Meaningful work. Journal of Career Assessment, 20(3), 322-337.
50. Tadić, M., Bakker, A. B., & Oerlemans, W. G. M. (2015). Challenge versus hindrance job demands and well-being. European Journal of Work and Organizational Psychology, 24(2), 1-15.