

Sukriti Khanna^{1*}, Dr. Raskirat Kaur²

¹*Research Scholar, Department of Psychology, Chandigarh University, Punjab, Sukriti.khanna25@gmail.com; ORCID ID: <https://orcid.org/0009-0001-9367-5079>

²Assistant Professor, Department of Psychology, Chandigarh University, Punjab, raskiratkaur@gmail.com; ORCID ID: <https://orcid.org/0000-0002-2986-7244>

*Corresponding Author: Sukriti Khanna

*Research Scholar, Department of Psychology, Chandigarh University, Punjab, Sukriti.khanna25@gmail.com; ORCID ID: <https://orcid.org/0009-0001-9367-5079>

Occupational Stress And Job Satisfaction Among Women Professionals In Urology Services: A Review

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Background: Occupational stress presents an ongoing challenge for workforce stability and service continuity in specialised healthcare environments. Urology services involve high procedural intensity, emotional labour, and sustained performance demands, increasing vulnerability to stress among healthcare professionals. Job satisfaction has gained attention as a key organisational factor influencing professional well-being and service effectiveness.

Objective: This review synthesises evidence on occupational stress and job satisfaction in healthcare settings with specific relevance to urology services, emphasising organisational and gender-related determinants that shape workforce well-being and sustainability.

Methods: A narrative review approach was adopted. Peer-reviewed studies published in English between 2018 and 2025 were identified through searches of PubMed, Scopus, Web of Science, and Google Scholar. Eligible studies examined occupational stress, job satisfaction, or related organisational factors among healthcare professionals in specialised or comparable clinical settings. Findings were synthesised qualitatively.

Results: Occupational stress in urology services is influenced by workload intensity, role complexity, supervisory practices, and perceived job security. Job satisfaction derived from supportive supervision, stable employment conditions, and positive workplace relationships demonstrates a buffering effect against stress. Gender-related role demands further shape stress experiences. Elevated stress is associated with absenteeism, reduced engagement, and workforce instability.

Conclusions: Job satisfaction functions as a protective mechanism against occupational stress in urology services. Organisational strategies focused on leadership support, employment stability, and inclusive workplace practices may enhance workforce resilience, service continuity, and long-term sustainability of urology healthcare delivery.

Keywords: Occupational Stress, Job Satisfaction, Urology Services, Workforce Well-being, Healthcare Workforce Stability

Introduction

The psychological state and the organisational stability of the professional workforce are becoming key factors in the sustainability of specialised healthcare services [1]. Workforce resilience is particularly important when the services provided to clients, like urology services, are very complex, patient turnover is high, the disease context around the service is sensitive and continuous clinical accuracy is required [2]. Urology practitioners often interact with patients with chronic urinary issues, functional limitations or invasive procedures, which present an emotionally challenging care scenario. The occupational attributes also lead to an increased

exposure to work-related stress and the role of organisational aspects of promoting professional well-being and service provision [3]. Occupational stress among healthcare providers includes psychological stress, emotional burnout, and physiological aspects, which are caused by constant work pressures and limited chances to relax. In the case of urology services, the stressors include hectic schedules of the procedure, time-pressured clinical decision making, administrative issues, and emotionally sensitive patient-doctor interactions [4]. They have linked extended work stress with diminished professional involvement, augmented absenteeism, diminished effectiveness in procedures,

and amplified turnover. These consequences pose risks to continuity of care, the flow of patients and the overall functionality of urology care delivery, especially when the healthcare is resource-constrained [5].

Job satisfaction is a key organisational construct that affects professional attitudes, performance, and psychological resilience. Theoreticalized to be a multidimensional phenomenon, job satisfaction is a measure of assessments of pay, career progression chances, supervisory assistance, work friendships, and employment permanence [6]. With respect to specialised healthcare services, satisfaction of these dimensions has been related to improved motivation, increased professional commitment, and reduced vulnerability to job stress. Job satisfaction in the urology environment, where teamwork and long-term expertise are the main factors in service quality, also serves to maintain the workforce and provide care based on patient needs, thereby playing a stabilising role [7]. The workforce of female professionals in healthcare is one of the more significant groups forming a portion of the healthcare workforce, even in urology services. The role configurations that are frequently presented by the professional responsibilities overlap with wider social and familial norms, further complicating the role structure and increasing the strain of work occupation [8]. Facts in the healthcare and academic settings have shown that women are facing unique work stressors associated with the distribution of workload, supervisory relationships, career development opportunities and work-life integration. Such aspects can have different effects on job satisfaction and their psychological well-being, especially in speciality services, which relate to a heavily taxing clinical environment and performance requirements [9].

The current literature on occupational stress and job satisfaction has explored the topic in various healthcare environments such as nursing, general medicine and allied health professions. Nonetheless, the synthesis of the urology service context is not well studied. Published literature often discusses stress or satisfaction in isolation, uses broad-based healthcare models, or simply does not explain organisational factors like quality of supervision and employment security [10]. Specific aspects of gender among speciality services are also under-represented in integrative reviews. Such restrictions preclude in-depth knowledge on the interactions of psychosocial and structural workplace elements that determine workforce experiences in urology services [11]. More limitations are because most studies of the workforce are based on cross-sectional work, and there is a paucity of translation of organisational evidence to service implications specific to specialities. Few reviews provide an overview of the findings in the literature of healthcare and organisations that can be used to implement the strategy of worker management in urology facilities [12]. Specifically, limited focus has been placed on the determination of the modifiable organisational conditions, which help contain occupational stress by improving job satisfaction. Within clinical leadership, service administration and policy making, this gap is pertinent

in ensuring workforce stability, procedural optimisation and continuity of urology services.

