RESEARCH PAPER

Workload, Workplace Stressors, Coping Mechanisms and Employee Morale among Emergency Department Staff of a Multispeciality Hospital in Kerala

Dr. Pushpam J Chundamalai*

*BHMS, MD (H), MHA, PhD, Assistant Professor, School of Medical Education, Gandhi Nagar, Kottayam

ABSTRACT

Emergency Department staff work in a highly demanding environment characterized by heavy workload, overcrowding, emotional strain, time pressure, and continuous exposure to critical patient care situations. These conditions can affect employee morale, job satisfaction, teamwork, and the overall quality of healthcare delivery. This study aimed to assess the impact of workload, workplace stressors, and coping mechanisms on employee morale among staff working in the Emergency Department. A descriptive cross-sectional study was conducted among 35 Emergency Department staff, including doctors, nurses, administrative staff, paramedical staff, and supportive staff. Data were collected using a structured questionnaire covering workload, employee morale, workplace stressors, and coping mechanisms. The collected data were analyzed using percentage analysis, graphical representation, and multiple linear regression. The findings revealed that staff experienced mental tiredness, physical fatigue, overcrowding, emotional exhaustion, conflicts, time pressure, and lack of recognition. Regression analysis showed that workplace stressors and coping mechanisms had a statistically significant impact on employee morale, whereas workload did not show a statistically significant direct effect. The study concludes that strengthening coping strategies, staff recognition, communication, teamwork, and organizational support can improve morale and promote staff well-being in Emergency Department settings.

Keywords: Employee morale, workload, workplace stressors, coping mechanisms, Emergency Department, healthcare staff

How to cite this article: Chundamalai PJ. Workload, Workplace Stressors, Coping Mechanisms and Employee Morale among Emergency Department Staff of a Multispeciality Hospital in Kerala. Int J Drug Deliv Technol. 2026;16(48s): 473-485. DOI: 10.25258/ijddt.16.48s.46

1. INTRODUCTION

The Emergency Department (ED) is one of the most challenging and critical hospital departments, as it receives prompt treatment for patients with life-threatening illnesses that are acute, accident-related or involve trauma, heart disease, respiratory distress, poisoning and other emergencies. The ED is an environment that is constantly active with a high volume of patient visits, immediate decision making, coordination between multiple disciplines and time-sensitive clinical demands, generating a high-pressure working environment for healthcare workers (Park et al., 2024; Abareshi et al., 2022). Employees in this environment must be able to react swiftly, prioritize patients to triage, have the ability to communicate clearly and accurately, even during periods of high stress. These circumstances create an environment for ED staff which can include high workload, overcrowding, stress, interpersonal conflict, no support, and limited appreciation, which can all have an impact on staff well being, morale, and quality patient care (Savioli et al., 2022; Derlet & Richards, 2000).

Employee morale is fundamental to healthcare performance as it indicates how motivated, satisfied, confident, committed, and emotionally healthy employees are in their work environment. Whereas high morale fosters teamwork, patient safety, communication, staff retention and commitment to the organization, low morale can lead to burnout, absenteeism, dissatisfaction, reduced productivity, or intention to quit. Morale and motivation in high stress work environments are directly related to the elements of recognition, role clarity, emotional well-being and support of supervisors (McFadzean & McFadzean, 2005). Staff morale is also known as a multi-dimensional concept comprised of job satisfaction, recognition, supervisor support, workload, team relationships, autonomy, and intention to leave (Hart et al., 2000). Likewise, the morale of ED personnel is closely associated with their motivation, their sense of belonging to a team, emotional wellbeing, job satisfaction and intent to stay in their current positions (Johnson et al., 2012).

One of the most important issues in emergency care is workload, as staff in the ED are often required to deal with a high number of patients, long working hours, juggling multiple tasks, completing paperwork, having to deal with interruptions in care, and making quick decisions. Emergency nurses face heavy workload for each patient, especially when performing cardiopulmonary resuscitation, and they often have to stop what they are doing to attend to the patient and family (Park et al., 2024). Likewise, emergency procedures requiring high levels of acuity have been found to be associated with high mental demands, temporal pressures, frustration and worker fatigue, based on assessment of the NASA-TLX method (Tubbs-Cooley et al., 2018). EMS workers' mental workload has

*Author for Correspondence: Dr. Pushpam J Chundamalai

also been related to emotional exhaustion, burn out, low morale, and desire to quit (Abareshi et al., 2022). For healthcare professionals under high stress, being overloaded with work can lower morale and boost their willingness to leave the organization (Almgadawi et al., 2025). If not supported by sufficient staffing, resource management and leadership support, workload stress can also damage staff morale and nurse retention (McDermid et al., 2020).

Overcrowding, along with workload, is one of the significant stressors in the ED. Overcrowding is the situation where the number of patients seeking beds, staff, equipment and/or treatment services exceeds the capacity, resulting in delays, pressure, decrease in privacy and trouble in providing quality care. Being undercrowded in an ED can be stressful and chaotic for the staff, reducing morale and risk of burnout (Savioli et al., 2022). Emotional exhaustion, lack of teamwork, lower morale, and poor patient care may also be a result of overcrowding (Derlet & Richards, 2000). Emotional exhaustion is also a major concern as ED staff routinely face issues of critical illness, death, trauma, distressed family and ethical dilemmas (Koukouli et al., 2018). Emotional exhaustion, low job satisfaction, low morale and intention to leave have been linked to the state of burnout among emergency nurses (Howlett et al., 2015). Emotional labour by ED technicians could also cause burnout, a decrease in satisfaction and morale (Chakma et al., 2021).

Other psychosocial factors like interpersonal conflict, lack of support, role confusion and lack of recognition further impact employee morale. The lack of trust, teamwork, stress and morale among nurses from within the profession can create an intra-professional conflict (Almost et al., 2010). In high-stress environments like ED, organizational support is crucial as employees are more likely to stay motivated and committed when this support is provided. Failure to recognise can also cause demoralization as workers feel that their work and efforts are not being valued. Healthcare workers face psychological strain due to poor recognition, emotional demands, role conflict and lack of control over work (Peter et al., 2022). In addition to the increased stress of the job, emergency personnel experience a lack of social support, which adds to their stress (Jachens et al., 2018). Coping mechanisms are important that they will help the employees to cope with the stress and keep them motivated in the difficult working environment. Using positive coping mechanisms, like problem solving, planning, relaxation, assistance, positive reframing, humour and acceptance, can decrease emotional exhaustion and increase the resilience (Fernández-Martín et al., 2022). Emergency nurses' coping mechanisms have been found to be associated with reduced burnout and increased morale (Hooper et al., 2010). To keep psychological stress low and morale high for emergency responders, emotional support, active coping and humour can be used (Minnie et al., 2015). The problem-focused coping is also related to the increased level of resilience, job satisfaction, and morale of the emergency personnel (Sharma et al., 2023). Thus, a measure of workload, workplace stressors, coping mechanisms and employee morale in the ED setting is essential to determine what areas need administrative intervention, staff support and/or employee morale building strategies. This study was done to look at these factors related to staff at the Emergency Department of a Multi-speciality Hospital.

