European Economic Letters
ISSN 2323-5233
Vol 15, Issue 3 (2025)
http://eelet.org.uk

The impact of Job Level on Employee performance, Job Satisfaction, Job Stress and Turnover intention of Western UP healthcare employees

Ashi,

Research Scholar, School of Commerce and Management, IIMT University, Meerut, Uttar Pradesh

Dr. Nikita Singhal,

Associate Professor, School of Commerce and Management, IIMT University, Meerut, Uttar Pradesh

Abstract

Stress is now almost an epidemic, as men, women, and children are suffering from it every day. This study seeks to examine stress elements and different coping techniques utilized by healthcare workers. The interaction between employees and the conditions of work resulted in job stress; however, perspectives on causes and effects differ. The purpose of this research is to analyse impact of job level on employee performance, job satisfaction, job stress and turnover intention of Western UP healthcare employees.309 responses are being finalized for the analysis. As per the study findings, Job Stress also shows a negative impact on job satisfaction. But the Job stress shows a positive impact on Turnover. Job level shows a negative impact on Employee Performance. Job level shows a negative impact on Job Stress. Job level shows a positive impact on Job satisfaction. Job level shows a positive impact on Turnover.

Keywords: Job level, Employee Performance, Job Satisfaction, Job Stress, Turnover intention.

Introduction

Although therapeutic information is not a guarantee of good health, evidence suggests that experts have higher rates of death than general population. However, mortality rates for a few causes (street accidents, suicide) are significantly higher for specialists than for other nearly identical professional groups, and concerns have been raised about specialists' proclivity to disregard their well-being (Myerson, 1991). Because experts have distinct modes of self-transfer, acquiring exact grime knowledge may be more difficult for them than for other groups.

The image is less clear in terms of intellectual sick wellbeing. A few recent studies have found that specialists experience a higher rate of intellectual distress, discomfort, and sadness than medical personnel. Because of demands of long work hours, overwhelming remaining tasks, & enthusiastic requirements of therapeutic practice younger specialists & training specialists are thought to be more vulnerable to mental pain than their more seasoned counterparts (Bates, 1982).

This mental distress has been linked to aspects of restorative work, such as overwhelming remaining burdens, even though, as with other studies into occupation-related pressure, the coordinate causal relationships between work pressure and dysfunctional behaviour have not been solidly established. A few studies of stress-related psychological maladjustment among specialists fail to investigate sexual orientation differences in prevalence of anxiety & depression (Caplan, 1994). Those who have addressed sexual orientation differences in the psychological well-being of professionals have presented contradictory evidence. Several studies have found that female specialists suffer from higher emotional well-being concerns than male specialists or other female experts.

According to research, general practice is one of the most unpleasant drug-related areas. (Momce 1984) have also been thrown out since they are individually farther and less distressing than other claims to fame.However, evidence on the 'unpleasantness' of distinct types of therapeutic claim to fame (i.e., general practice versus doctor's facility medicine) is also not irrefutable.

When an employee has continuous stress due to physical, mental, and emotional elements at work, it is known as job burnout and could result in depression. This may be a result of feeling that your talents are restricted or that your pay is low. Job burnout can cause demotivation in worker, which lowers operational effectiveness. It can also cause irritability and other poor habits that spread negative energy across the organisation, further diminishing daily productivity. Burnout is a result of working stress. It is the entire exhaustion of one's physical, psychological, and mental

resources as a result of a prolonged endeavour to attain a goal. Impatience, decreased productivity, dissatisfaction exhaustion, entrapment, and wrath are all signs of burnout that develop gradually. Burnout's ingredients include.

- Emotional weariness - This is initial phase of burnout.
- Depersonalization is next stage after emotional weariness. The affected person views others as things.
- Decreased sense of personal success –last sign of work fatigue. Characterised by a decline in confidence in one's ability & accomplishments.

Some analysts have used burnout proportions as an indicator of mental anguish in experts. Because these measures demonstrate feelings such as depersonalization & passionate tiredness, which are normal for persons with serious' callings, they might be more sensitive to strain in medical professionals. An investigation of 156 specialists, including 84 doctors and 72 clinic specialists, led by a therapist in Scotland, reasoned that doctors were more pushed, even though the two gatherings were experiencing abnormal amounts of bunout, which is defined as "end-purpose of a procedure happening in a progression of stages or emergencies" (Momce, 1984).