It can be suggested that an evidence-based synthesis of the impact of occupational stress and job satisfaction in the urology services provides valuable contributions to the workforce planning and the urology services sustainability. By focusing on organisational influences, including supervisory practice, job security, and professional support systems, one can move from individual-level coping strategies to systemic interventions in the workforce. Relevance is further enhanced by embedding gender-sensitive perceptions, as there is a shifting composition and demand of the present-day urology workforce.

Objectives of the Review

The objective of this review is to synthesise evidence on occupational stress and job satisfaction with specific relevance to urology service delivery, emphasising organisational and psychosocial determinants influencing workforce well-being. The review also seeks to examine gender-related considerations and highlight implications for workforce stability, service continuity, and administrative practice within urology healthcare settings.

Methodology

The analysis was conducted as a narrative review methodology to synthesise evidence about the occupational stress and job satisfaction regarding healthcare services, with relevance also to the urology environment. The PubMed, Scopus, Web of Science, and Google Scholar databases were searched systematically with the combination of terms connected with the topics of occupational stress, job satisfaction, healthcare professionals, workforce well-being, and speciality service delivery. Possible articles were those that were released in English and published between 2018 and 2025. The selection of studies to be included in the reference lists was conducted to find more literature. The studies that have met the eligibility criteria were those that are empirical studies or review studies that are conducted on occupational stress, job satisfaction or organisational determinants in healthcare professionals or specialised service forces that are relevant to urology or similar clinical settings. Articles that only offer patient outcomes, non-healthcare populations, articles based on opinion or articles published before the last five years were eliminated. The qualitative synthesis of findings based on eligible sources was conducted to determine the common themes and implications on workforce stability and service delivery in the urology healthcare facilities.

Occupational Stress in Healthcare and Urology Services

Stress in occupations in healthcare contexts is defined as the psychological and physiological pressure that presents itself when the demands that are available to the profession surpass the resources, coping ability or organisational support that is available. Long-term high workloads, emotional labour, and performance-related expectations in the clinical setting are some of the

factors that promote cumulative stress responses, which can potentially impact individual well-being and service delivery [13]. Examples of the occupational stress on a psychological level are emotional exhaustion, irritability, anxiety, and cognitive fatigue; physiological levels comprise sleep disturbances, cardiovascular strain, and somatic symptoms. Such multidimensional stress responses are especially topical in speciality services with procedural intensity and prolonged interaction with the patient [14]. Urology services are a very specific clinical setting in which stressors are not limited to the general healthcare needs. The increased patient expectations as regards functional outcomes, privacy, and long-term disease management impose a significant emotional burden on health providers. Cognitive and physical pressures are enhanced by procedural and surgical loads such as time-sensitive cases and technologically complex processes [15]. Moreover, an uninterrupted work with patients with chronic urinary conditions, malignancies, or quality-of-life-altering diagnoses also leads to emotional stress and professional burnout. The stressors work in a dynamic relationship, which contributes to susceptibility to work-related stress in urology service settings.

The results of the literature in the field of healthcare workforce show consistent links between high levels of occupational stress and poor professional outcomes. The higher the stress levels, the more the burnout syndromes

characterized by emotional exhaustion and a decrease in professional efficacy [16]. Consistent exposure to stress has also been associated with increased rates of absenteeism, decreased job involvement, and low organisational commitment that are difficult to deal with in terms of maintaining business continuity and operational efficiency. The instability of the workforce due to uncontrolled stress can interfere with the scheduling of procedures in the speciality services, like urology, causing redistribution of work and disruption of team cohesion. Female practitioners in the urology unit can be exposed to stress, which is complex when occupational and gender-related role expectations converge. The perceived stress and coping ability could also be affected by the organisation's hierarchies, the supervisory practices and the career progression systems. There is emotional work related to communicating with the patient, and it is coupled with the intensity of workload, which adds to the level of psychological stress [17]. These are the gender sensitive stress pathways that should be recognised so as to understand the well-being of the workforce and instruct specific organisational interventions in urology services. Table 1 provides a syncretised summary of the critical dimensions of occupational stress in urology healthcare provision, including related stressors, workforce outcomes, and service-level performance implications.

Table 1: Occupational Stress Dimensions and Outcomes in Urology Healthcare Services

Stress Dimension	Key Stressors	Affected Outcomes	Workforce Implications	Service-Level Impact	References
Psychological Stress	Emotional labour, patient expectations	Burnout, anxiety	Reduced engagement	Care continuity challenges	[18]
Physiological Stress	Extended procedures, workload intensity	Fatigue, somatic symptoms	Increased absenteeism	Scheduling disruptions	[19]
Organizational Stress	Supervisory demands, job insecurity	Job dissatisfaction	Workforce turnover risk	Reduced service stability	[19]
Gender-Related Stress	Role expectations, career barriers	Emotional exhaustion	Lower retention	Skill loss within units	[20]

Conceptualising Job Satisfaction in Urology Healthcare Settings

Job satisfaction in the urology care environment is a complex and multifaceted phenomenon, indicating cognitive and emotional assessments of the working environment by professionals. Job satisfaction in speciality clinical services has a broader scope than individual satisfaction and an organisational meaning in terms of workforce stability, service quality, and continuity of care. Job satisfaction, in the services of urology, where teamwork is vital, the accuracy of the procedure and the prolonged contact with the patients are crucial, is a defining factor of professional strength and effectiveness [21]. Pay and wages satisfaction is a cornerstone of job satisfaction, which will influence the belief of fairness, professional worth, and economic stability. Adequacy in remuneration affects motivation and retention in urology healthcare contexts, as speciality-level care requires technical skills and a

workload intensity. Career advancement and promotion also help in job satisfaction as it helps to support professional development, acknowledgement, and commitment. The existence of fewer advancement opportunities can lead to frustration and a lack of interest in the work of competent professionals working in urology units [22].

