Journal of Excellence in Management Sciences (2025) 4(2): 58–71
DOI: 10.69565/jems.v4i2.388

Occupational Stress Across Law Enforcement, Nursing, and Medicine: An Integrative Review of Job Demands, Organizational Resources, and Workforce Outcomes

Noel Out*[1]

Ntiense E. Otu[2]

Walter N. Otu[3]

How to cite this article:

Otu, N., Otu, N. E., & Otu, W. N. (2025). Occupational stress across law enforcement, nursing, and medicine: An integrative review of job demands, organizational resources, and workforce outcomes. Journal of Excellence in Management Sciences, 4(2), 58–71.

Received: 8 February 2025 / Accepted: 27 May 2025 / Published online: 25 June 2025

Abstract

Occupational stress is a management concern because it affects employee well-being, workforce retention, service quality, safety, and organizational performance. This rapid integrative review compares stressors, resources, and work-related outcomes in law enforcement, nursing, and medicine through the Job Demands-Resources framework. A structured search of PubMed/MEDLINE, supplemented by reference-list screening and verification through publisher records, was updated on January 11, 2025. The comparative evidence set comprised 18 highly relevant peer-reviewed publications, including systematic reviews, meta-analyses, integrative reviews, and large observational studies, with six publications representing each profession. The synthesis indicates that long or irregular hours, inadequate recovery, high workload, exposure to suffering or emergencies, and insufficient organizational support are shared demands. Profession-specific demands include operational danger and organizational pressure in policing, understaffing and emotional labour in nursing, and decision accountability, administrative burden, and electronic documentation in medicine. Across the professions, supportive leadership, staffing adequacy, autonomy, trusted peer support, procedural fairness, and manageable work systems function as important resources. Sustained demand-resource imbalance is associated with burnout, psychological distress, turnover, reduced capacity, service-quality problems, and safety risks. The review concludes that individual coping initiatives should complement, rather than replace, organizational interventions addressing workload, staffing, scheduling, leadership, administrative burden, recovery, and workplace culture.

Keywords: occupational stress; job demands-resources; organizational support;

[1]University of Texas Rio Grande Valley, Texas, USA
e-mail: noel.otu@utrgv.edu
[2]South Texas College, McAllen, Texas
[3]American University of the Caribbean School of Medicine, Illinois

burnout; employee well-being; workforce retention; public-service management

1 Introduction

Occupational stress is a central concern in management research because it affects employee well-being, organizational commitment, absenteeism, turnover, performance, and the quality and safety of services. It emerges when sustained physical, emotional, cognitive, or organizational demands require effort that is not adequately balanced by resources such as autonomy, staffing, supervisory support, role clarity, recovery time, and access to professional assistance. The Job Demands-Resources (JD-R) perspective explains this process by distinguishing work characteristics that consume energy from resources that support motivation, recovery, and effective performance (Demerouti et al., 2001; Bakker & Demerouti, 2017).

Law enforcement, nursing, and medicine provide a useful basis for comparative analysis. All three occupations involve responsibility for human life, irregular or extended working hours, exposure to suffering or emergencies, and the need to make consequential decisions under pressure. At the same time, their stress profiles are not identical. Police personnel are routinely exposed to operational danger, traumatic incidents, public scrutiny, and organizational constraints (Avdija, 2014; Shane, 2010; Stinchcomb, 2004). Nurses commonly face understaffing, high patient loads, emotional labour, workplace aggression, and limited control over scheduling (Babapour et al., 2022; Craw et al., 2023; Roberts & Grubb, 2014). Physicians experience intense cognitive demands, responsibility for clinical outcomes, administrative workload, regulatory pressure, and increasing dependence on electronic systems (Tawfik et al., 2018; Yates, 2020).

Existing research has generally examined these occupations separately. Consequently, the literature provides limited understanding of which stressors are shared across the professions, which are occupation-specific, and whether similar organizational mechanisms explain burnout, withdrawal, reduced performance, and turnover. A cross-occupational management perspective is valuable because it can distinguish transferable organizational practices from interventions that must be tailored to the operational realities of each profession.

This review synthesizes evidence on occupational stress in law enforcement, nursing, and medicine using the JD-R framework. It compares job demands, organizational resources, employee and organizational outcomes, and stress-management interventions. By shifting emphasis from general descriptions of stress and individual lifestyle advice toward work design, leadership, staffing, organizational culture, and recovery systems, the review aims to contribute directly to organizational behavior, human resource management, public-sector management, and healthcare management.

1.1 Problem Statement and Management Contribution

Although occupational stress has been widely studied, three problems limit the usefulness of the existing knowledge for managers. First, research is fragmented by profession, making it difficult to identify shared organizational causes and transferable interventions. Second, stress is often discussed as an individual health problem even when its principal antecedents - staffing shortages, workload, shift design, supervisory practices, administrative burden, low autonomy, and unsupportive cultures - are organizational. Third, many discussions recommend resilience, exercise, mindfulness, or personal time management without determining whether the employing organization has removed preventable demands or supplied adequate job resources.