However this assessment may be analyzed on a variety of indices, including the use of single-thing, dichotomous proportions of 'lack of work joy', 'weariness', 'discouragement', and 'discouragement' as a total indicator of "burnout." Psychiatrists were singled out as exposing less, and low 'gloom' contrasted with diverse fortes. However, no sex split of the example was provided, even though the psychological vocation tends to have a greater proportion of female experts than other fortes. Momce further notes that therapists in the experiment may have been hesitant to mention the feeling of depression to a partner (i.e., creator), in an investigation involving 976 doctors in Australia.

Winefield & Anstey (1991) found that more youthful male specialists will probably endure burnout and depersonalization more generally than more youthful female specialists. They suggested this could be an aftereffect of fewer 'psycho-social' mentalities and absence of ID or compassion with patients in guys, compared to female specialists, even though they note problems in the over-disentanglement of specialist demeanours to tolerant consideration.

Usually difficult to measure rates of booze addiction and prescription usage, given the abstract and likely lack of quality information. Official grimness & mortality data, or healing centre intolerant data focusing on specialists undergoing treatment for alcohol or medication misuse issues, has frequently been used as a marker of Job level of alcohol & medication use in specialists, & is thus prone to underreporting less serious diseases of these issues. However, data from multiple studies indicate that professionals in UK & overseas have a higher prevalence of alcoholism and drug abuse than almost equivalent population groups. (Allibone et al., 1981)

Brooke et al. (1992) also studied 147 specialists admitted to a doctor's facility with prescription and alcohol difficulties. Their examples included both general practice and healing centre prescriptions, and a greater percentage of doctors than expected were practicing alone.The primary source of medicine misuse was self-recommendation, & liquor troubles were observed to be less common for ladies than males; yet, it is resolved that guys in general will probably use booze as a means of adjusting to concern than females.

Cooper et al. (1990) also found that alcohol consumption was much higher for male doctors than for female doctors, and in their study, specialists in collecting hones spent more than those in single-handed practices. This analysis used self report polls, which may be less reliable source of data than patient measures, & contains a less severe population where booze use isn't particularly perceived as harmful.

Suicide rates among experts in United States are double those of general population and three times those of groups of attorneys or engineers. A few studies imply that individuals with specialized specialties are more likely to commit suicide. A UK study confirmed the high suicide rate among experts under the age of 41, but found no difference based on therapeutic claim to fame. Female experts have also been shown to be three to four times more likely to commit suicide than females in general society (Lemdeman et al. 1996).

Relation between job stress and turnover intentions

An employee's expressed propensity to leave her company within a specified time frame is known as turnover intention, and it is frequently used to research actual employee turnover. Many businesses devote significant effort and resources to determining the causes of employee attrition, such as through exit interviewing programs. The purpose of

this study is often to understand why individuals leave, with the reasoning being that if a company can identify reasons of layoffs, it can take actions to minimize both numbers. An employee's self-estimated likelihood of permanently quitting their current job or organisation at some point soon, owing to a variety of causes, is referred to as turnover intention (Khan et al., 2020).Workers leaving their employer's organisation or business is referred to as "employee turnover." The total number of employees quitting during a specific period is known as "turnover rate." On the other hand, you should be aware that this is a broad phrase for something that can happen in a variety of ways and can be either beneficial or unwelcome.

Job satisfaction & employee performance

The relationship within workplace fulfillment along with career achievement is debatable. It is difficult to correlate those two attributes, in part because when people are asked if they get job satisfaction from operating at ABC Corporation, a certain percentage will respond yes because they feel that saying no will result in a negative effect. As a result, while we recognize that there is a link between enjoyment and performance, it is impossible to prove conclusively without some survey bias. One thing is certain: there are two essential viewpoints on happiness and accomplishment that are adversely correlated. One individual believes that happiness leads to achievement, whereas another person says that success leads to pleasure. As a result, when someone is pleased with their employment, they are going to do better; nevertheless, in order to be satisfied, they must do well at their job. It's a never-ending cycle, and it's hard to say whether happiness drives efficiency or efficiency drives satisfaction. Regardless of these viewpoints, it seems obvious that if someone is highly satisfied with their employment, they are more likely to do well at work.