Objectives of the study:

1. To assess the level of workload experienced by Emergency Department staff.
2. To identify major workplace stressors among Emergency Department staff.
3. To determine the current morale status of Emergency Department staff.
4. To assess coping mechanisms used by staff to manage work-related stress.
5. To examine the impact of workload, stressors, and coping mechanisms on employee morale.
6. To suggest recommendations for improving employee morale among Emergency Department staff.

2. METHODOLOGY

The study used a descriptive cross sectional research design to determine the effects of workload, workplace stressors and coping mechanisms on employee morale of staff working in the Emergency Department. A cross sectional design was employed, as the information was being gathered at one point in time, to get a snapshot of the current state of workload, stressors, coping mechanisms and morale of ED staff. This design allowed to obtain a clear picture of the current work environment, staff experiences, without changing any study variables.

2.1. Study Setting

This study was carried out in the Emergency Department of a multi-speciality hospital. which offers emergency and trauma care services. The Emergency Department is the most important part of the hospital that admits patients with sudden onset of illness, trauma, poisoning, cardiac emergencies, respiratory distress and other acute medical emergencies. The department was identified as a good setting in which to evaluate workload, stressors, coping and employee morale because of the constant and unpredictable nature of emergency care.

2.2. Study Population

Participants in the study were employees of the Emergency Department. This encompassed both doctors and nurses, directors, administrators, paramedical personnel and supportive personnel directly or indirectly involved in the process of rendering emergency services. Having staff from various categories present to gain the wider picture of the challenges faced with the work in the department.

2.3. Sample Size and Sampling Technique

In the study, the number of respondents was 35. Convenience sampling technique was used to select the

participants who were available and willing to participate in the data collection period. Fellow physicians and healthcare professionals with at least six months of uninterrupted service in the Emergency Department (ED) were eligible for this study. Those staff who were on leave during the data collection period, and students, trainees and interns, were excluded.

2.4. Data Collection Tool

A structured questionnaire with a total of 30 questions was used to gather primary data. The questionnaire was structured into four main parts: Workload assessment, Employee morale assessment, Stressors assessment, Coping mechanisms assessment. The NASA Task Load Index was used to prepare the workload section and Staff Morale Questionnaire was used to prepare the morale section. The stressor related items were formulated based on the Copenhagen Psychosocial Questionnaire and coping mechanism items were taken from the Brief COPE Inventory. Responses to the questions were gathered in a manner that allowed for a frequency-based answer, including always, often, sometimes, rarely and never.

2.5. Data Analysis

Data collected were analyzed by percentage analysis, graphical representation and multiple linear regression analysis. The distribution of the responses was described using percentage analysis. Data from the questionnaires and the demographic data were clearly presented using graphical tools like bar diagrams and pie charts. Multiple linear regression analysis was performed to analyze the combined effect of workload, stressors and coping mechanisms on employee morale.

The percentage was calculated using the following formula:

$$\text{Percentage} = \frac{\text{Number of respondents}}{\text{Total number of respondents}} \times 100$$

The multiple linear regression equation used in the study was:

$$Y = a + b_1X_1 + b_2X_2 + b_3X_3$$

Where:

Y = Employee Morale
X_1 = Workload
X_2 = Stressors
X_3 = Coping Mechanisms
a = Constant
b_1, b_2, b_3 = Regression coefficients

A significance level of $p < 0.05$ was considered statistically significant for interpreting the regression results.

3. Results and Interpretation

This section provides the results of the study carried out in the Emergency Department in a Multi-speciality Hospital with 35 members of Emergency department staff. The findings are presented by the demographic profile, workload, workplace stressors, coping mechanisms, findings related to morale, and regression analysis. The data collected for the descriptive statistics were reported in terms of frequency and percentage, and multiple linear regression was used to analyze the effect of workload, stressors and coping on employee morale. Percentages were computed using Equation 1.

$$\text{Percentage} = \frac{\text{Number of respondents}}{\text{Total number of respondents}} \times 100 \quad 1$$

3.1 Demographic Characteristics of Respondents

The demographic profile of respondents is shown in Table 1 and represented graphically as Figure 1. Among the 35 respondents, the majority were female, accounting for 65.72%, while males represented 34.28%. Most respondents belonged to the 21–35 years age group, which constituted 88.57% of the sample. In terms of work experience, 88.57% had between 6 months and 5 years of experience. Nurses formed the largest professional group, representing 54.29%, followed by supportive staff at 20%. Nearly half of the respondents were graduates (48.57%). These findings indicate that the study population mainly consisted of young, early-career healthcare workers, with nurses forming the dominant group in the Emergency Department.

Table 1. Demographic profile of respondents

Variable	Category	Frequency	Percentage
Gender	Male	12	34.28
	Female	23	65.72
Age	21–35 years	31	88.57
	36–50 years	3	8.58
	51 years and above	1	2.85
Experience	6 months–5 years	31	88.57
	6–15 years	3	8.58
	Above 15 years	1	2.85
Designation	Doctor	3	8.57
	Nurse	19	54.29
	Administrative staff	3	8.57
	Paramedical staff	3	8.57
	Supportive staff	7	20.00
Education	Secondary education	7	20.00