This fragmentation has practical consequences. Organizations may invest in employee-focused coping programmes while leaving unchanged the work structures that generate exhaustion, disengagement, absence, turnover, errors, and reduced service quality. Evidence from policing, nursing, and medicine shows that organizational conditions are closely associated with stress, performance, care quality, safety, and workforce stability (Shane, 2010; Roberts & Grubb, 2014; Tawfik et al., 2018; Willard-Grace et al., 2019). A comparative synthesis is therefore needed to determine which demands and resources operate similarly across the professions and which

require profession-specific management responses.

The contribution of this review is threefold. It provides an organizational rather than purely clinical account of occupational stress; it develops a common framework for comparing three high-risk service professions; and it translates the evidence into multilevel management recommendations addressing job design, staffing, scheduling, leadership, psychological safety, peer support, and recovery.

1.4 Review Questions

RQ1. Which job demands and organizational stressors are shared across law enforcement, nursing, and medicine?

RQ2. Which occupational stressors and job resources are distinctive to each profession?

RQ3. How is occupational stress associated with employee well-being, retention, performance, service quality, and safety across the three professions?

RQ4. Which individual, team, leadership, and organization-level interventions are supported by the reviewed evidence?

2 Theoretical Framework

The JD-R model provides the organizing framework for this review. Job demands are physical, psychological, social, or organizational aspects of work that require sustained effort and are therefore associated with physiological or psychological costs. Job resources are aspects of work that help employees achieve work goals, reduce the costs of job demands, or support learning, motivation, and development (Demerouti et al., 2001; Bakker & Demerouti, 2017).

The framework proposes a health-impairment process in which excessive or prolonged demands contribute to exhaustion and adverse health outcomes, and a motivational process in which resources foster engagement and protect performance. Resources may also buffer the effects of high demands. This logic is suitable for comparing law enforcement, nursing, and medicine because the specific demands differ across occupations, while an imbalance between demands and resources may produce similar outcomes such as burnout, withdrawal, reduced effectiveness, and turnover.

In this review, operational danger, traumatic exposure, workload, emotional labour, shift work, administrative burden, role conflict, and cognitive accountability are treated as job demands. Staffing adequacy, autonomy, supervisor and peer support, role clarity, fair procedures, psychological safety, recovery time, and confidential support services are treated as job resources. Employee outcomes include stress, exhaustion, burnout, psychological distress, and work-family conflict; organizational outcomes include absence, turnover intention, actual turnover, performance, errors, service quality, and safety.

3 Methodology

3.1 Review Design

This study employed an integrative literature review to synthesize empirical and conceptual evidence across law enforcement, nursing, and medicine. An integrative design was selected because the research question spans several professional and disciplinary literatures and requires comparison of constructs, contexts, and outcomes rather than estimation of a single pooled effect. The review process followed established guidance for literature reviews as a research method and used PRISMA 2020 reporting principles to document identification, screening, eligibility, and inclusion decisions (Whittemore & Knafl, 2005; Snyder, 2019; Page et al., 2021).

3.1 Information Sources and Search Strategy

A structured rapid evidence search was undertaken to identify peer-reviewed literature examining occupational stress, burnout, organizational stressors, job resources, and work-related outcomes among law-enforcement officers, nurses, and physicians. PubMed/MEDLINE was used as the principal bibliographic database because it provides extensive coverage of occupational health,

healthcare management, psychology, nursing, medicine, and public-safety research. Supplementary searching involved reference-list screening, cited-reference tracking, and targeted verification through journal and publisher webpages. The final search was updated on July 11, 2026.

The principal coverage period was January 2010 to July 11, 2026. This period was selected to capture contemporary changes in organizational structures, health information technology, administrative burden, staffing practices, work scheduling, occupational violence, and workforce well-being. Earlier seminal studies were retained when they supplied foundational theory, definitions, or evidence that remained directly relevant to the comparative analysis.

The PubMed/MEDLINE search combined occupational groups with stress, organizational conditions, job demands, job resources, and employee or organizational outcomes. The principal search string was: ((police OR "law enforcement" OR "police officer*" OR nurse* OR "nursing staff" OR physician* OR doctor* OR "medical practitioner*" OR "medical resident*") AND ("occupational stress" OR "job stress" OR "work stress" OR burnout OR "psychological distress") AND ("organizational stressor*" OR "job demand*" OR workload OR staffing OR "shift work" OR leadership OR "supervisor support" OR "organizational support" OR "administrative burden" OR "work environment" OR "organizational climate") AND (well-being OR "mental health" OR turnover OR retention OR absenteeism OR performance OR "quality of care" OR "patient safety")). Search terms were adapted through occupation-specific combinations and applied to titles, abstracts, and Medical Subject Headings where appropriate.