Another key dimension of job satisfaction is interpersonal relations at workplace. Good relationships between co-workers lead to collaboration, trust and shared responsibility, all of which are needed in the delivery of urology services. Positive professional networks can be used to control workload and amplify coping with strenuous clinical conditions [23]. Supervision and leadership practices are closely connected with the peer dynamics and have a strong impact on job satisfaction. Open communication, fair management, and positive feedback are some of the factors that help in fostering a positive organisational

culture, which helps foster psychological health and professional self-esteem [24]. In healthcare environments where performance is under pressure and contracts vary in time, job security is especially an issue. Emotional safety, commitment to the organisation, and long-term engagement are all endorsed by perceived employment stability. Job security leads to continuity of workforce in the urology services that maintain the

knowledge and skills of the procedures and procedures [25]. Together, these dimensions affect each other dynamically to define job satisfaction and determine the way professionals can experience occupational demands. Knowing the impacts they combine will be of great significance to workforce well-being and will inform organisational strategies in the efforts to maintain the high-quality urology healthcare services.

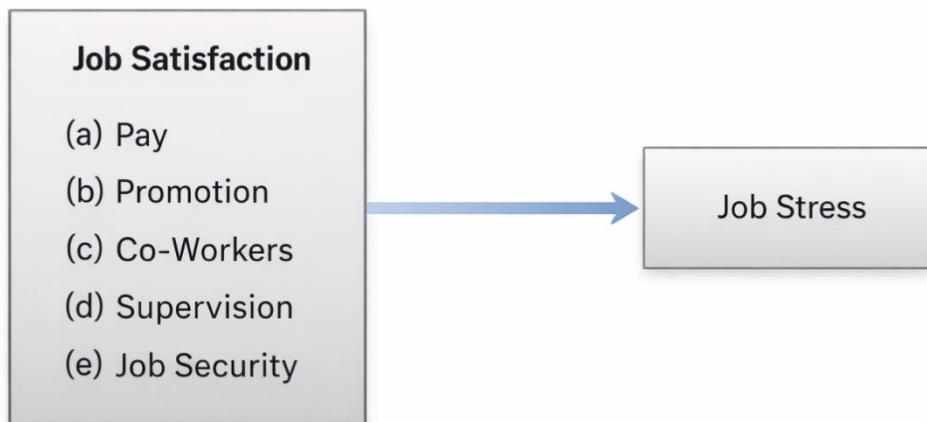


Figure 1: Relationship between job satisfaction dimensions and job stress

Figure 1 shows standardised coefficients indicating the relative strength and direction of each association, based on the study's conceptual analysis.

Demographic and Gender-Related Factors Influencing Stress and Satisfaction

The effect of demographic factors in experience of occupational stress and job satisfaction in healthcare facilities, including urology services, is significant. Such variables as age, professional experience, and matrimonial status influence the perception of stress, coping potential and attitudes to work evaluation. Professional stress exposure among early-career professionals is often characterised by the acquisition of skills, performance expectations and role ambiguity [26]. However, more experienced professionals tend to show better stress management and job satisfaction, which is due to procedural confidence, role clarity, and familiarity with the organisation. Marital status also acts as an intermediate in the process of stress experiences, especially when working in a stressful environment where the working hours and workload levels are high. The gender-related variables have added complexity to the factors used in comprehending occupational stress and satisfaction in the specialised clinical services. The intersection of professional and social roles frequently affects women professionals in urology services, as a way of increasing role strain. Family care duties and

hectic clinical schedules are part of the reasons that make it difficult to balance work and life. Such strains can increase emotional strain and lower job satisfaction perceptions, especially when institutions have few options for institutional flexibility or safety nets [27]. The role overload is an important stress pathway for women professionals in urology services. The clinical tasks often go out of patient care to administrative care, teaching, and coordination activities. These roles build up, leading to cognitive and emotional taxation, which is part of the escalation of stress and the poor work-life balance. Barriers to career advancement further affect job satisfaction, where the possibility of promotion is limited, leadership is not well represented, and recognition may slow down, thereby decreasing motivation and commitment to the organisation in the long term [28]. The results found in healthcare and scholarly environments reveal that there are stable correlations between demographic factors, gender-specific issues, and workforce results. The results show that stress effects are alleviated by supportive supervisory practices and consistent employment arrangements among demographic groups. The implementation of these lessons to urology services represents the significance of organisational sensitivity to the demographic diversity and gender-specific stressors. The identification of such factors aids in the creation of inclusive workforce strategies that will

increase the satisfaction, retention, and continuation of services [29]. The appreciation of the effects of demographics and gender on work stress and job satisfaction presents a useful insight into workforce planning in the context of special clinical settings. Having the ability to address role overload, encourage fair career trajectories, and favour work-life balance can enhance professional

resilience in women professionals working in urology services, which can lead to the continued high-quality services and organisational stability [30]. Table 2 shows an overview of major demographic and gender-associated variables that determine occupational stress, job satisfaction, and workforce outcomes in urology healthcare services.