	Graduate	17	48.57
	Postgraduate	6	17.15
	Diploma	5	14.28

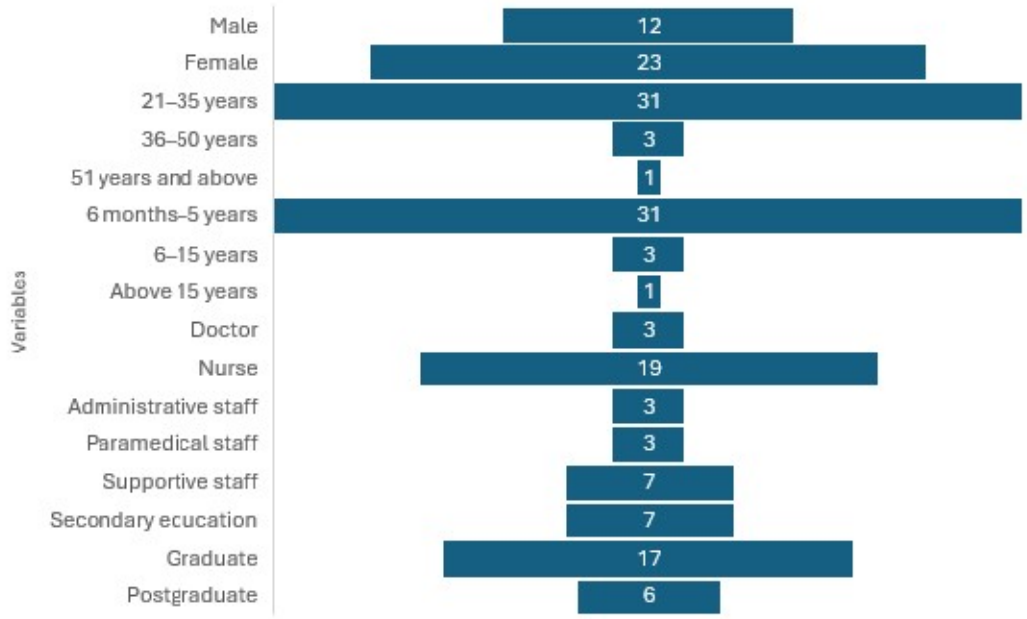


Figure 1. Demographic distribution of respondents

The figure (1) depicts the demographic distribution of the respondents according to Gender, Age, Experience, Designation and Educational qualification. It is evident that the study sample was largely female since the number of female respondents (23) is higher than that of the male respondents (12). The majority of participants were early career staff (aged 21 to 35 years) with most having between 6 months and 5 years experience in the Emergency Department, which highlights a workforce with a high proportion of early career staff. The largest professional group were nurses, followed by supportive, doctors and administrative staff and paramedical staff. In terms of education, graduates were the largest group followed by secondary education and postgraduate qualification and then diploma holders. The overall profile has a youthful staff with a high proportion of nurses and a relatively low level of experience in the profession.

3.2 Workload Findings

Table 2 gives a summary of the work load related responses and Figure 2 is a graphical representation. Mental tiredness was the common workload indicator with 40% of the respondents reporting that they always felt mental tiredness after their shift. Physical tiredness was also mentioned frequently, 31.43% of the respondents always and 22.85% often reported physical tiredness. Further, 25.72% always stated that they felt rushed in completing their work and 28.57% always felt that they had to make a lot of effort in completing tasks. 25.72% of the respondents always experienced stress or frustration during shifts.

Table 2. Workload-related findings among Emergency Department staff

Workload variable	Always	Often	Sometimes	Rarely	Never
Mental tiredness after shift	40	25.72	17.14	11.42	5.72
Physical tiredness after work	31.43	22.85	20	20	5.72
Feeling rushed to complete tasks	25.72	22.85	22.85	17.14	11.44
Satisfaction with job performance	8.57	11.42	25.72	28.57	25.72
High effort required to complete work	28.57	25.71	20	17.14	8.57
Stress or frustration during shift	25.72	17.14	20	20	17.14

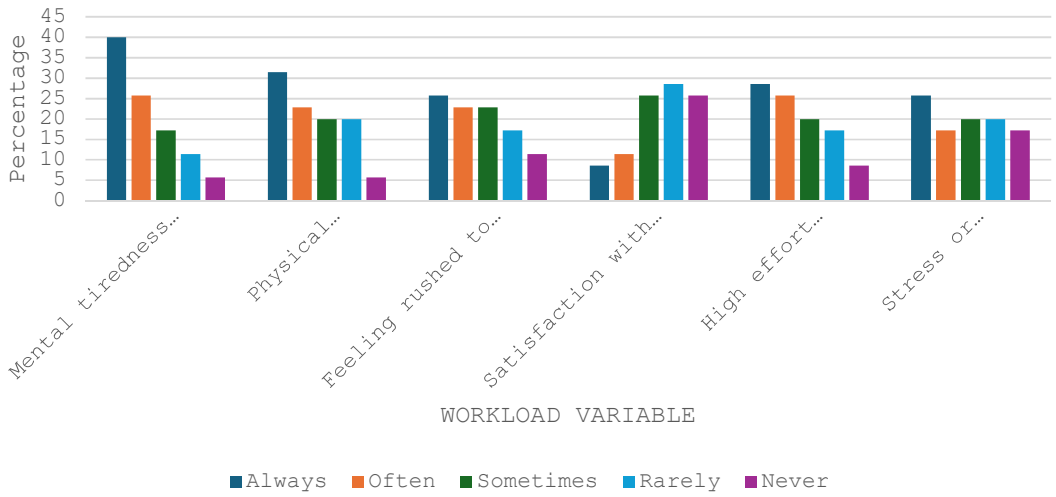


Figure 2. Distribution of workload indicators among Emergency Department staff

As can be seen in figure 2, mental tiredness was the most apparent workload indicator, with the largest percentage of staff saying they were 'always' mentally tired at the end of their shifts. Physiological fatigue was also frequent, suggesting that ED work also places a psychological and physical strain on the workers. Many of the respondents indicated feeling rushed and required to put forth a lot of effort when trying to get things done, which is typical for emergency care. The satisfaction with job performance was less consistent, with a larger proportion of respondents ticking rarely or never. This indicates that workload pressures could have an impact on people's perceptions of their job performance. In general, the results show that ED staff are quite fatigued, make a lot of effort and feel stressed when performing the usual activity during their working shifts.

3.3 Employee Morale Findings

The results of the employee morale are shown in Table 3 and as Figure 3. Of those who were asked, only 28.57% felt that they always felt proud and motivated working in the ED and 31.42% felt this sometimes. The job satisfaction was also found to be inconsistent; 22.85% of them always felt satisfied while 28.57% never felt satisfied. One of the concerns was recognition, only 11.43% of them always received appreciation or recognition, 28.57% rarely and 28.57% never received recognition at all. Note also that the intentions to turn over were significant, with 22.86% always and 20% often thinking about leaving the job.