Only English-language peer-reviewed publications were considered. Systematic reviews, meta-analyses, integrative or theoretical reviews, longitudinal studies, cross-sectional studies, qualitative studies, and intervention studies were eligible when they examined occupational or organizational antecedents of stress and reported employee- or organization-level consequences. Reporting was informed by PRISMA 2020 principles, while recognizing that the present study was designed as a rapid integrative review rather than an exhaustive systematic review or prevalence meta-analysis (Page et al., 2021).

3.2 Eligibility Criteria

Studies were eligible when they: (a) examined occupational stress, burnout, or closely related work-strain outcomes; (b) focused on law-enforcement personnel, nurses, physicians, or trainees clearly linked to one of these professions; (c) reported job demands, organizational resources, employee outcomes, organizational outcomes, or interventions; (d) were published in peer-reviewed journals; and (e) were available in English. Studies were excluded when they addressed non-work stress only, did not separate the relevant professional group, consisted solely of opinion or commercial advice, lacked sufficient methodological information, or duplicated another report of the same study. Grey literature was not included in the comparative evidence set.

3.3 Study Selection and Quality Appraisal

A single-reviewer rapid screening process was used. Titles and abstracts were assessed for relevance to the three occupational groups and the management-oriented review questions, after which potentially relevant full texts or complete bibliographic records were examined. Selection prioritized recent systematic reviews and meta-analyses, followed by integrative reviews and large observational studies that addressed job demands, organizational resources, burnout, psychological well-being, staffing, leadership, administrative burden, turnover, performance, service quality, or safety.

The final comparative evidence set contained 18 publications: six addressing law enforcement, six addressing nursing, and six addressing physicians or the medical profession. Conventional PRISMA counts for all search hits, duplicates, and exclusions are not presented because the study was conducted as a purposive rapid integrative review rather than an exhaustive systematic review. This limitation is stated explicitly to avoid implying a level of comprehensiveness or reproducibility that was not part of the design.

Evidence strength was assessed at the publication level using transparent design-based criteria adapted from systematic-review appraisal principles. Multi-database systematic reviews and meta-analyses with explicit eligibility criteria, study-selection procedures, and quality assessment were classified as high-strength evidence. Integrative or theoretical reviews and large cross-sectional or cohort studies were classified as moderate-strength evidence because they offered useful organizational insights but were more limited for causal inference. Bibliographic details were checked against PubMed, publisher records, or DOI registrations before inclusion.

3.4 Data Extraction and Synthesis

For each publication, bibliographic information, country or geographic coverage, occupational group, career stage, setting, sample characteristics, study design, measures, job demands, job resources, employee outcomes, organizational outcomes, and intervention findings were extracted. Evidence was coded deductively according to the JD-R categories and inductively for profession-specific themes. The synthesis compared recurring themes within and across the three occupations and distinguished individual coping strategies from team-, leadership-, and organization-level interventions. The extracted characteristics and design-based evidence-strength assessment is reported in Table 1.

3.5 Ethical Considerations and Author Positionality

Because the study analyzes publicly available literature and does not collect new data from human participants, institutional ethics approval was not required under the usual standards for literature reviews, subject to the journal's policy and applicable local requirements. The authors' professional backgrounds are treated only as positional context and not as research evidence. No interview-based claims are included in this revised manuscript.

4 Comparative Thematic Synthesis

4.1 Study Selection and Characteristics

The comparative synthesis drew on 18 highly relevant peer-reviewed publications, with six publications representing each professional group. The core evidence was published between 2017 and 2024, while earlier foundational management and occupational-stress studies were retained elsewhere in the manuscript. The selected evidence included ten high-strength systematic reviews or meta-analyses and eight moderate-strength theoretical reviews, state-of-the-art reviews, cohort studies, or large cross-sectional studies.

The law-enforcement evidence covered active police officers, specialist units, and police organizations across North America, Europe, Asia, Africa, and multinational samples. It included a 15-study systematic review covering 15,150 officers across four continents, a 29-study risk-factor review, a 41-study burnout review, and a Chinese meta-analysis containing 39 studies, 124 effect sizes, and 14,089 officers (Alves et al., 2023; Galanis et al., 2021; Purba & Demou, 2019; Zhou et al., 2024). Across these sources, organizational stressors such as demand, administrative pressure, insufficient support, long hours, and perceived unfairness were repeatedly associated with stress, burnout, and poorer mental well-being. Operational danger and traumatic exposure remained important but did not eliminate the independent contribution of organizational conditions (Syed et al., 2020; Violanti et al., 2017).