Table 2: Demographic and Gender-Related Influences on Stress and Job Satisfaction in Urology Services

Factor Category	Key Variables	Stress Influence	Job Satisfaction Impact	Workforce Implications	References
Demographic Factors	Age, experience, marital status	Variable stress exposure	Differential satisfaction levels	Retention variability	[23]
Gender-Specific Roles	Work–family balance demands	Increased emotional strain	Reduced satisfaction	Burnout risk	[27]
Role Characteristics	Clinical and administrative overload	Cognitive fatigue	Lower engagement	Productivity decline	[30]
Career Structures	Advancement and leadership access	Psychological strain	Reduced commitment	Talent attrition	[31]

Supervision and Leadership as Determinants of Occupational Stress

Leadership and supervision are the key organisational factors that influence occupational stress and job satisfaction in the healthcare environment, especially in services that are specialised, i.e. urology. The supervisory practices affect work experiences on day to day basis, clarity of roles, emotional climate and organisational support perceptions. Leadership behaviour plays a critical role in the ability of the professionals to cope with work demands and maintain a healthy state of mind in clinical settings that are high in responsibility and procedural intensity [32]. The lack of proper supervision is also a common factor in increasing levels of occupational stress, including misunderstanding expectations, poor communication, and feedback. A lack of mentoring in complicated clinical cases can augment cognitive distress and career doubt, particularly in urology care, where accuracy and coordination are of the essence. Feeling that there is an imbalance in the tasks, timing, or rating of performance also contributes to stress, as it may result in a lack of trust and low morale. These supervisory gaps can cause emotional fatigue, frustration and decreased involvement, which expose the worker to burnout and turnover [33].

The effect of supportive leadership is opposite, as it provides a psycho-safe, transparent, and structured workplace. Good supervisors can offer effective guidance, positive feedback and available support to professionals to manoeuvre around the strenuous clinical punishment with increased certainty. Leadership in urology departments that promotes open communication and teamwork, problem-solving improves the cohesion of the team and reduces stress at work related to the complexity of the procedures and the workload pressure. Job satisfaction is also enhanced through supportive leadership, which enforces professional value and

recognition [34]. Good communication is a basic component of effective supervision within urology services. Information flow between multidisciplinary teams and clinical role confusion are minimised through timely and open communication, which enhances coordination. Effective working processes are facilitated by effective communication, especially when it comes to scheduling surgery and patient care handover. Equity in managerial decision-making also helps in minimising occupational stress. Perceptions of organisational justice and psychological security are fostered by fair allocation of workforce, uniformity in policy use and objective performance evaluation [35].

Empathic, fair, and accountable leadership styles have also been linked to better job satisfaction and workforce stability at the healthcare facility. Such practices contribute to long-term engagement and care continuity of urology services. The leadership being responsive to staff issues and professional growth augments organisational commitment and resilience. On the other hand, autocratic or unpredictable leadership styles can increase levels of stress and diminish satisfaction, and turnover risk goes up. The identification of supervision and leadership as changeable organisational variables creates possibilities of specific interventions in the urology services. Leadership growth programs that will focus on communication competence, fairness and supportive engagement can help to reduce occupational stress and improve job satisfaction. Enhanced supervisory practice promotes a better work environment, workforce retention, and quality of urology healthcare delivery [28].

Job Security, Career Stability, and Workforce Stress in Urology Services

Job security is one of the critical organisational factors that affect psychological health, work pressure, and work dedication in healthcare systems. Perceived

employment stability is a decisive factor in workforce resilience and prolonged engagement in the specific clinical setting, like urology services. Job security includes objective employment terms, including terms of the contract and institutional permanency, and subjective views of continuity, fairness and predictability of the career. Uncertainty about employment status can enhance stress reactions and professional insecurity in high-demand healthcare services [33]. Occupational stress is elevated in the healthcare setting when perceived job insecurity is involved. Issues associated with renewal of contracts, reorganisation of the firm, retention based on performance, and lack of stability in funding are some of the issues that can lead to psychological pressure. In services that deal with urology, where clinical skills and procedural proficiency are acquired through time, employment insecurity can interfere with skill consolidation and identity formation processes. The chronic insecurity can cause emotional exhaustion, nervousness, and lack of concentration, which impact the personal well-being and effectiveness of the services [28].

Career stability is an intertwined aspect of job security, and it is an opportunity to maintain professional development, role, and promotion in an organisational framework. Stable career progressions will help in long-term commitment and acquisition of specialised information in healthcare urology environments. Lack of further development opportunities or unconventional career development opportunities can decrease motivation and organisational commitment, especially

among young and middle career staff. Career instability can also enhance stress through creating feelings of stagnation and reduced professional worth [36]. The employment arrangements in urology services differ in contractual, academic, and hospital jobs. Contractual jobs are usually associated with the increased insecurity connected to the processes of renewal and performance assessment, which makes them more subject to stress. The academic roles can have some extra pressures associated with promotion requirements and tenure systems that affect the perception of satisfaction and stability. An appointment in the hospital usually has more structural security, which promotes psychological security and long-term commitment. Such structural differences explain the significance of context-specific workforce policies in urology services [32]. Secure job contracts are also a factor that helps increase the retention of the workforce and continuity of service. Employees with a sense of security and a sense of predictability in their career advancement are highly committed to the organisation; there is a low level of absenteeism and high levels of engagement. Workforce stability in urology services maintains work knowledge, enhances teamwork, and facilitates good patient care provision. The identification of job stability and work security as factors in organisations that can be altered points to the possibility of strategic interventions that can help decrease workforce stress and improve workforce sustainability in specialised urology healthcare settings [24]. Table 3 shows how job security, career stability, occupational stress, and workforce outcomes in urology healthcare services are related.