However, if a person is dissatisfied with their employment, they are unlikely to perform at the same high level. To make matters even more confusing, we must realize that a person might have a high level of job satisfaction while not performing to the level expected by the firm. The person enjoys their job and finds enjoyment in it, but this does not imply that their performance meets the needs of the business.

Literature review

Sharma and Devi (2011) attempted to determine the root reasons of role stress by gathering information from 530 frontline workers from several public & private sector banks. Eight role-related factors have been found, and they correspond to 22 variables. They came to the conclusion that resource scarcity, role indistinctness, role excess role invasiveness, role divergence role augmentation self diminution and role fortification are causes of role stress.

Witte (2012) focused on the collection of contrasting viewpoints in occupational satisfaction. In Belgium, the test focused on the component of administering an account. A model was created to test the idea. The model was "Employment Interest Control Support," and the study observed that activity request (a brain research that states that doing something requires specific capabilities) has the greatest impact on disclosing contentment with working conditions and has a lower impact on clarifying Contentment with occupational content.

Singh and Jain (2013) focus on representatives' job satisfaction & its impact on their performance. The workers' temperament reflects organization's instruction. Cheerful representatives play an important role in client administration & transactions since they interact with clients daily. The workplace is the most important determinant in employee happiness. Great workplaces and working circumstances promote job happiness while also increasing worker productivity, profitability, consumer loyalty, and maintenance.

Christopher and Daimy (2014) explored the sources of stress and job pressure among IT professionals at Technopark. A sample of 150 workers was selected from the top, medium, and junior levels. Work pressure did not differ by gender, age, marital status, or yearly income. Work pressure and years of competence were inversely associated. Stress inhibitors among study subjects included inflexible time, unsatisfactory advancement policies, heavy workload, impractical deadlines, a lack of leisure time, training and resources, anger among colleagues, role ambiguity, job insecurity, a mismatch between job and competence, an unkind supervisor, and an insufficient salary.

Platis et. al. (2015) investigated the association between job happiness and performance among 246 nurses. Job satisfaction was assessed in terms of satisfaction with boss, administration, working conditions, & recognition. Performance was evaluated in terms of workload, productivity, initiatives, working goals, and quality changes. Manager

administration and job production were key factors in influencing job satisfaction. Job quantity and productivity were two important performance criteria.

Chatterjee (2016) has studied"Job Related Stress, Casual Factors, and Coping Strategies." Employees are increasingly acknowledging that work is interfering with their personal lives, and they are unhappy about it. Evidence suggests that combining work and life responsibilities has surpassed job security as an employee priority. They desire a life as well as work. The study assesses occupational stress. Job satisfaction & mental health of employees in the professions of banking and information technology enterprises, which include both private and public sector employees. The need was left to assist workers in dealing with many dimensions of occupational stress and job unhappiness, as well as to instill emotions of corporate citizenship behaviour and commitment, and to reduce employee turnover costs.

Bhatnagar et al. (2017) compared sources of stress among government & private hospital doctors in India. The study foundthat sources of stress were similar in both groups and included long working hours, inadequate time for leisure, administrative work, and a high workload. However, the study also found that government hospital doctors reported stress due to poor facilities, staff shortages, and overcrowding, which private hospital doctors did not report. These factors have a significant impact on working conditions of government hospital doctors & contribute to the stress they experience. On the other hand, private hospital doctors faced more stress due to financial issues, such as meeting revenue targets. The study reported that private hospitals have a profit-driven business model, which results in doctors being under pressure to generate revenue for the hospital, often at the expense of patient care.

Joy et al. (2018) investigated the variables that contribute to occupational stress amongst software engineers in Kerala and evaluated the impact of each of these factors on worker productivity using an ensemble of 438 developers. The study found that workplace stresses have a detrimental impact on worker performance, as does position uncertainty, remuneration and promotions, fear of deterioration, and busyness. Thus, the study emphasizes the critical need for the government and IT businesses to implement policies to alleviate the harmful impact of occupational stress on performance of software professionals in Kerala.

Ehsan et al. (2019) evaluated the effect of workplace stress on worker productivity. The study attempted to determine how work-related stress affected the productivity of banking workers in Faisalabad, Pakistan. Furthermore, it found some characteristics that lead to work-related stress in banking. The target demographic included all workers of Faisalabad's five to six banks. The stratified random selection strategy was utilized to choose 50 participants for the investigation. A questionnaire was utilized to obtain information from the respondents.