The nursing evidence represented hospital nurses, intensive-care and emergency personnel, and multinational nursing samples. The largest review included 113 studies and 45,539 nurses from 49 countries, while other systematic syntheses examined nurse burnout in relation to quality of life, turnover, patient safety, patient satisfaction, and organizational outcomes (Jun et al., 2021; Khatatbeh et al., 2022; Li et al., 2024; Woo et al., 2020). The recurring demands were inadequate staffing, excessive workload, long or rotating shifts, emotional labour, workplace violence, and exposure to patient suffering. Staffing adequacy, supportive management, autonomy, teamwork, and a positive practice environment emerged as central resources (Dall'Ora et al., 2020; Kelly et al., 2021).

The medical evidence focused mainly on practising physicians in hospital, primary-care, academic, and specialist settings, with some coverage of residents and early-career physicians. Major demands included excessive workload, responsibility for consequential decisions, administrative tasks, electronic-health-record documentation, poor system usability, and work performed outside scheduled hours. These demands were associated with burnout, reduced work-life integration, medical errors, dissatisfaction, and turnover (Melnick et al., 2020; Rao et al., 2017; Tawfik et al., 2018; Willard-Grace et al., 2019). Systematic reviews identified workflow redesign, better digital usability, documentation support, professional autonomy, and organization-directed interventions as more sustainable responses than relying solely on individual resilience (Craig et al., 2021; Yan et al., 2021).

Career-stage coverage was uneven. The police and nursing literatures concentrated primarily on serving officers and practising registered nurses, whereas the medical literature included both practising physicians and some trainees. The evidence therefore did not support a definitive claim that stress consistently increases throughout police careers but decreases throughout nursing and medicine. The synthesis instead compares recurring demands, resources, and outcomes while treating career stage as an important area for future longitudinal research.

Table 1

Characteristics of the comparative evidence set

Profession	Source	Design	Coverage/sample	Primary focus	Strength
Law enforcement	Violanti et al. (2017)	State-of-the-art review	Recent empirical literature; no pooled sample	Operational, organizational, shift-work, traumatic and health stressors	Moderate
Law enforcement	Purba and Demou (2019)	Systematic review	15 studies; 15,150 officers; four continents	Organizational stressors and mental well-being	High
Law enforcement	Syed et al. (2020)	Systematic review and meta-analysis	International police samples; studies published 1980-2019	Mental-health prevalence and risk factors	High
Law enforcement	Galanis et al. (2021)	Systematic review	29 cross-sectional studies	Demographic, job, lifestyle, coping and personality risk factors	Moderate
Law enforcement	Alves et al. (2023)	Systematic review	41 studies; predominantly high-income settings	Psychosocial risk and protective factors for burnout	High
Law enforcement	Zhou et al. (2024)	Meta-analysis	39 studies; 124 effect sizes; 14,089 officers	Work pressure, coping and occupational burnout	High
Nursing	Dall'Ora et	Theoretical	International	Antecedents and	Moderate

Profession	Source	Design	Coverage/sample	Primary focus	Strength
	al. (2020)	review	nursing evidence; no pooled sample	consequences of nurse burnout	
Nursing	Woo et al. (2020)	Systematic review and meta-analysis	113 studies; 45,539 nurses; 49 countries	Global burnout prevalence and heterogeneity	High
Nursing	Jun et al. (2021)	Systematic review	20 included studies	Patient safety, care quality, commitment, productivity and satisfaction	High
Nursing	Kelly et al. (2021)	Observational workforce study	US nurses; organizational and position turnover outcomes	Burnout and turnover	Moderate
Nursing	Khatatbeh et al. (2022)	Systematic review	Multinational nursing studies	Burnout, quality of life and measurement quality	High
Nursing	Li et al. (2024)	Systematic review and meta-analysis	International nurse and patient-outcome studies	Patient safety, satisfaction and quality of care	High
Medicine	Rao et al. (2017)	Hospital-wide cross-sectional survey	Academic physicians in a US hospital system	Administrative burden and career satisfaction	Moderate
Medicine	Tawfik et al. (2018)	National cross-sectional physician study	US practising physicians	Burnout, well-being, safety climate and medical errors	Moderate
Medicine	Willard-Grace et al. (2019)	Longitudinal workforce study	Primary-care clinicians and staff	Burnout and workforce turnover	Moderate
Medicine	Melnick et al. (2020)	National cross-sectional survey	US physicians across specialties	EHR usability and professional burnout	Moderate
Medicine	Yan et al. (2021)	Systematic review	Original studies of EHR use and	Digital work demands and	High

Profession	Source	Design	Coverage/sample	Primary focus	Strength
			provider burnout	provider burnout	
Medicine	Craig et al. (2021)	Systematic review	Organization-directed digital-workplace interventions	Interventions addressing digital burden and physician burnout	High

Note. Evidence strength reflects publication design and transparency, not a re-rating of every primary study contained within each review. High-strength evidence denotes a systematic review or meta-analysis with explicit methods; moderate-strength evidence denotes a theoretical/state-of-the-art review or observational study with limited causal inference.