Table 3: Job Security, Career Stability, and Stress Outcomes in Urology Services

Employment Dimension	Structural Characteristics	Stress Impact	Job Satisfaction Effect	Workforce Outcome	References
Job Security	Contract duration, renewal certainty	Reduced anxiety	Increased satisfaction	Higher retention	[34]
Career Stability	Advancement clarity, role continuity	Lower psychological strain	Enhanced commitment	Skill preservation	[37]
Contractual Roles	Fixed-term appointments	Elevated stress exposure	Variable satisfaction	Turnover risk	[26]
Hospital-Based Roles	Permanent positions	Greater emotional safety	Higher satisfaction	Workforce stability	[32]

Workload Intensity and Role Complexity in Urology Services

Workload intensity is one of the focal operation variables in the context of occupational stress in urology services. Speciality care Urology is a mix of outpatient procedures, tests, surgical operations, and chronic care of chronic urinary infections. These activities have cumulative loads on cognitive load, time pressure, and physical stress levels among healthcare professionals. The high workload intensity is a factor that leads to long-term stress exposure, especially in a workplace with high turnover rates and inflexibility in staffing [35]. The complexity of the role also increases stressful experiences in urology services. There are often many roles of professionals that are not directly related to the care of patients, such as coordination of the

administration, interdisciplinary interactions, documentation, and even academic or training commitments. Role expectations bring with them the growth of task fragmentation and the loss of opportunity to make a recovery during working hours. Professional boundaries can also be obscured by complex role structures in which there are no clear performance expectations and accountability. This situation adds to the mental pressure and undermines the ability to cope [18].

The advances in technology in the urology field have improved the diagnostic and treatment possibilities, but have also raised the complexity of the procedures and skill levels required. Since the world is constantly changing in terms of technologies, it takes constant focus and self-improvement. These are some of the

demands that lead to role strain, especially when institutional support and secure training time are minimal. Emotional and cognitive responses to stress are increased with procedural responsibility and pressure involved in decision-making [29]. Teams' workload imbalance is another issue. The imbalance of clinical roles and being on-call might create a sense of injustice and dissatisfaction. Constant disequilibrium adds up to fatigue and emotional burnout, making one more susceptible to burnout. The predictability of workloads is minimal in urology services, where the scheduling of procedures (either procedural therapy or emergency intervention) often overlaps, which contributes to increased exposure to stress.

The intensity of workload and role complexity is the key factor to consider in maintaining the workforce's well-being in urology services. Task burden, role clarity and fair distribution of workload are organisational data that aid in the reduction of stress and professional resilience. Optimal workforce planning and role strategising are the sources of better job satisfaction and greater sustainability of service [38].

Organisational Support Systems and Professional Well-Being in Urology Healthcare Settings

The role of organisational support systems can be decisive in defining professional well-being in the context of healthcare settings, especially when it comes to specific services, like urology. Favourable institutional environments have an impact on perceptions of occupational demands, their management and internalisation among health care professionals. Psychological safety and emotional stability are provided by access to organisational resources, responsiveness of managers, and opportunities for professional growth [33]. Support systems are effective values that comprise formal and informal systems. The formal support would entail the availability of training programs, mentoring systems, open communication systems, and institutional policies that encourage work-life balance. Organized support in the case of urology services advances confidence in handling involved processes and clinical debates in decision-making. Collegial collaboration, and peer networks are the forms of informal support that strengthen social connectedness and common coping mechanisms in stressful clinical settings [38].

Support systems depend on the organisational culture to a large extent. Respect, inclusivity and open communication in any culture create trust and involvement. Conversely, organisational climates that are defined by hierarchical inflexibility or constrained feedback can enhance stress encounters and compromise contentment. Supporting cultures promote the help-seeking behaviour and normalise the conversation about workload issues and emotional load [29].

Leadership involvement is one of the important elements of organisational support. The accessibility, empathy, and fairness portrayed by leaders are associated with lower levels of stress in occupation and increased job satisfaction. Staffing issues, time constraints, and professional growth and development are emerging as leadership-responsive factors that create a more solid

organisational commitment in the urology healthcare setting. Perceived support and motivation are also enhanced by recognition of professional contributions [39]. Retention outcomes are also affected by the institutional support systems. Professionals who have sufficient organisational support are more engaged and resilient. Well-developed support systems in the urology services assist in staff maintenance, maintenance of skills and continuity of care. Enhancing organisational support systems is one of the strategic ways of fostering professional well-being and the delivery of urology services to a high quality.

Job Satisfaction as a Buffer Against Occupational Stress: Implications for Urology Service Delivery

Job satisfaction as a key psychosocial process mediates the perception, processing, and management of occupational stress at the healthcare workplace. Job satisfaction acts as a buffer variable in urology services, which can be described as high-intensity procedures, emotional labour, and long-term performance expectation, which helps to reduce stress exposure and enhances professional resilience. Workforce stability, engagement, and service effectiveness depend on the interaction between the dimensions that are related to satisfaction and occupational stress [41]. Dimensions such as the quality of supervision, job security, professional recognition, and favourable workplace relationships prove to be especially applicable to the reduction of stress in the urology environment. The supervision type also helps in improving clarity of roles, minimising uncertainty, and fostering psychological safety, which assists professionals in managing the demanding clinical workload more confidently. Job security also leads to emotional stability as it lowers anxiety around job retention, which leads to consistent attention to patient care and procedural excellence. These aspects have a greater protective power than transactional aspects like salaries or promotions, particularly in more specialised clinical services where intrinsic motivation and professional identity are still relevant [38].