Table 3. Employee morale-related findings

Morale variable	Always	Often	Sometimes	Rarely	Never
Pride and motivation in ED work	28.57	20	31.42	11.43	8.58
Job satisfaction in recent weeks	22.85	8.58	25.72	28.57	14.28
Support from team and supervisors	28.57	11.42	17.15	25.71	17.15
Appreciation or recognition for work	11.43	11.43	20	28.57	28.57
Sense of purpose or meaning at work	34.28	14.29	17.15	11.43	22.85
Consideration of leaving the job	22.86	20	34.28	2.86	20
Feeling valued as part of the team	22.85	5.73	37.14	11.43	22.85

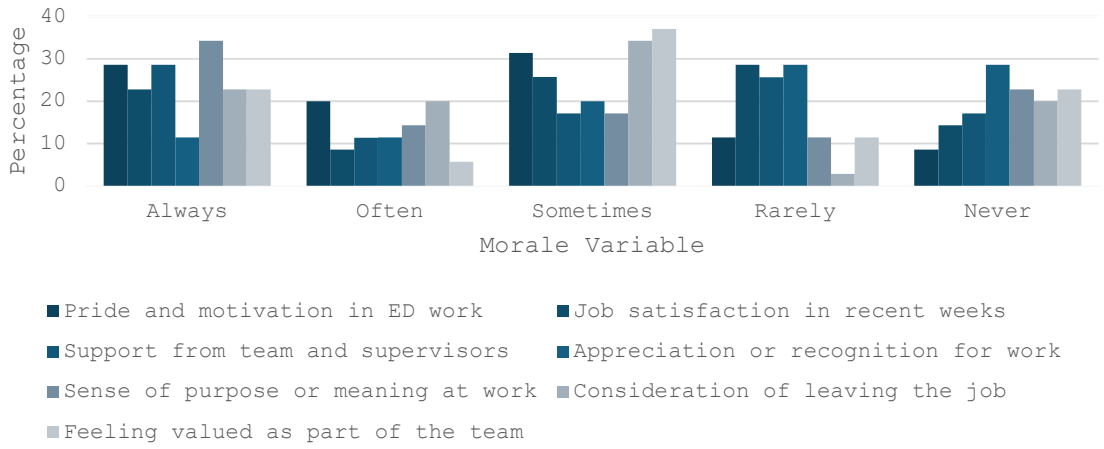


Figure 3. Distribution of employee morale indicators among Emergency Department staff

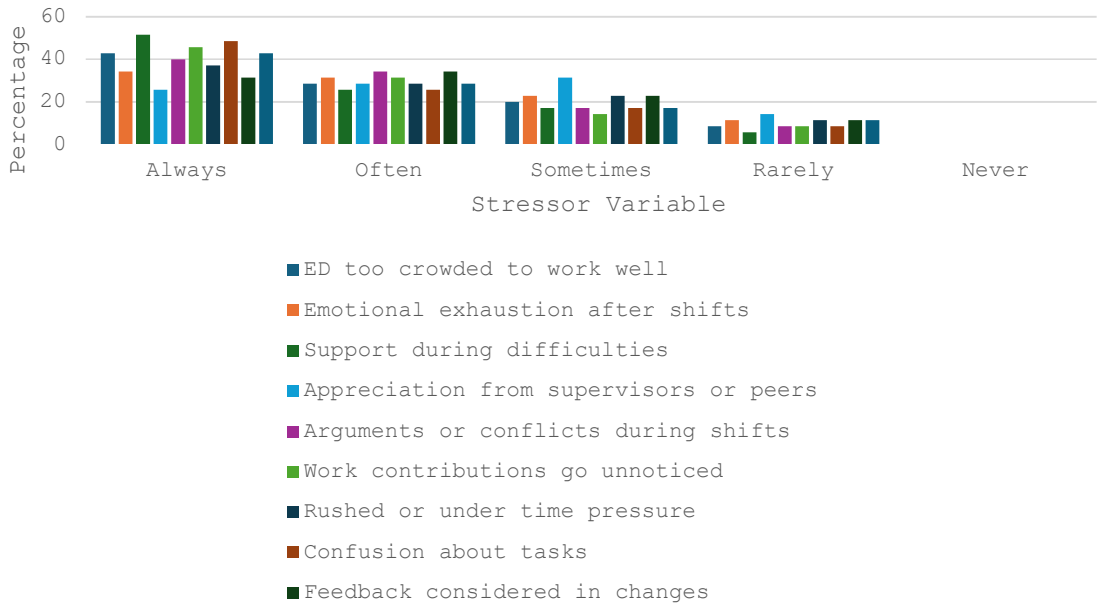
Emergency Department staff experienced a mixed employee morale with 76% feeling good and 24% feeling bad (Figure 3). Some respondents indicated that their morale was high, they were motivated, had team support and felt a sense of purpose, but this was not the case for everyone. Job satisfaction and appreciation had less responses with many saying it is sometimes, rarely or never. An impressive number of respondents also said that they were thinking about quitting the job, which could be a sign of discontent or stress. The overall picture indicates that the morale of ED staff is moderate, but precarious, and needs to be strengthened especially in recognition, job satisfaction and feeling valued.

3.4 Workplace Stressor Findings

Table 4 presents the results of the workplace stressors, and Figure 4 can be used to represent the stressors if appropriate. The high level of overcrowding was an important stressor with 42.86% of respondents always feeling that the Emergency Department was too crowded to work effectively. Also, emotional exhaustion was high with 34.29% feeling emotionally exhausted always after shifts and 31.43% often after shifts. Interpersonal conflict was common and 40% always and 34.29% often argued or had a conflict with colleagues. Not being recognised was also a big problem as 45.71% always felt that their work contributions were not noticed. Task confusion was also high, with 48.57% of the employees having confusion with task from supervisor and colleagues of them is always high.

Table 4. Workplace stressor findings

Stressor variable	Always	Often	Sometimes	Rarely	Never
ED too crowded to work well	42.86	28.57	20	8.57	0
Emotional exhaustion after shifts	34.29	31.43	22.86	11.42	0
Support during difficulties	51.43	25.71	17.14	5.72	0
Appreciation from supervisors or peers	25.71	28.57	31.43	14.29	0
Arguments or conflicts during shifts	40	34.29	17.14	8.57	0
Work contributions go unnoticed	45.71	31.43	14.29	8.57	0
Rushed or under time pressure	37.14	28.57	22.86	11.43	0
Confusion about tasks	48.57	25.71	17.15	8.57	0
Feedback considered in changes	31.43	34.29	22.86	11.43	0
Motivation to continue in ED	42.86	28.57	17.14	11.43	0