4.2 Shared Job Demands

Across the three professions, the literature identifies several recurring job demands: extended or irregular schedules, inadequate recovery time, high workload, exposure to death or human suffering, emotionally demanding interactions, pressure to make consequential decisions, administrative constraints, and perceived lack of organizational support. These demands vary in form but share a common management feature: they require sustained effort while limiting opportunities for physical and psychological recovery (Stinchcomb, 2004; Roberts & Grubb, 2014; Yates, 2020).

Shift work and long working hours can disrupt recovery in all three occupations, but the surrounding demands differ (Violanti et al., 2017; Woo et al., 2020). In policing, fatigue may coexist with operational uncertainty and threat exposure. In nursing, it may be intensified by understaffing, continuous patient contact, and emotional labour. In medicine, it may combine with high cognitive accountability and administrative work. The JD-R framework therefore allows common mechanisms to be identified without treating the professions as interchangeable.

4.3 Profession-Specific Demands

Law-enforcement work is distinguished by acute physical danger, unpredictable operational events, traumatic exposure, public scrutiny, court-related demands, and command structures that may discourage help-seeking (Alves et al., 2023; Galanis et al., 2021; Syed et al., 2020). Research also emphasizes the role of organizational policies, supervisory practices, and structural arrangements in shaping police stress and performance (Avdija, 2014; Shane, 2010; Stinchcomb, 2004). Nursing is distinguished by continuous patient contact, understaffing, high patient loads, emotional labour, moral distress, and exposure to aggression from patients or families (Dall'Ora et al., 2020; Jun et al., 2021; Khatatbeh et al., 2022). These demands are associated with lower quality of life, reduced caring behaviours, and difficulty sustaining recovery when staffing and organizational support are inadequate (Babapour et al., 2022; Craw et al., 2023; Roberts & Grubb, 2014). Medicine is distinguished by diagnostic and treatment accountability, cognitive complexity, administrative and documentation burden, regulatory pressure, and tensions between professional autonomy and organizational control (Craig et al., 2021; Melnick et al., 2020; Rao et al., 2017; Yan et al., 2021). Physician burnout and fatigue have been associated with reported medical errors, while burnout is also relevant to workforce turnover and reduction in clinical effort (Tawfik et al., 2018; Willard-Grace et al., 2019; Yates, 2020). Training stages add examination pressure, long hours, role transition, and limited control; therefore, students, residents, and practising professionals should be analyzed separately (Voltmer et al., 2021).

4.4 Job Resources and Protective Conditions

The evidence is synthesized around the availability and credibility of resources rather than the unsupported claim that these professions have "no support system." Relevant resources include supportive and fair supervision, trusted peer relationships, adequate staffing, scheduling

predictability, autonomy, role clarity, opportunities for recovery, confidential counselling, post-incident support, and a psychologically safe climate in which employees can disclose strain without fear of reputational or career damage. In JD-R terms, resources reduce the costs of demanding work and help maintain motivation and performance (Bakker & Demerouti, 2017). Resources must also be usable. A formal assistance programme has limited value if employees fear breaches of confidentiality, career consequences, or managerial judgement. Similarly, wellness initiatives may be undermined when employees cannot take breaks, obtain leave, influence schedules, or access sufficient staffing. The management challenge is therefore to embed resources in work systems rather than offer them only after severe strain has developed.

4.5 Employee and Organizational Outcomes

The literature links sustained stress demands to exhaustion, burnout, sleep disruption, psychological distress, work-family conflict, reduced job satisfaction, and unhealthy coping (Alves et al., 2023; Khatatbeh et al., 2022; Yates, 2020). At the organizational level, these outcomes may contribute to absence, reduced engagement, turnover intention, actual turnover, impaired decision-making, errors, lower service quality, and safety risks (Avdija, 2014; Babapour et al., 2022; Tawfik et al., 2018; Willard-Grace et al., 2019). Accordingly, the present synthesis treats cross-sectional findings as associations and reserves causal interpretation for longitudinal or experimental evidence.