Liu and Liu (2020) looked into how to reduce the detrimental effects of job stress on imagination. Based on the Job Demands-Resources Model, this study recommends that staff members readily accessible assets might reduce the adverse effect of workplace anxiety on creativity. The resources at hand can reduce the detrimental effects of job stress by supplies depleted inspirational cognitive, and psychological assets. additional research should be carried out to figure out other influencing elements that can buffering the effect of stress on inventiveness, how to buffer the effects of stress on creative thinking when many materials are available, and the bounds within which opportunities at hand can play a preventing role. Finally, field studies ought to become carried out to go about the study findings as managers practice.

Sharma (2021). The research covered several stress-related concerns and followed international trends. However, the literature suggests that businesses should take a more proactive approach to building long-term stress-inhibiting mechanisms and cultures, in addition to stress prevention measures, in order to foster employee happiness, health, and wellbeing and assist them in achieving work–life balance. This chapter provides a review of stress research from 2009 to 2018, highlighting distinctive trends in Indian stress literature while also recognizing similarities with worldwide literature. Future study areas in the Indian context have also been highlighted. (Psyc Info Data baseRecord (c) 2025 APAall rights reserved).

Chatterjee et al. (2021) conducted a study to explore the mental distress experienced by healthcare workers during early phase of COVID-19 outbreak in India, considering their varying demographics. The factor scores were analyzed to categorize the prognosticators and inspect variances among the diverse groups of hospital employees. The likelihood of experiencing insomnia was higher among other healthcare workers than among doctors and nurses. The perception of anxiety was greater among those who were younger, had higher education, were female, and lived in urban areas. The elderly, living in isolation and being unmarried, are followed by advanced types of diseases,leading to

apparent desperation. Seclusion during pandemics was a significant predictor of insomnia. The study reveals that hospital employees are undergoing different psychological health difficulties based on their normal experiences. To alleviate their problems, tailored & personalized care, as well as policies, should be considered.

Grech (2022) conducted a study to investigate the frequency of fatigue amongst surgeons working in varying hospital environments and how it was affected by the educational environment. Inadequate educational environments can have a detrimental impact on both patient care and the well-being of trainees, with burnout having negative consequences on both personal and institutional levels. However, the study identified high burnout rates among the doctors, notably, around an exceedingly substantial pessimistic association amongst self-efficacy, training, and community backing, and individual, job-related, and patient-related exhaustion. Such outcomes indicate a significant connection between the educational atmosphere and exhaustion, which should be cause for concern and a call to action to improve the well-being of these young doctors. Improving the instructional atmosphere has the potential to enhance the eminence and well-being of patient attention.

Sam et al. (2024) examine how job stress impacts workers' productivity in workplace. Job stress is one of the most important factors affecting an organization's performance. The most pressing issue for most firms is impact that work-related demands have on employee performance. Fenaka Fuvahmulah is one of the firms that has addressed issue of declining employee performance. The current study looks into how employeeperformance at Fenaka Fuvahmuleh is impacted by occupational stress.The study investigates relationship between stress variables and changes in worker performance. There are four key elements used to determine the causes of stress.

Munisi (2025) investigated the impact of workplace stress on employee productivity at the Iringa Mayor's Office (IMC) in Iringa Municipality, with an emphasis on identifying stressors, assessing the link between performance and stressful circumstances, and researching stress-reduction techniques. A sample of 69respondents was collected using both quantitative & qualitative methods, including graded random draw, and three upper-management members were selected for interviews using targeted sampling. Data was collected through interviews and survey responses, and it was then analyzed in SPSS Version 22 using qualitative statistics and Pearson correlation.

Yadav (2025) evaluates and analyzes the effect of work-related stress and workplace stress on nurses' work-life balance. The goal of this study is to look at the connections between workplace anxiety and work-life balance among Indian nurses. The study aims to determine whether elevated job stress provides to a poor work-life balance among Indian nurses. A total of163 clinicians were chosen, 74 % female & 27% male, with ages ranging from 20 to 68. For this study, all participants were asked to answer 2 queries developed by Neal Blackburn in nineteenth and the American Institute of Stress(AIS) using the online survey software "Google Forms". All of participants were across the ages of 20 and 68, with nurses having an average expert tenure of 1 to 30 years.