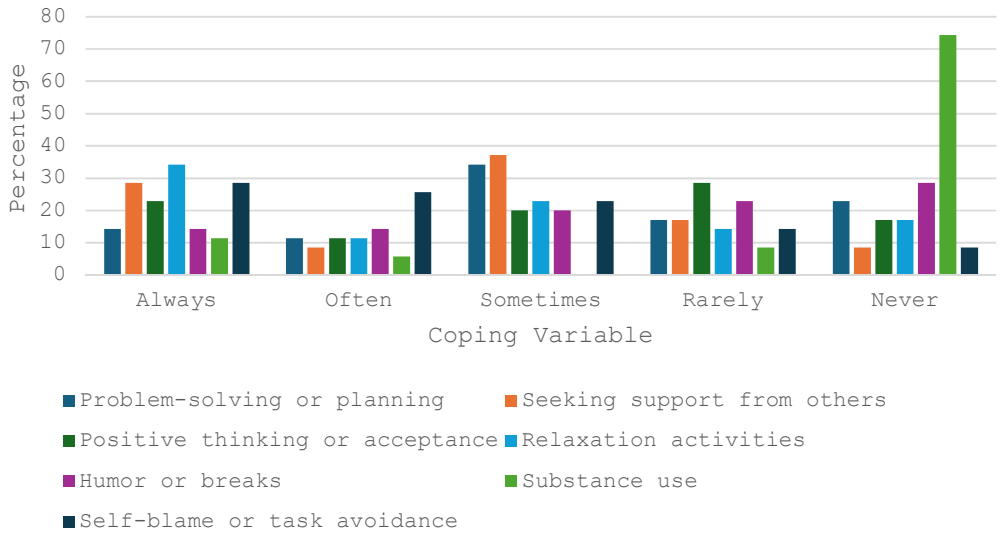
Results reveal that three stressors of overcrowding, emotional exhaustion, conflict, time pressure, task confusion and unnoticed contributions were important stressors for Emergency Department staff. While some support factors were also mentioned, e.g., support when difficulties arise and feedback is considered, the overall stressor profile indicates that the psychosocial environment in the Emergency Department is significantly affecting the employees' experiences.

3.5 Coping Mechanism Findings

The results of coping mechanism are presented in table 5 and can be displayed as a figure 5. The most common positive coping strategy was relaxation activities, 34.28% of whom always engaged in activities including exercise, meditation, entertainment or music to relax. Additionally, there was a report that seeking support is also reported, 28.57% always seeking support from others when stressed, 37.14% sometimes. However, problem solving or planning was not as consistent with 14.28% always using the coping mechanism and 22.85% never using the coping mechanism. One positive result was that 74.28% of the students did not use substances to deal with stress. There were also maladaptive coping strategies, though, as 28.57% of those who were stressed always resorted to self-blame and 25.71% always avoided tasks when stressed.

Table 5. Coping mechanism findings

Coping variable	Always	Often	Sometimes	Rarely	Never
Problem-solving or planning	14.28	11.45	34.28	17.14	22.85
Seeking support from others	28.57	8.57	37.14	17.15	8.57
Positive thinking or acceptance	22.85	11.43	20	28.57	17.15
Relaxation activities	34.28	11.45	22.85	14.28	17.14
Humor or breaks	14.28	14.28	20	22.86	28.58
Substance use	11.42	5.71	0	8.57	74.28
Self-blame or task avoidance	28.57	25.71	22.85	14.28	8.57



The results of the coping items indicate the use of adaptive as well as maladaptive coping mechanisms by the staff. Relaxation and social support was frequently used and can help to keep morale up. However, self-blame and task avoidance suggest the need for interventions for resilience training, structured peer support, and stress management. The regression analysis also showed that coping mechanisms had a significant effect on the employee's morale.

3.6 Regression Analysis

A multiple linear regression was used to explore the interactions between workload, stressors and coping with employee morale. Workload, stressors, coping mechanisms were the independent variables and employee morale was the dependent variable. The study was based on two models: simple linear regression and multiple linear regression model (Equation 2).

$$Y = a + b_1X_1 + b_2X_2 + b_3X_3 \quad 2$$

Where:

Y = Employee morale
X_1 = Workload
X_2 = Stressors
X_3 = Coping mechanisms
a = Constant
b_1, b_2, b_3 = Regression coefficients

Based on the coefficients obtained from the study, the fitted regression equation is shown in Equation 3 (Fitted regression equation for employee morale)

$$Y = -0.392 - 0.040X_1 + 0.444X_2 + 0.466X_3 \quad 3$$

The predicted employee morale score (from Equation 3) is derived from workplace factors and coping strategies.The predicted employee morale score (from Equation 3) is based on workload, stressors and coping mechanisms. The negative coefficient for workload (-0.040) shows a slight negative correlation with morale, that is, if things were equal, a positive relationship might be present, but it would be very slight stressors, with a coefficient of (0.444) and coping mechanisms, with a coefficient of (0.466) on the other hand, have positive coefficients suggesting that these variables have positive impact on the employees' morale in the fitted model. In general, from the equation it is clear that coping mechanisms and stressor related factors have a greater effect on morale than workload.

Table 6. Model summary for regression analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.608	0.37	0.309	0.40164

The R value was obtained as 0.608 as can be seen in Table 6, which means the combined predictors had moderately strong relationship with employee morale. The R^2 value was determined at 0.370, which indicates that workload, stressors and coping mechanisms accounted for 37% of the variation in the employees' morale. The adjusted R^2 value is 0.309, suggesting that the model is still a good fit despite the number of predictors.

Table 7. ANOVA results for regression model

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	2.938	3	0.979	6.071	0.002
Residual	5.001	31	0.161		
Total	7.939	34			

Table 7 below presents the results of ANOVA, which indicates that the regression model was statistically significant (F = 6.071, p = 0.002). The model significantly predicted employee morale as the p-value was less than 0.05. Therefore, the combination of workload, stressors and coping mechanisms all had a significant effect on employee morale for Emergency Department employees.

Table 8. Regression coefficients for predictors of employee morale

Predictor	B	Std. Error	Standardized Beta	t	Sig.
Constant	-0.392	0.693	—	-0.565	0.576
Workload	-0.04	0.139	-0.041	-0.285	0.778
Stressors	0.444	0.125	0.518	3.567	0.001
Coping mechanisms	0.466	0.158	0.428	2.945	0.006