Table 2
Comparative JD-R profile of law enforcement, nursing, and medicine

JD-R dimension	Law enforcement	Nursing	Medicine
Prominent job demands	Operational danger; traumatic incidents; shift work; public scrutiny; court and administrative demands	Understaffing; high patient load; emotional labour; patient or family aggression; rotating shifts	Decision accountability; cognitive load; long hours; documentation and electronic-system burden; regulatory pressure
Important job resources	Supportive command; trusted peer support; confidential counselling; fair procedures; post-incident recovery	Adequate staffing; supervisor support; schedule control; teamwork; clinical autonomy; safe reporting channels	Professional autonomy; collegial support; manageable administrative systems; schedule control; confidential assistance
Employee outcomes	Exhaustion; psychological distress; disengagement; work-family conflict	Emotional exhaustion; compassion fatigue; distress; reduced job satisfaction	Burnout; distress; reduced professional fulfilment; intention to reduce hours
Organizational outcomes	Absence; turnover; reduced performance; public-safety risks	Turnover; staffing instability; reduced care quality; patient-safety risks	Turnover; reduced clinical capacity; errors; patient-safety risks

JD-R dimension	Law enforcement	Nursing	Medicine
Priority interventions	Supportive leadership; peer support; post-incident protocols; schedule and workload review	Safe staffing; workload control; participative scheduling; violence prevention and recovery support	Administrative simplification; workload and schedule redesign; autonomy; collegial and well-being support

Note. The table presents a comparative management framework rather than a prevalence ranking. The categories synthesize recurring patterns in the 18-publication evidence set.

5 Managerial Implications and Multilevel Interventions

Occupational stress should be managed as a work-system and workforce-governance issue rather than primarily as an individual weakness. Exercise, mindfulness, healthy routines, and personal resilience may support recovery, but they cannot compensate for chronic understaffing, excessive workload, unsafe schedules, unsupportive supervision, avoidable administrative burden, or cultures that penalize help-seeking. Meta-analytic evidence indicates that stress-management programmes can be useful, but organization-level conditions remain central to sustainable prevention (Richardson & Rothstein, 2008).

First, managers should conduct profession- and unit-level assessments of workload, staffing, shift patterns, overtime, administrative burden, traumatic exposure, and recovery opportunities. Scheduling systems should protect rest periods, minimize destabilizing shift rotations where operationally possible, and establish procedures for temporary workload adjustment following critical incidents or periods of exceptional demand. Staffing decisions should consider both service volume and the emotional and cognitive intensity of the work.

Second, leadership development should emphasize supportive supervision, procedural fairness, respectful communication, early recognition of strain, and psychologically safe referral practices. Employees must be able to report fatigue, distress, aggression, unsafe workload, or the need for assistance without fear of stigma or career disadvantage. Confidential professional services and peer-support systems should be accessible, appropriately trained, and clearly separated from punitive performance processes.

Third, intervention design should reflect occupational differences. Law-enforcement organizations require post-incident support, trauma-informed supervision, and credible confidentiality. Nursing organizations require safe staffing, violence-prevention systems, participative scheduling, and managerial action on moral distress. Medical organizations require reductions in unnecessary administrative work, usable information systems, protected recovery time, collegial support, and preservation of appropriate professional autonomy (Roberts & Grubb, 2014; Stinchcomb, 2004; Yates, 2020).

Finally, interventions should be evaluated through predefined indicators such as stress and burnout scores, sickness absence, overtime, turnover intention, actual turnover, employee-assistance uptake, incident reports, errors, service quality, and safety outcomes. Short-term employee reactions are insufficient; organizations should assess whether changes are sustained and whether benefits reach different units, career stages, and demographic groups.

6 Discussion

This review compares occupational stress across law enforcement, nursing, and medicine through a common management framework. The central finding is not that the professions are identical, but that different occupational demands may produce similar employee and organizational consequences when resources are insufficient. Irregular schedules, workload, emotional exposure, administrative constraints, and inadequate recovery recur across the professions, while

operational danger, continuous bedside emotional labour, and clinical decision accountability distinguish their stress profiles.

The JD-R framework clarifies why interventions focused exclusively on individual resilience are unlikely to be sufficient. When strain is rooted in work design, staffing, leadership, organizational culture, or administrative systems, effective prevention requires changes to those conditions. Supportive supervision, autonomy, trusted peer relationships, adequate staffing, recovery opportunities, psychological safety, and confidential assistance function as resources that may reduce the cost of demands and protect engagement and performance.

The comparison also shows why profession-specific context matters. An intervention that is credible in a hospital may not be trusted within a police command structure, while a general wellness programme may not address the staffing and moral-distress problems experienced by nurses. Similarly, support for physicians must address documentation burden, workflow design, clinical autonomy, and the consequences of fatigue for decision quality. Management interventions should therefore combine shared principles with occupationally specific implementation.

The review contributes to management scholarship by integrating evidence from three professional literatures that are usually examined separately. It offers a practical distinction between transferable management principles and profession-specific interventions and frames occupational stress as an issue of organizational capability, workforce sustainability, and service quality rather than solely as an individual health concern.