Job satisfaction also determines behavioural outcomes associated with service delivery. An increase in satisfaction level correlates with a decrease in absenteeism, an enhancement of attendance regularity, and an increase in organisational commitment. The outcomes in urology services assist in continuity of care, efficiency in the scheduling of procedures, and maintenance of team cohesion. Professionals who are satisfied are found to be more willing to participate in collaborative practice, knowledge sharing, and adaptive problem solving, all of which are the crucial elements of managing complex urinary care pathways [42]. The buffering effect of job satisfaction spreads to the gender workforce relations. Female urologic practitioners enjoy support, supervision, a stable working environment and inclusive organisations with a culture. The tension caused by the workload intensity, role complexity, and work-life integration issues is alleviated by satisfaction based on these factors. This is because organisational conditions that emphasise satisfaction-promoting factors

will promote fair participation and retention of skilled professionals in the long term [40].

Regarding service delivery, enhancing job satisfaction is a strategic form of stress management that is not based on individual-level coping purposes. Leadership development, employment stability, workload equity, and professional support are some of the organisational policies that promote sustainable workforce operations. Within urology services, these strategies can be applied to improve the reliability of the services, preserve expertise in the procedures, and address the delivery of

patient-centred care [33]. The importance of job satisfaction is noted as recognition of this factor as a protective measure against work stress, and it is essential in terms of workforce planning and healthcare administration. The adoption of satisfaction-based organisational concepts into urology service management provides a way in the direction of the enhanced professional well-being, workforce sustainability, and long-term service quality of the specialised healthcare systems.

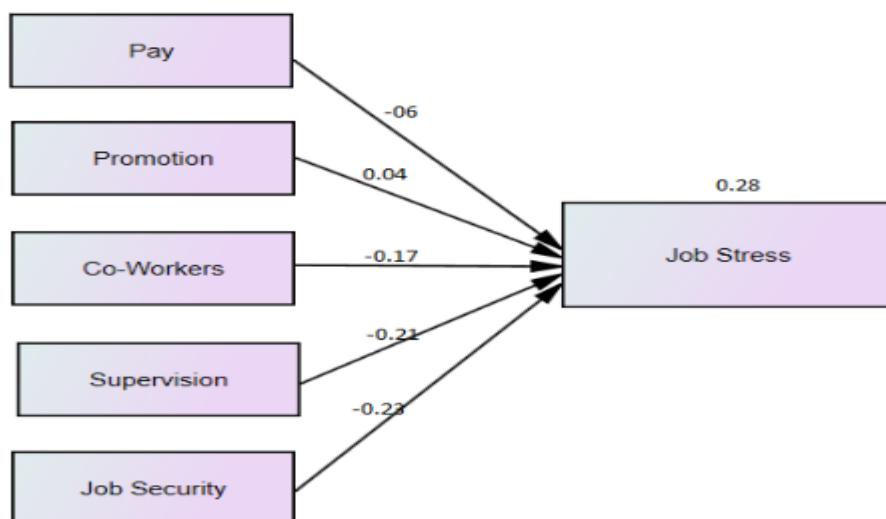


Figure 2: Organisational Determinants of Job Stress in Urology Healthcare Settings

Figure 2 shows that supportive supervision, strong workplace relationships, and perceived job security exert the strongest stress-reducing effects compared to transactional factors.

Absenteeism, Workforce Retention, and Service Continuity in Urology Services

Absenteeism is one of the major workforce issues in any healthcare system and is especially important to specialised services like urology. The job stress and low job satisfaction are some of the factors that increase cases of absenteeism due to physical fatigue, emotional exhaustion and psychological disengagement. Staff absence in the urology service also throws the planning of procedures aside, and the redistribution of workloads becomes more complex and burdens the team that is not absent [40]. The continued absenteeism has a trickle-down impact on the workforce. Strain exposure due to the increased workload on the current staff makes the cycle of strain a vicious cycle that can further boost the rates of absences. Even temporary absence will impact service capacity, postpone interventions, and undermine patient flow in high-demand urology units. The frequent cases of absenteeism destroy the unity of the team and add to the instability in operations [36].

The retention of the workforce is a severe outcome associated with job stress and job satisfaction. Long-term stress and low levels of organisational support

among professionals lead to less intention to stay in the current job. Turnover in the urology services has significant implications since they involve specific training and procedural skills. Expert turnover leads to a break in care continuity and requires the time and staff-involved recruitment and training [30]. Workforce stability is important as it contributes to service continuity. Stable manning promotes predictable clinical processes, maintains institutional knowledge and boosts trust in patients. The high turnover and absenteeism are some of the issues that face the provision of timely and coordinated urology care. The training and mentoring of urology departments could also be influenced by instability in the workforce [21]. Absenteeism and retention are problems that need to be addressed through combined organisational approaches that focus on stress minimisation and satisfaction improvement. The workload management, supportive supervision, and job security interventions help to enhance attendance and professional commitment [40]. Enhancing these aspects helps in sustaining the workforce and guiding the urology service delivery in the complex healthcare settings.