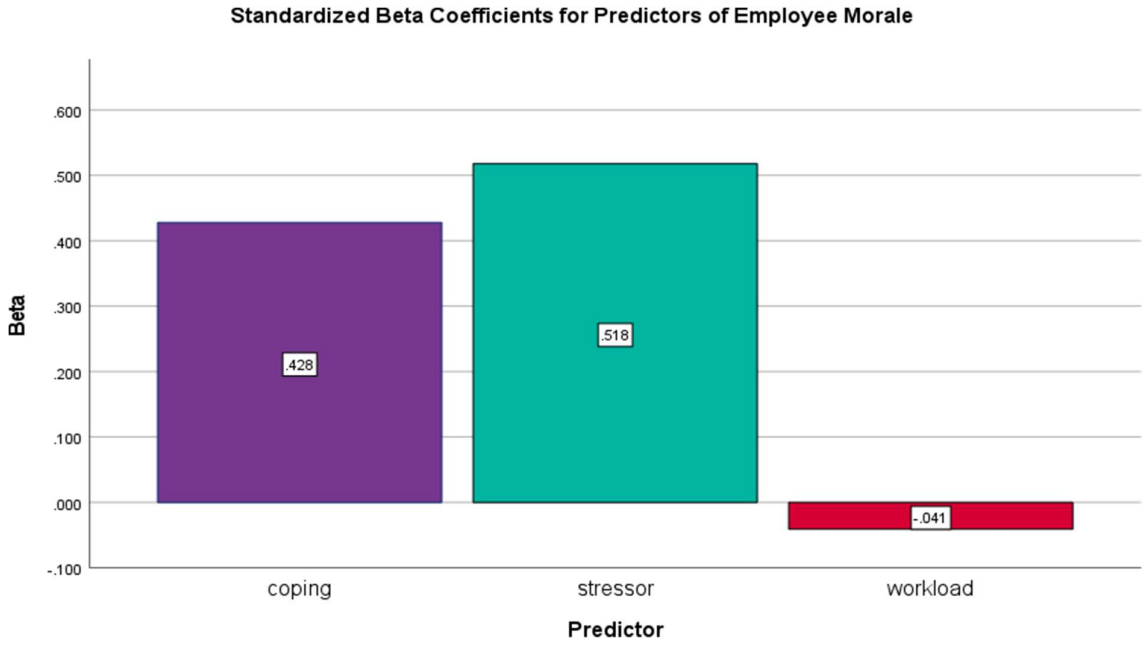


Figure 8: Standardized beta coefficients showing the effect of workload, stressors, and coping mechanisms on employee morale

Workload had a weak negative relationship with morale (B = -0.040; β = -0.041) (Table 8) but this was not statistically significant (p = 0.778). Stressors had the greatest level of statistical significance in the model with a B = 0.444, β = 0.518, and p = 0.001, for employee morale. Coping mechanisms were also found to be having a statistically significant positive influence on morale (B = 0.466; β = 0.428; p = 0.006). The standardized beta values showed that stressors were the most influential relative to coping and workload was the least influential relative to coping and stressors.

In Figure 8 the standardized beta coefficients of the three predictors used in the regression model are shown. The standardized effects of stressors and coping mechanisms were the highest, with the former having a positive influence on employee morale, and the latter having a positive influence on job satisfaction. The beta coefficient of workload was negative, but weak, indicating that there was little or no negative relationship with employee morale. The overall results are consistent with the regression results, as stressors and coping were found to be statistically significant determinants of morale, and workload was only found to be a minor and insignificant determinant.

3.7 Hypothesis Testing

The hypotheses tested in the study were:

H_0:Workload, stressors, and coping mechanisms have no significant impact on employee morale.

H_1:Workload, stressors, and coping mechanisms have a significant impact on employee morale.

The overall regression model was statistically significant ($p=0.002<0.05$), hence null hypothesis was rejected and alternative hypothesis was accepted. The results support the hypothesis that the interaction among factors related to workload, stressors, coping and employee morale are significant for Emergency Department workers. Stressors and coping mechanisms, however, when considered alone were statistically significant predictors while workload was not. This suggests that psychosocial aspects of the work environment and recognition, communication, support and healthy coping should be

targeted as key elements of interventions designed to enhance morale.

4. Discussion

The present study was conducted to find out the effect of workload, work stress and coping strategies on the employee morale of the staffs of the Emergency Department of Multi-speciality hospital. The results suggest that the physical setting of the Emergency Department has a significant impact on the stress and morale related issues, due to its pace, unpredictability, emotional demands and need for ongoing coordination between various staff categories. The mental tiredness, physical fatigue, time pressure, overcrowding, emotional exhaustion, conflicts, task confusion and lack of recognition were reported by staffs in this study. The results align with those of previous studies that have found that overcrowding in the ED can lead to poor morale, higher levels of burnout and stress among staff (Savioli et al., 2022). Also, overcrowding is linked to high workload, poor team working, low morale and emotional exhaustion for emergency personnel (Derlet & Richards, 2000). One of the findings from this study was that workload was clearly seen but in reality there was no statistically significant direct relationship between workload and employee morale.

The descriptive results revealed that a significant number of staff were mentally exhausted, physically exhausted, rushed at the work and had high demands for effort. Regression analysis showed that there was, however, only a weak and insignificant negative relationship between workload and morale. This could be due to workload being a necessary requirement for the work of the ED and the staff may adjust to workload through experience, teamwork or coping mechanisms. Previous studies have revealed that task-specific workload is high in emergency nursing, particularly in critical procedures, but the impact of workload may differ based on various factors such as its type, experience, and support (Park et al., 2024). Besides, mental workload has been correlated with a burnout for the emergency medical service personnel, especially when associated with the lack of support and emotional stress (Abareshi et al., 2022). Thus, workload can be a source of fatigue, but on its own is not a source of decreased morale unless coupled with other factors like conflict, lack of recognition, or poor organizational support.

According to the results of this study, psychosocial working environment is an important factor in the Emergency Department, because stressors had a statistically significant impact on the morale of the workers. All the respondents reported high levels of stressors like over crowding, emotional exhaustion, interpersonal conflict, task confusion, time pressure, and unnoticed contribution (Ilić et al., 2017). This confirms previous studies which have shown that intra-professional conflict has a negative impact on trust, teamworking, stress and morale amongst nurses (Almost et al., 2010). Other factors that have been associated with psychological strain amongst healthcare workers are emotional demands, role conflict, lack of control and lack of recognition (Peter et al., 2022). Likewise, a combination of high emotional workload and low social support contributes to distress of emergency and humanitarian workers (Jachens et al., 2018). The results of these findings agree with the results of the current study, which showed that morale does not just depend on workload, but also on the psychosocial environment that is where employees carry out their tasks. Another important coping factor that emerged as an employee morale predictor was coping mechanisms.

In the present study, both adaptive and maladaptive coping strategies were engaged in by staff. Many respondents mentioned relaxation activities, seeking support, positive thinking and problem solving, and self-blame and task avoidance were also noted among some staff. A positive effect of coping mechanisms on morale lends credence to the idea that coping mechanisms can be a determinant of whether or not stress becomes harmful or manageable in the workplace. A number of adaptive coping strategies have been shown to diminish emergency nurse burnout and enhance morale, including peer support, problem solving and self-care (Hooper et al., 2010). Other factors that may contribute to reducing psychological stress and improving morale among emergency responders include emotional support and active coping, as well as humor (Minnie et al., 2015). Moreover, problem-focused coping is correlated with positive resilience, job satisfaction, and morale in emergency workers during stressful situations, like the COVID-19 pandemic (Sharma et al., 2023).