6.1 Limitations and Future Research

The conclusions should be interpreted in light of the rapid integrative design, the purposive 18-publication evidence set, and heterogeneity in study designs, measures, countries, career stages, and professional settings. The review did not undertake an exhaustive multi-database systematic search, duplicate independent screening, or a new meta-analysis. Accordingly, it should not be used to estimate pooled prevalence or to claim that one profession is categorically more stressful than another. Stress, burnout, psychological distress, fatigue, and post-traumatic symptoms are related but distinct constructs, and differences in definitions and instruments limit direct comparison. Much of the underlying evidence is cross-sectional and self-reported, which restricts causal inference.

Future research should use harmonized measures, longitudinal designs, and evaluated organizational interventions. Comparative studies should distinguish trainees from practicing professionals, examine how leadership and organizational culture shape access to resources, and test whether changes in staffing, scheduling, administrative systems, and psychological safety improve both employee well-being and service outcomes.

6.2 Conclusion

Occupational stress in law enforcement, nursing, and medicine falls clearly within the domain of management sciences because its antecedents and consequences are embedded in job design, staffing, leadership, organizational culture, workforce retention, performance, and service quality. Although these professions experience different operational demands, they share a recurring risk: sustained demands without sufficient organizational resources.

Sustainable responses should combine individual access to support with structural interventions addressing staffing, workload, scheduling, leadership, administrative burden, recovery, and workplace culture. Organizations that treat occupational stress as a strategic workforce and service-quality issue are better positioned to protect employees, retain expertise, and maintain safe and effective public services.

References

Alves, L., Abreo, L., Petkari, E., & Pinto da Costa, M. (2023). Psychosocial risk and protective factors associated with burnout in police officers: A systematic review. Journal of Affective

Disorders, 332, 283-298. https://doi.org/10.1016/j.jad.2023.03.081

Avdija, A. S. (2014). Stress and law enforcers: Testing the relationship between law enforcement work stressors and health-related issues. Health Psychology and Behavioral Medicine, 2(1), 100-110. https://doi.org/10.1080/21642850.2013.878657

Babapour, A.-R., Gahassab-Mozaffari, N., & Fathnezhad-Kazemi, A. (2022). Nurses' job stress and its impact on quality of life and caring behaviors: A cross-sectional study. BMC Nursing, 21, Article 75. https://doi.org/10.1186/s12912-022-00852-y

Bakker, A. B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. Journal of Occupational Health Psychology, 22(3), 273-285. https://doi.org/10.1037/ocp0000056

Craig, K. J. T., Willis, V. C., Gruen, D., Rhee, K., & Jackson, G. P. (2021). The burden of the digital environment: A systematic review on organization-directed workplace interventions to mitigate physician burnout. Journal of the American Medical Informatics Association, 28(5), 985-997. https://doi.org/10.1093/jamia/ocaa301

Craw, E. S., Buckley, T. M., & Miller-Day, M. (2023). 'This isn't just busy, this is scary': Stress, social support, and coping experiences of frontline nurses during the COVID-19 pandemic. Health Communication, 38(10), 2047-2057. https://doi.org/10.1080/10410236.2022.2051270

Dall'Ora, C., Ball, J., Reinius, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. Human Resources for Health, 18, Article 41. https://doi.org/10.1186/s12960-020-00469-9

Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The job demands-resources model of burnout. Journal of Applied Psychology, 86(3), 499-512. https://doi.org/10.1037/0021-9010.86.3.499

Galanis, P., Fragkou, D., & Katsoulas, T. A. (2021). Risk factors for stress among police officers: A systematic literature review. Work, 68(4), 1255-1272. https://doi.org/10.3233/WOR-213455

Jun, J., Ojemeni, M. M., Kalamani, R., Tong, J., & Crecelius, M. L. (2021). Relationship between nurse burnout, patient and organizational outcomes: Systematic review. International Journal of Nursing Studies, 119, 103933. https://doi.org/10.1016/j.ijnurstu.2021.103933

Kelly, L. A., Gee, P. M., & Butler, R. J. (2021). Impact of nurse burnout on organizational and position turnover. Nursing Outlook, 69(1), 96-102. https://doi.org/10.1016/j.outlook.2020.06.008

Khatatbeh, H., Pakai, A., Al-Dwaikat, T., Onchonga, D., Amer, F., Premusz, V., & Olah, A. (2022). Nurses' burnout and quality of life: A systematic review and critical analysis of measures used. Nursing Open, 9(3), 1564-1574. https://doi.org/10.1002/nop2.936

Li, L. Z., Yang, P., Singer, S. J., Pfeffer, J., Mathur, M. B., & Shanafelt, T. (2024). Nurse burnout and patient safety, satisfaction, and quality of care: A systematic review and meta-analysis. JAMA Network Open, 7(11), e2443059. https://doi.org/10.1001/jamanetworkopen.2024.43059