Conclusion

Occupational stress is a long-standing problem in urology healthcare services, which is influenced by the level of workload and complexity of roles,

organisational patterns, and the expectations of the profession. This review indicates that job satisfaction is considered a central variable that serves as a protective factor that determines the process of stress experience and stress coping among specialists working in specialised urology facilities. It has been shown that organisational factors, including quality of supervision, job security, leader support and relations at the workplace, have a greater and more enduring impact on stress reduction than transactional factors. Professional stability and continued service provision through supportive supervision and steady work environments lead to psychological safety, professional confidence, and continued engagement. Gender-based issues further serve to highlight the relevance of inclusive organisational practices that would help women in the field to overcome role strain and work-life integration issues. Occupational stress is a leading cause of absenteeism, turnover, and service interruption, and, therefore, a threat to the efficiency of procedures and continuity of care with patients in urology services. Enhancing employee satisfaction by improving the workplace environment is a strategic way of reducing stress levels, maintaining specialised expertise, and maintaining the high quality of service delivery. The relevance of job satisfaction as the essential element of workforce resilience is justified by the need to address the issue in relation to healthcare administrators and policymakers who aim to improve the professional well-being and sustainability of urology healthcare systems.

References

1. Jarosz K, Mlynarska A. The impact of sociodemographic factors on job satisfaction and professional burnout among nurses in urology departments. *Nurs Rep.* 2024;14(2):883–900. doi:10.3390/nursrep14020068.
2. Brady SS, Arguedas A, Huling JD, Hellemann G, Lewis CE, Fok CS, et al. Job strain, occupation, and bladder health among women. *Neurourol Urodyn.* 2023;43(1):69–80. doi:10.1002/nau.25297.
3. Jarosz K, Zborowska A, Mlynarska A. Rationing care, job satisfaction, fatigue and the level of professional burnout of nurses in urology departments. *Int J Environ Res Public Health.* 2022;19(14):8625. doi:10.3390/ijerph19148625.
4. Papaefstathiou E, Apostolopoulou A, Moysidis K, Hatzimouratidis K, Sarafis P. The impact of burnout and occupational stress on sexual function in both male and female individuals: a cross-sectional study. *Int J Impot Res.* 2020;32(5):510–9. doi:10.1038/s41443-019-0170-7.
5. Graham NJ, Cabral JD, Meeks WD, Galen E, Singer EA, Harris AM, et al. Urological procedures and impact on advanced practice provider burnout, job satisfaction, and salary: AUA census analysis. *Urol Pract.* 2025;12(6):769–78. doi:10.1097/UPJ.0000000000000889.
6. Holton MR, Bailey K. Women in urology. *Urol Clin North Am.* 2021;48(2):187–94. doi:10.1016/j.ucl.2020.12.003.
7. Jung JH, Lee YM, Lee J, Kim HR, Cho HA, Kang MY. Occupational factors influencing turnover intention in working women with lower urinary tract symptoms. *J Occup Environ Med.* 2025;67(2):e96–e102. doi:10.1097/JOM.0000000000003274.
8. Braun KP, Shaar M, Gumz A, Shaar A, Pantenburg B, Deutsch S, et al. Job satisfaction and intentions to leave of foreign-national urologists working at German hospitals: results of the cross-sectional EUTAKD study. *Urol Int.* 2022;106(12):1304–12. doi:10.1159/000518237.
9. Pandit SR, Venugopal P, Keshavamurthy R, Chawla A. Challenges and gender-based differences for women in the Indian urological workforce: results of a survey. *Indian J Urol.* 2022;38(4):282–6. doi:10.4103/iju.iju_143_22.
10. Payne SR, Kane A, Thomas K, Bolderston H, Greville-Harris M, Turner KJ. Stress among UK consultant urologists and factors influencing when they leave full-time NHS practice. *J Clin Urol.* 2025;18(3):221–30. doi:10.1177/2051458231190949.
11. May M, Shaar M. Job satisfaction and evidence of burnout comparing Arab and non-Arab urologists with a migration background working in German hospitals. *Avicenna J Med.* 2021;11(4):196–9. doi:10.1055/s-0041-1735127.
12. Alzahrani MA, Almhmd A, Khan MA, Badriq F, Salman B, Aljaziri ZY, et al. Women as urologists in Saudi Arabia: career choice and practice challenges. *Res Rep Urol.* 2023;15:179–88. doi:10.2147/RRU.S412713.
13. Bail C, Harth V, Mache S. Digitalisation in urology—relationships between physicians' technostress, burnout, work engagement and job satisfaction. *Healthcare (Basel).* 2023;11(16):2255. doi:10.3390/healthcare11162255.
14. Koo K, Javier-DesLoges JF, Fang R, North AC, Cone EB. Professional burnout, career choice regret, and unmet needs for well-being among urology residents. *Urology.* 2021;157:57–63. doi:10.1016/j.urology.2021.05.064.
15. Moreno-Martínez M, Sánchez-Martínez I. Factors associated with work engagement, overload, satisfaction, and emotional exhaustion among healthcare workers. *Healthcare (Basel).* 2025;13(2):162. doi:10.3390/healthcare13020162.
16. Schrup S, Hanley M, May E, Jones JM, Ziegelmann M, Gross MS. Burnout and career satisfaction among urologists specialising in sexual health. *J Sex Med.* 2025;22(5):869–76. doi:10.1093/jsxmed/qdaf074.
17. Thapa S, Pradhan PMS. Occupational stress and its correlates among healthcare workers during COVID-19 in Nepal. *BMJ Public Health.* 2024;2(1):e000126. doi:10.1136/bmjjph-2023-000126.
18. Tomaszewska K, Kowalcuk K, Majchrowicz B. Correlations between nurses' well-being and psychosocial working conditions. *Front Public Health.* 2024;12:1443015. doi:10.3389/fpubh.2024.1443015.
19. Yildiz B, Yildiz T. Relationship between work engagement and job satisfaction in nurses: a systematic review and meta-analysis. *Perspect Psychiatr Care.* 2022;58(4):3062–78. doi:10.1111/ppc.13068.