Another important point that came out of the findings is that there should be recognition, support, teamwork and communication to sustain the morale of the employee. In the current study, a significant percentage of participants experienced a lack of recognition for their efforts and many also reported issues with conflict and confusion in the tasks. This means that morale boosting measures do not only have to be managing workload, but also include the factors of leadership, appreciation, role clarity, and team communication. In Emergency Departments, organizational support has been found to enhance motivation, commitment and morale (Johnston et al., 2016). A staff morale can be defined as multidimensional, consisting of job satisfaction, recognition, supervisor support, autonomy, workload, team relationship and intention to stay (Hart et al., 2000). The emotional wellbeing of the staff in the Emergency Department is also strongly associated with morale, belonging to the team, motivation, job satisfaction and intention to stay at the job (Johnson et al., 2012).

The results of the study correspond with the general literature on burnout, workload, coping and morale in health care. Emergency nurses who experience burnout have been correlated with emotional exhaustion, decreased morale, reduced job satisfaction and increased intention to leave (Howlett et al., 2015). Technicians working at the ED also engage in emotional labour, which can lead to burnout, lower satisfaction and lower morale (Chakma et al., 2021). The factors that have been linked to turnover intention in high-demand healthcare

organizations are heavy workload, lack of support, and low morale (Almgadawi et al., 2025; McDermid et al., 2020). Stress related to the job influences morale, and positive coping combined with institutional supports can minimise the negative effects of stress. The trauma experienced by Emergency Medical Personnel and how they cope with daily trauma. A cross-sectional study. (Minnie et al., 2015; Abraham et al., 2018; Guppy & Gutteridge, 1991). The results of the present study support the previous findings that a multifaceted strategy of workload management, psychosocial support, staff recognition, effective communication, teamwork and healthy coping interventions is necessary to improve morale in emergency care.

5. Recommendations

Based on the results of the study, some practical recommendations can be made to help improve the morale of employees working in the Emergency Department. The Emergency Department is a very dynamic and chaotic environment and the first priority is to allocate work and clarify tasks. Work should be allocated fairly based on staff members' experience, strength, shift times and number of patients. Role assignments and written task instructions can help minimise confusion, work duplication and will increase staff confidence in emergency situations. Hundreds of wellness activities and rest breaks should also be encouraged throughout shifts.

Mental exhaustion, physical fatigue, emotional exhaustion and time pressure are common difficulties faced in the Emergency Department. Recovery spaces, breaks, water, and fun wellness activities can provide staff with a respite from hectic hours. Simple measures like stretching breaks, breathing breaks, music relaxation or quiet rest rooms, can help decrease fatigue and increase focus. Structured support systems and burnout-reduction strategies can improve the morale of ED staff (Phillips et al., 2022) and can be supported by regular stress management, mindfulness and resilience training programs at the hospital. These programs can assist staff in learning about their stress responses, how to manage the emotional strain and develop healthier coping skills. Mindfulness, relaxation, time management, positive thinking and problem solving training can build emotional stability and morale. The resilience training is that in the ED they deal with a lot of trauma, death, conflict and critical decision making. It's also important to build team communication and conflict-resolution skills.

The study revealed that task-related conflict and confusion was a significant stressor. Frequent team meetings, shift change procedures, feedback channels and conflict resolution courses can enhance the ease of coordination and minimize misunderstandings. Supervisors should foster respectful communication and take action to address requests from staff promptly. A staff recognition programme should be designed to enhance motivation and sense of value. Appreciation can be given in several ways, such as an “employee of the month” award, recognition during meetings, appreciation letters, peer nominated awards or small tokens of appreciation. All categories of staff working in the Emergency Department (ED) should be included in recognition, such as nurses, doctors, paramedical, administrative and supportive staff. Counselling, peer support and de-briefing sessions should be offered following critical incidents at the Hospital. It is common for emergency staff to suffer emotional distress following trauma cases, death of patients and/or life-saving resuscitation situations. Staff can find psychological counseling, peer support groups and structured debriefs to help them deal with challenging experiences and reduce staff burnout.

Finally, healthy coping mechanisms (relaxation, planning, social support, positive thinking and problem-solving) should be encouraged. Negative coping strategies like self-blame, avoidance or substance abuse should be discouraged with staff. The hospital can enhance the morale of the hospital staff, increase teamwork and boost patient care in the Emergency Department through the use of workload management, emotional support, recognition and coping enhancement.

6. Conclusion

Employee morale is an essential part of a well-functioning ED; employees must work under constant stress, make quick decisions, care for critically ill patients and communicate with numerous other departments. Positive morale contributes to the patient care, emotional stability, job satisfaction, teamwork and motivation. Low morale, on the other hand, can result in burnout, loss of communication, low productivity, absenteeism and higher employee attrition rate. The results of the present investigation revealed that the work stressors and coping strategies had a significant impact on the employees' morale in the ED setting. Staff had reported stressors related to their work experience – overcrowding, emotional exhaustion, conflict, time pressure, confusion about tasks, lack of recognition and limited support – and these stressors also had an impact on their morale. These results show that not only the quantity of work produced are related to morale, but that the quality of the work environment, the relationships among people, the leadership support and the recognition received by staff members are related to morale as well. While workload has been reported in this study as feelings of mental tiredness, physical tiredness, high effort demand and feeling rushed during work shifts, none of these relationships were statistically significant when included in the model. This may indicate workload can be a source of fatigue and strain, however it can be a factor as well to morale, which may be influenced by other factors such as coping capacity, team support, communication and response of the organization to the workload. Coping mechanisms were important to keeping morale up. Employees who employed positive coping mechanisms (relaxation, planning, positive thinking, and support from others) were able to cope with work-related stress. Thus, management of hospitals should bolster the organizational support systems, recognize, enhance

communication, nurture teamwork and offer counselling, peer support and stress management programs. Healthcare facilities can boost staff satisfaction, safeguard employee health and safety, and overall enhance emergency care quality by dealing with work-related stress and cultivating healthy coping mechanisms.