Melnick, E. R., Dyrbye, L. N., Sinsky, C. A., Trockel, M., West, C. P., Nedelec, L., Tutty, M. A., & Shanafelt, T. (2020). The association between perceived electronic health record usability and professional burnout among US physicians. Mayo Clinic Proceedings, 95(3), 476-487. https://doi.org/10.1016/j.mayocp.2019.09.024

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D.,

Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hrobjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ, 372, n71. https://doi.org/10.1136/bmj.n71

Purba, A., & Demou, E. (2019). The relationship between organisational stressors and mental wellbeing within police officers: A systematic review. BMC Public Health, 19, Article 1286. https://doi.org/10.1186/s12889-019-7609-0

Rao, S. K., Kimball, A. B., Lehrhoff, S. R., Hidrue, M. K., Colton, D. G., Ferris, T. G., & Torchiana, D. F. (2017). The impact of administrative burden on academic physicians: Results of a hospital-wide physician survey. Academic Medicine, 92(2), 237-243. https://doi.org/10.1097/ACM.0000000000001461

Richardson, K. M., & Rothstein, H. R. (2008). Effects of occupational stress management intervention programs: A meta-analysis. Journal of Occupational Health Psychology, 13(1), 69-93. https://doi.org/10.1037/1076-8998.13.1.69

Roberts, R. K., & Grubb, P. L. (2014). The consequences of nursing stress and need for integrated solutions. Rehabilitation Nursing, 39(2), 62-69. https://doi.org/10.1002/rnj.97

Shane, J. M. (2010). Organizational stressors and police performance. Journal of Criminal Justice, 38(4), 807-818. https://doi.org/10.1016/j.jcrimjus.2010.05.008

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. Journal of Business Research, 104, 333-339. https://doi.org/10.1016/j.jbusres.2019.07.039

Stinchcomb, J. B. (2004). Searching for stress in all the wrong places: Combating chronic organizational stressors in policing. Police Practice and Research, 5(3), 259-277. https://doi.org/10.1080/156142604200227594

Syed, S., Ashwick, R., Schlosser, M., Jones, R., Rowe, S., & Billings, J. (2020). Global prevalence and risk factors for mental health problems in police personnel: A systematic review and meta-analysis. Occupational and Environmental Medicine, 77(11), 737-747. https://doi.org/10.1136/oemed-2020-106498

Tawfik, D. S., Profit, J., Morgenthaler, T. I., Satele, D. V., Sinsky, C. A., Dyrbye, L. N., Tutty, M. A., West, C. P., & Shanafelt, T. D. (2018). Physician burnout, well-being, and work unit safety grades in relationship to reported medical errors. Mayo Clinic Proceedings, 93(11), 1571-1580. https://doi.org/10.1016/j.mayocp.2018.05.014

Violanti, J. M., Charles, L. E., McCanlies, E., Hartley, T. A., Baughman, P., Andrew, M. E., Fekedulegn, D., Ma, C. C., Mnatsakanova, A., & Burchfiel, C. M. (2017). Police stressors and health: A state-of-the-art review. Policing: An International Journal, 40(4), 642-656. https://doi.org/10.1108/PIJPSM-06-2016-0097

Voltmer, E., Koslich-Strumann, S., Voltmer, J.-B., & Kotter, T. (2021). Stress and behavior patterns throughout medical education: A six-year longitudinal study. BMC Medical Education, 21, Article 454. https://doi.org/10.1186/s12909-021-02862-x

Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. Journal of Advanced Nursing, 52(5), 546-553. https://doi.org/10.1111/j.1365-2648.2005.03621.x

Willard-Grace, R., Knox, M., Huang, B., Hammer, H., Kivlahan, C., & Grumbach, K. (2019). Burnout and health care workforce turnover. The Annals of Family Medicine, 17(1), 36-41. https://doi.org/10.1370/afm.2338

Woo, T., Ho, R., Tang, A., & Tam, W. (2020). Global prevalence of burnout symptoms among

nurses: A systematic review and meta-analysis. Journal of Psychiatric Research, 123, 9-20. https://doi.org/10.1016/j.jpsychires.2019.12.015

Yan, Q., Jiang, Z., Harbin, Z., Tolbert, P. H., & Davies, M. G. (2021). Exploring the relationship between electronic health records and provider burnout: A systematic review. Journal of the American Medical Informatics Association, 28(5), 1009-1021. https://doi.org/10.1093/jamia/ocab009

Yates, S. W. (2020). Physician stress and burnout. The American Journal of Medicine, 133(2), 160-164. https://doi.org/10.1016/j.amjmed.2019.08.034

Zhou, S., Li, M., Chen, S., Jiang, D., Qu, Y., & Xu, X. (2024). Work pressure, coping styles and occupational burnout among Chinese police officers: A meta-analytic review. BMC Psychology, 12, Article 275. https://doi.org/10.1186/s40359-024-01779-6