Research methodology

Data and Estimation Techniques

The present study follows a quantitative research approach towards the research problem and objectives. The current study is a causal study that considers numerous aspects of job stress and connected difficulties and problem areas. As a result, a direct personal inquiry of the relevant factors is required. The research tools employed in this study are a questionnaire and the current study, which uses qualitative and quantitative methodologies. This study utilised the questionnaire to collect information from sample respondents. The research tools used in this study to collect data are as follows: The study employs a pretested, organized survey with open-ended and closed-ended questions for healthcare employees.A questionnaire for healthcare employees in selected districts of the western UP region is being developed. The sample for whom various job stress characteristics are analysed is healthcare employees. A total of 350 surveys were distributed, with 309 completed questionnaires returned.After data collection has been tabulated from Excel, mean, average, and various statistical techniques like Cronbach’s Alpha, t-test, regression, etc, data analysis has been done with the assistance of SPSS 29.1v, SmartPLS4v, and Microsoft Excel.

Variables of the study:

Job level: The study categorizes job levels into two main groups: *medical* and *non-medical*. The medical category includes roles such as Doctors and Nurses. In contrast, the non-medical category comprises positions in Accounts,

Administration, Dietetics, General Duty Assistants (GDA), Human Resources (HR), Laboratory and Diagnostics, Maintenance, Marketing, and Transport. For estimation, a code of '1' has been assigned to medical staff, and a code of '2' to non-medical staff.

Employee Performance refers to how well an individual carries out the tasks, duties, and responsibilities assigned to them within an organization. It is a key indicator of organizational productivity and efficiency, especially in high-pressure sectors such as healthcare.

Job satisfaction is defined as degree to which employees feel positively or content with their job roles, responsibilities, and overall work environment. It reflects an individual's emotional response to their job. It is influenced by various factors such as workplace conditions, relationships with colleagues and supervisors, recognition, compensation, and opportunities for personal & professional growth. In the context of the healthcare sector, job satisfaction plays a crucial role in maintaining motivation, reducing turnover, and enhancing overall employee performance. Work stress refers to the physiological and emotional pressure that people feel when job expectations surpass their ability to cope or manage successfully. In healthcare settings, stress may arise from long working hours, high patient loads, emotional exhaustion, lack of support, or inadequate resources. Chronic job stress can lead to burnout, reduced productivity, decreased job satisfaction, and ultimately impaired employee performance. Turnover intention is a staff members intentional and deliberate decision to quit their present position or organization. It is regarded as a significant predictor of real staff vacancies and is frequently impacted by factors such as job fulfillment, teamwork, work stress, and career progression prospects. High turnover intention is particularly concerning in the healthcare sector, where workforce continuity is essential for quality patient care.

Data analysis and data interpretations

Cronbach's alpha

The alpha value was acceptable to good, as shown in Table 1 (Cronbach,1951; Cortina, 1993; Nunnally, 1978). Upon obtaining acceptable value of Cronbach's alpha, we now move forward with analysis.

Table 1: reliability statistics

CronbachAlpha	No. of items
0.816	28

As demonstrated in Table 2, the constructs within this study manifest notable reliability, a conclusion supported by Cronbach's alpha & composite reliability values surpassing suggested threshold of 0.7. This underscores the reliability of all the constructs under scrutiny. Convergent validity was evaluated by examining factor loadings & average Variance extracted (AVE). As presented comprehensively in Tables 2 and 3, the results reveal that all factor loadings surpass the critical 0.7 benchmarks. At the same time, AVE values exceed the stipulated threshold of 0.5, aligning with the recommendations outlined by Hair et al. (2017). Consequently, the study effectively establishes the convergent validity of the lower and higher-order models.