20. Cao Y, Gao L, Fan L, Jiao M, Li Y, Ma Y. Emotional intelligence and job burnout among healthcare workers: mediating role of workplace violence. *Front Public Health.* 2022;10:892421. doi:10.3389/fpubh.2022.892421.

21. Anaissie J, Popat S, Mayer WA, Taylor JM. Innovative approaches to battling resident burnout in a urology residency program. *Urol Pract.* 2021;8(3):387–92. doi:10.1097/UPJ.0000000000000215.

22. Velana M, Rinkenauer G. Individual-level interventions for reducing job-related stress among nurses: a systematic review. *Front Psychol.* 2021;12:708696. doi:10.3389/fpsyg.2021.708696.

23. Rostami F, Babaee-Pouya A, Teimori-Boghsani G, Jahangirimehr A, Mehri Z, Feiz-Arefi M. Mental workload and job satisfaction in healthcare workers: moderating role of job control. *Front Public Health.* 2021;9:683388. doi:10.3389/fpubh.2021.683388.

24. Salgado de Snyder VN, Villatoro AP, McDaniel MD, Ocegueda AS, Garcia D, Parra-Medina D. Occupational stress and mental health among healthcare workers during COVID-19. *Front Public Health.* 2021;9:782846. doi:10.3389/fpubh.2021.782846.

25. Said RM, El-Shafei DA. Occupational stress, job satisfaction, and intent to leave among nurses during COVID-19. *Environ Sci Pollut Res Int.* 2021;28(7):8791–801. doi:10.1007/s11356-020-11235-8.

26. Kriakous SA, Elliott KA, Lamers C, Owen R. Effectiveness of mindfulness-based stress reduction for healthcare professionals: a systematic review. *Mindfulness (N Y).* 2021;12(1):1–28. doi:10.1007/s12671-020-01500-9.

27. Kwong K. Work, stress, and well-being of healthcare professionals during COVID-19. *Int J Healthc.* 2021;7(2):15. doi:10.5430/ijh.v7n2p15.

28. Guillén-Fernández YB. Social determinants of health and adverse childhood experiences in childhood obesity in Argentina. *Soc Sci.* 2025;14(2):68. doi:10.3390/socsci14020068.

29. Zhang M, Murphy B, Cabanilla A, Yidi C. Physical relaxation interventions for occupational stress in healthcare workers. *J Occup Health.* 2021;63(1):e12243. doi:10.1002/1348-9585.12243.

30. Harris A, Golan R, Kraft K, North A, Modi P, Meeks W, et al. Burnout in urological education: results from the 2021 AUA census. *J Urol.* 2024;212(1):205–12. doi:10.1097/JU.0000000000003949.

31. Shoureshi P, Seideman C, Guerre M, Callejas C, Chouhan JD. Preventing burnout in urology: a qualitative assessment. *J Am Coll Surg.* 2021;233(5 Suppl):e104. doi:10.1016/j.jamcollsurg.2021.08.278.

32. Voltmer E, Rosta J, Köslich-Strumann S, Goetz K. Job satisfaction and work stress among physicians in Norway and Germany: a cross-sectional study. *PLoS One.* 2024;19(1):e0296703. doi:10.1371/journal.pone.0296703.

33. Dartey-Baah K, Quartey SH, Osafo GA. Occupational stress, job satisfaction and gender differences among bank tellers in Ghana. *Int J Prod Perform Manag.* 2020;69(7):1437–54. doi:10.1108/IJPPM-07-2019-0323.

34. Alrawadieh Z, Demirdelen Alrawadieh D, Olya HGT, Bayram GE, Kahraman OC. Sexual harassment, psychological well-being and job satisfaction of female tour guides. *J Sustain Tour.* 2022;30(7):1639–57. doi:10.1080/09669582.2021.1879819.

35. Li X, Jiang T, Sun J, Shi L, Liu J. Occupational stress, job burnout and quality of life among surgical nurses in China. *BMC Nurs.* 2021;20(1):181. doi:10.1186/s12912-021-00703-2.

36. Rao A, Shailashri VT. Work-life balance of women medical professionals in healthcare: a systematic review. 2021. doi:10.5281/ZENODO.5778954.

37. Scott VC, Lerner LB, Eilber KS, Anger JT, Ackerman AL. Pregnancy trends and complications among female urologists. *Neurourol Urodyn.* 2020;39(5):1355–62. doi:10.1002/nau.24409.

38. Negrusa S, Hogan P, Jordan L, Hoyem R, Cintina I, Zhou M, et al. Work patterns and job satisfaction of the CRNA workforce. *Nurs Outlook.* 2021;69(3):370–9. doi:10.1016/j.outlook.2020.12.012.

39. Nonnis M, Agus M, Corona F, Aru N, Urban A, Cortese CG. Burnout and career satisfaction in Italian healthcare workers. *Sustainability.* 2024;16(2):893. doi:10.3390/su16020893.

40. Cheng JW, Wagner H, Hernandez BC, Hu BR, Ko EY, Ruckle HC. Stressors and coping mechanisms related to burnout in urology. *Urology.* 2020;139:27–36. doi:10.1016/j.urology.2019.11.072.

41. Hooker RS, Bruza-Augatis M, Puckett K, Kozikowski A, Doran TJ. Physician assistant/associate urology workforce: a national analysis. *Healthcare (Basel).* 2025;13(3):330. doi:10.3390/healthcare13030330.

42. Dulko D, Zangaro GA. Factors associated with physician and nurse burnout. *Nurs Clin North Am.* 2022;57(1):53–66. doi:10.1016/j.cnur.2021.11.004.