References

1. Savioli, G., Ceresa, I. F., Gri, N., Piccini, G. B., Longhitano, Y., Zanza, C., Piccioni, A., Esposito, C., Ricevuti, G., & Bressan, M. A. (2022). Emergency Department Overcrowding: Understanding the Factors to Find Corresponding Solutions. *Journal of Personalized Medicine*, *12*(2), 279. https://doi.org/10.3390/jpm12020279
2. Almost, J., Doran, D. M., MCGILLIS HALL, L. I. N. D. A., & SPENCE LASCHINGER, H. K. (2010). Antecedents and consequences of intra-group conflict among nurses. *Journal of nursing management*, *18*(8), 981-992.
3. Fernández-Martín, F. D., Flores-Carmona, L., & Arco-Tirado, J. L. (2022). Coping strategies among undergraduates: Spanish adaptation and validation of the Brief-COPE inventory. *Psychology research and behavior management*, 991-1003.
4. McDermid, F., Mannix, J., & Peters, K. (2020). Factors contributing to high turnover rates of emergency nurses: A review of the literature. *Australian critical care*, *33*(4), 390-396.
5. Hooper, C., Craig, J., Janvrin, D. R., Wetsel, M. A., & Reimels, E. (2010). Compassion satisfaction, burnout, and compassion fatigue among emergency nurses compared with nurses in other selected inpatient specialties. *Journal of emergency nursing*, *36*(5), 420-427.
6. Abraham, L. J., Thom, O., Greenslade, J. H., Wallis, M., Johnston, A. N., Carlström, E., ... & Crilly, J. (2018). Morale, stress and coping strategies of staff working in the emergency department: A comparison of two different-sized departments. *Emergency Medicine Australasia*, *30*(3), 375-381.
7. Derlet, R. W., & Richards, J. R. (2000). Overcrowding in the nation's emergency departments: complex causes and disturbing effects. *Annals of emergency medicine*, *35*(1), 63-68.
8. Johnston, A., Abraham, L., Greenslade, J., Thom, O., Carlstrom, E., Wallis, M., & Crilly, J. (2016). Staff perception of the emergency department working environment: Integrative review of the literature. *Emergency Medicine Australasia*, *28*(1), 7-26.
9. Jachens, L., Houdmont, J., & Thomas, R. (2018). Work-related stress in a humanitarian context: a qualitative investigation. *Disasters*, *42*(4), 619–634. https://doi.org/10.1111/disa.12278
10. Park, S., Yoo, J., Lee, Y., DeGuzman, P. B., Kang, M. J., Dykes, P. C., ... & Cha, W. C. (2024). Quantifying emergency department nursing workload at the task level using NASA-TLX: an exploratory descriptive study. *International emergency nursing*, *74*, 101424.
11. Johnson, S., Osborn, D. P., Araya, R., Wearn, E., Paul, M., Stafford, M., ... & Wood, S. J. (2012). Morale in the English mental health workforce: questionnaire survey. *The British Journal of Psychiatry*, *201*(3), 239-246.
12. Abareshi, F., Salimi, F., Farnia, F., Fallahi, M., & Rastaghi, S. (2022). The impact of mental workload, work-related and socio-demographic factors on job burnout among emergency medical staff. *Work*, *72*(4), 1269-1277.
13. Almgadawi, T., Said, F., & Ali, D. (2025). The Influence of Workload, Job Satisfaction, and Work Environment on Nursing Job Dropout: A Conceptual Framework. *Journal of Reproducible Research*, *2*, 124-140.
14. Hart, P. M., Wearing, A. J., Conn, M., Carter, N. L., & Dingle, A. R. K. (2000). Development of the School Organisational Health Questionnaire: A measure for assessing teacher morale and school organisational climate. *British Journal of Educational Psychology*, *70*(2), 211-228.
15. Ilić, I. M., Arandjelović, M. Ž., Jovanović, J. M., & Nešić, M. M. (2017). Relationships of work-related psychosocial risks, stress, individual factors and burnout–Questionnaire survey among emergency physicians and nurses. *Medycyna Pracy. Workers' Health and Safety*, *68*(2), 167-178.
16. Phillips, K., Knowlton, M., & Riseden, J. (2022). Emergency department nursing burnout and resilience. *Advanced emergency nursing journal*, *44*(1), 54-62.
17. Peter, K. A., Golz, C., Bürgin, R. A., Nübling, M., Voirol, C., Zürcher, S. J., & Hahn, S. (2022). Assessing the psychosocial work environment in the health care setting: translation and psychometric testing of the French and Italian Copenhagen Psychosocial Questionnaires (COPSOQ) in a large sample of health professionals in Switzerland. *BMC Health Services Research*, *22*(1), 608.
18. Koukouli, S., Lambraki, M., Sigala, E., Alevizaki, A., & Stavropoulou, A. (2018). The experience of Greek families of critically ill patients: Exploring their needs and coping strategies. *Intensive and critical care nursing*, *45*, 44-51.
19. Minnie, L., Goodman, S., & Wallis, L. (2015). Exposure to daily trauma: The experiences and coping mechanism of Emergency Medical Personnel. A cross-sectional study. *African journal of emergency medicine*, *5*(1), 12-18.
20. Guppy, A., & Gutteridge, T. (1991). Job satisfaction and occupational stress in UK general hospital nursing staff. *Work & Stress*, *5*(4), 315-323.
21. Sharma, S., Sharma, S., Gunchan, P., Parshotam, G. L., Bansal, N., Singh, G., & Kaur, A. (2023). Coping strategies and emotional responses adopted by health care workers during COVID-19

pandemic-braving the storm. *Journal of Anaesthesiology Clinical Pharmacology*, *39*(4), 628-636.

22. Howlett, M., Doody, K., Murray, J., LeBlanc-Duchin, D., Fraser, J., & Atkinson, P. R. (2015). Burnout in emergency department healthcare professionals is associated with coping style: a cross-sectional survey. *Emergency Medicine Journal*, *32*(9), 722-727.
23. Chakma, T., Thomas, B. E., Kohli, S., Moral, R., Menon, G. R., Periyasamy, M., ... & Panda, S. (2021). Psychosocial impact of COVID-19 pandemic on healthcare workers in India & their perceptions on the way forward-A qualitative study. *Indian Journal of Medical Research*, *153*(5-6), 637-648.
24. McFadzean, F., & McFadzean, E. (2005). Riding the emotional roller-coaster: a framework for improving nursing morale. *Journal of Health Organization and Management*, *19*(4-5), 318-339.
25. Tubbs-Cooley, H. L., Mara, C. A., Carle, A. C., & Gurses, A. P. (2018). The NASA Task Load Index as a measure of overall workload among neonatal, paediatric and adult intensive care nurses. *Intensive and Critical Care Nursing*, *46*, 64-69.