Table 2: Construct reliability & validity of the lower-order model

Construct	Items	Factor Loading (0.7)	Cronbach's alpha (0.7)	Composite reliability (rho_a) (0.7)	Composite reliability (rho_c) (0.7)	Average variance extracted (AVE) (0.5)
EP	EP1	0.708	0.858	0.872	0.898	0.64
	EP2	0.843				
	EP3	0.881				
	EP4	0.839				

	EP5	0.714				
JS	**JS1**	0.796	0.883	0.883	0.915	0.682
	JS2	0.846				
	JS3	0.874				
	JS4	0.846				
	JS5	0.764				
T	**T1**	0.797	0.851	0.883	0.909	0.77
	T2	0.936				
	T3	0.893				

Sources: Calculated Using Smart PLS- 4

Discriminant validity

This study assessed discriminating validity using both Fornell-Larcker criterion (Fornell and Larcker, 1981) & Heterotrait-Monotrait (HTMT) criterion (Henseler, 2015). According to recommendations of these criteria, discriminant legitimacy is demonstrated when square root of average variance extracted (AVE)for each construct exceeds its correlations with other constructs and resultant ratio is less than 0.9. Detailed results, as shown in Tables 4 and 5, demonstrate the absence of discriminant validity concerns in the lower-order models investigated in this work. These data show that square root of AVE for each construct surpasses its correlations with other constructs, which is consistent with the Fornell-Larcker criteria. Furthermore, the ratios estimated using the HTMT criteria are all less than 0.9, supporting the lack of concerns about discriminant validity.

Table 3: discriminant validity heterotrait-monotrait ratio (htmt) for lower-order model

	EP	**JS**	**Job Stress**	**Job level**	**T**
JS	0.732				
Job Stress	0.602	0.636			
Job level	0.142	0.175	0.156		
T	0.501	0.594	0.816	0.131	

Sources: Calculated Using Smart PLS- 4

Table 4: discriminant validity-Fornell-Larckercriterion for lower-order model

	EP	**JS**	**Job Stress**	**Job level**	**T**
EP	0.8				
JS	0.654	0.826			
Job Stress	-0.552	-0.578	0.753		
Job level	-0.03	-0.164	0.145	1	
T	-0.437	-0.527	0.747	0.098	0.878

Sources: Calculated Using Smart PLS- 4

European Economic Letters
ISSN 2323-5233
Vol 15, Issue 3 (2025)
http://eelet.org.uk

R-squared and R-squared adjusted.

The coefficient of determination (R^2value) & predictive relevance assessed model's final validity. The blindfolding procedure generated the value (cross-validated communality and redundancy) using an omission distance of D = 6. Tables 6 and 7 illustrate the outcomes.

Table 5: R-squared without control

	R-square	R-square adjusted
EP	0.471	0.468
JS	0.335	0.333
T	0.569	0.567

The reflective measurement model's assessment followed structural model's evaluation. The structural model will be assessed by examining the variance inflation factors (VIF), hypothesis testing, predictive relevance (Q2), and the model's goodness of fit. The first step of analysing the structural model isto ensure absence of multi collinearity among constructs (Hair, J. etal. 2019). This was achieved by calculating VIF values on SmartPLS.

Table 7: VIF Without Control

CONSTRUCT	VIF
EP1	2.052
EP2	2.888
EP3	3.154
EP4	2.292
EP5	1.587
JS1	1.931
JS2	2.513
JS3	3.112
JS4	2.675
JS5	1.738
T1	1.859
T2	3.200
T3	2.381

The impact of Job level on EP, JS, Job Stress, T

For EP, the coefficient is -0.07 with a p-value of 0.53. This negative coefficient indicates that the Job level has a slight negative effect on Employee Performance. However, with a p-value greater than 0.05, this effect is not statistical significant, suggesting that Job level does not meaningfully influence Employee Performance.

Table 09: Total Effect

	Original sample (O) or Beta	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
Job level -> EP	-0.070	0.111	0.628	0.490
Job level -> JS	-0.390	0.088	4.446	0.000
Job level -> Job Stress	0.347	0.113	3.080	0.002
Job level -> T	0.233	0.102	2.288	0.022

Sources: Calculated Using Smart PLS- 4

The coefficient for JS is -0.39 with p-value of 0.00. This significant negative coefficient implies that higher Job levels are strongly associated with lower Job Satisfaction. The low p-value indicates that this negative relationship is statistically significant, meaning that increases in the Job level correspond to a notable decrease in Job Satisfaction.

For Job Stress, the coefficient is 0.347 with a p-value of 0.002. This positive coefficient shows a significant relationship where higher Job levels are associated with increased Job Stress. The p-value confirms the statistical significance of this result, indicating that the effect of the Job level on Job Stress is both meaningful and robust.

The coefficient for T is 0.233 with a p-value of 0.022. This positive coefficient suggests that higher Job levels are linked to increased Turnover rates. The p-value indicates that this relationship is statistically significant, highlighting that as Job level rises, turnover among employees tends to increase.

Job level shows the negative impact on EP, as shown by the beta negative coefficient since P value is less than 0.05,which shows that impact is significant. Job level shows the negative impact on JS as shows by the beta negative coefficient since P value is less than 0.05 than this shows that impact is significant Job level shows the positive impact on Job stress as shows by the beta positive coefficient since the P value is less than 0.05 than this shows that the impact is significantJob level shows the positive impact on Turnover as shows by the beta positive coefficient since P value is less than 0.05than this shows that impact is significant.

Conclusions

The objective of this study was to determine impact of Job level on Employee performance, Job Satisfaction, Job Stress and Turnover intention of Western UP healthcare employees. As per the study findings, Job Stress also shows a negative impact on job satisfaction, as shown by the negative beta coefficient since P value is less than 0.05,which shows that impact is significant. But Job stress shows the positive impact on Turnover as shown by the positive Beta coefficient since P value is less than 0.05,which shows that impact is significant. For employee performance, the coefficient is -0.07 with p-value of 0.53. This negative coefficient indicates that the Job level has a slight negative effect on Employee Performance. However, with a p-value greater than 0.05, this effect is not statistically significant, suggesting that Job level does not meaningfully influence Employee Performance. The coefficient for Job stress is -0.39 with a p-value of 0.00. This significant negative coefficient implies that higher Job levels are strongly associated with lower Job Satisfaction. The low p-value indicates that this negative relationship is statistically significant, meaning that increases in the Job level correspond to a notable decrease in Job Satisfaction. For Job Stress, the coefficientis 0.347 with a p-value of 0.002. This positive coefficient shows a significant relationship where higher Job levels are associated with increased Job Stress. The p-value confirms the statistical significance of this result, indicating that the effect of the Job level on Job Stress is both meaningful and robust. The coefficient for Turnover is 0.233 with a p-value of 0.022. This positive coefficient suggests that higher Job levels are linked to increased Turnover rates. The p-value indicates that this relationship is statistically significant, highlighting that as the Job level rises, turnover among employees tends to increase. Job level shows the negative impact on Employee Performance as shown by the beta negative coefficient since P value is less than 0.05,which shows that impact is significant. Job level has a negative impact on job stress, as evidenced by the beta negative coefficient, with a P value less than 0.05 indicating significance. Job level has a positive influence on job stress, as evidenced by the beta beneficial coefficient, with P value less than 0.05 indicating significance. Job level has a positive influence on turnover, as evidenced by the beta positive coefficient, with a P value less than 0.05 indicating that impact is significant.

A positive indication suggests that non-medical personnel outperforms medical staff, whilst a negative sign shows that medical staff outperform non-medical staff.

References

1. Allibone A, Oakes D, Shannon HS. (1981) Thehealth and health care of doctors. *Journal of Royal College ofGeneral Practitioners,* 31:728 -734.
2. Bates E. (1982). Doctors and theirspouses speak: Stress in medical practice. *Sociology of Health and Illness*, 4: 25 -39.
3. Brooke D, Edwards G, Taylor C. (1991) Addiction as a job-relatedhazard: 144 doctors with drug and alcohol problems. *British Journal of Addiction*, 86:1011 -1016

4. Caplan RP(1994) Stress, anxiety and depression in hospital consultants,general practitioners, and senior health service managers. *British Medical Journal,*309: 1261-1263.
5. Cooper CL, Williams J. (1990) A validation study of the OS! on a blue-collar sample. *Stress Medicine,*7,2:109-112.
6. Khan, I. M., Shah, A. H. S., Haider, A., Aziz, S., and Kazmi, M. (2020). The Role of Supervisor Support on Work-Family Conflict and Employee Turnover Intentions in the Workplace with Mediating Effect of Affective Commitment in Twin Cities in the Banking Industry, Pakistan. *Int. Rev. Manage. Mark* 10, 42–50. doi: 10.32479/irmm.10807
7. Lindeman, Laara E, Hakko H, Lonnqvist J. (1996) A systematic review on gender-specific mortality in medical doctors.*British Journal of Psychiatry,* 168: 274-279.
8. Momce JKW. (1984) Job stress and burnout. *Bulletin of the Royal College of Psychiatrists*, 8: 45-46.
9. Myerson S. (1991a) Violence to Doctors and fear of violence. *Family Practice*,8,2: 145 -147.
10. Wmefield BR, Anstey TJ. (1991) Job stressin general practice: Practitioner age, sex, and attitudes as predictors. *Family Practice,*8: 140-144.
11. Sharma, J., and Devi, A. (2011), Role Stress among Employees: An Empirical Study of Commercial Banks, *Gurukul Business Review*, Vol. 7, Spring.
12. Witte, (2012),Jobs and organizations, *Personnel Review,*41(2),200 – 215.
13. Singh, J.K.,& Jain, M (2013). A Study of Employees' Job Satisfaction and its impact on their Performance. *Journal of Indian Research, 1*(4), 105-111.
14. Christopher, S. E., & Daimy, N. K. M. (2014a). A whiff of IT Industry Work Stress and Accelerating the Productivity: With Special Reference to the Indian IT Industry. *ZENITH International Journal of Business Economics & Management Research, 4(12), 38–44.*
15. Platis, C., Reklitis, P., &Zimeras, S. (2015). Relation between Job Satisfaction and Job Performance in Healthcare Services. *Procedia - Social and Behavioral Sciences* 175 175, 480–487. http://doi.org/10.1016/j. sbspro. 2015.01.1226.
16. Chatterjee, P. (2016). "Job-related stress, causal factors and coping strategies "
17. Bhatnagar K, Srivastava K, Singh AT, Niranjan N. Sources of stress and coping strategies among doctors in a government hospital and a private hospital: a comparative study. (2017). *Indian Journal of Psychological Medicine.* 39(6):725-731.
18. Joy, A. et al. (2018) "Impact of job Stress on Employee Performance: A Study of Software Professionals in Kerala" 2018 *IJRAR* October 2018, Volume 5, Issue 4 www.ijrar.org (E-ISSN 2348-1269, P- ISSN 2349-5138).
19. Ehsan M. et al. (2019) "The Impact of Work Stress on Employee Performance: Based in Banking Sector of Faisalabad, Pakistan" *European Journal of Business and Management* www.iiste.org ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online) DOI: 10.7176/EJBM Vol.11, No.1, 2019.
20. Liu, J. and Liu, Y. (2020) Reducing the Harmful Impact of Work Stress on Creativity? Buffering Model of Available Resources. *Open Journal of Social Sciences*, 8, 62-76. doi: 10.4236/jss.2020.82006.
21. Chatterjee SS, Chakrabarty M, Banerjee D, Grover S, Chatterjee SS and Dan U. (2021). Stress, Sleep and Psychological Impact in Healthcare Workers During the Early Phase of COVID-19 in India: A Factor Analysis. Front. *Psychol.* 12:611314 doi: 10.3389/fpsyg.2021.611314
22. Sharma S. et al. (2021) "Stressors in Nursing- Revisiting literature from India and West" *IOSR Journal of Nursing and Health Science (IOSR-JNHS)* e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 10, Issue 4 Ser. I (Jul. – Aug. 2021), PP 01-06 www.iosrjournals.org.
23. Grech, M. (2022). An analysis of the effect of educational environment on burnout: a cross-sectional observational study of trainee doctors at the Malta Foundation Programme. *Malta Medical Journal*, 34(3), 19-31.
24. Sam T.H. et al. (2024) "The impact of job stress on employee performance of FenakaFuvahmulah" *kuey,* Vol. 30 No. 4 (2024) https://doi.org/10.53555/kuey.v30i4.1631.
25. Munisi V.I. (2025) "Effects of Workplace Stress on Employees' Work Performance:A Case of Iringa Municipal Office in Tanzania" Department of Business Studies, *IJRISS, University of Iringa DOI:*https://dx.doi.org/10.47772/IJRISS.2024.8120138.
26. Yadav, J. (2025). The Impact of Job Stress and Work-Life Balance among Indian Nurses: A Correlational Study. *Open Access Library Journal*, 12, 1-16. doi: 10.4236/oalib..1112841.