

STRESS, ANXIETY AND DEPRESSION AMONG PRIVATE AND GOVERNMENT EMPLOYEES: A COMPARATIVE REVIEW

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Abstract

Background

Occupational mental health has emerged as an important public health concern because employees spend a substantial proportion of their productive lives in the workplace. Occupational stress, anxiety and depression can have negative effects on work performance, job satisfaction, interpersonal relationships, productivity and quality of life. The occupational environments of government and private-sector workers may differ in such areas as job security, workload, performance expectations, working hours, organizational structure and career opportunities.

Objective

The present review considers the evidence available on stress, anxiety and depression in private and public sector employees and identifies occupational factors that may contribute to differences in psychological well-being between the two sectors.

Methods

A narrative comparative review was undertaken using published literature identified through PubMed and other academic databases. Relevant literature was searched using terms including occupational stress, workplace stress, anxiety, depression, government employees, private employees, public-sector employees and mental health at work. Comparative studies and systematic reviews addressing occupational psychological health were considered. Because the available studies differed in sample characteristics, occupations, assessment instruments and study designs, the findings were synthesized narratively rather than statistically pooled.

Results

The available evidence indicates that both private and government employees experience occupational stress, anxiety and depressive symptoms. A comparative study involving 480 employees reported better mental health and job satisfaction among government employees than private employees. ^[1] In contrast, another comparative study involving 60 employees using the Depression Anxiety Stress Scale-21 (DASS-21) found no significant difference in stress, anxiety or depression between private and government employees. ^[2] Broader evidence

indicates that high job demands, low job control, job insecurity, effort-reward imbalance, excessive working hours and poor organizational support are associated with poorer mental health. ^[3-12] Workplace interventions, including cognitive-behavioral and organizational approaches, may reduce depressive symptoms and support employee mental health. ^[13-15]

Conclusion

Both private and government employees are vulnerable to occupational psychological distress. Current evidence does not establish that one employment sector is universally associated with higher stress, anxiety or depression. Instead, occupational and organizational characteristics appear to play an important role. Future multicentric studies using standardized assessment tools and comparable occupational populations are required.

Keywords: Occupational stress, anxiety, depression, government employees, private employees, workplace mental health, occupational health, job stress.

1. Introduction

Work occupies an important position in adult life and can provide financial security, social interaction, purpose and personal satisfaction. A supportive work environment can therefore contribute positively to psychological well-being. Conversely, unfavourable working conditions may become important sources of psychological distress.

Occupational stress occurs when the demands associated with employment are perceived to exceed an individual's available resources or ability to cope. Persistent exposure to occupational stress may contribute to emotional exhaustion, reduced job satisfaction, impaired concentration and psychological symptoms. A systematic meta-review of work-related risk factors identified imbalanced job design, occupational uncertainty and lack of value and respect in the workplace as important categories of work-related factors associated with common mental-health problems such as depression and anxiety. ^[3]

Anxiety and depression are also important concerns in working populations. Anxiety may present as excessive worry, apprehension, restlessness and difficulty concentrating, whereas depression may involve persistent low mood, loss of interest, reduced motivation and impaired functioning. Work-related psychosocial factors have been repeatedly investigated as potential contributors to depressive symptoms and common mental disorders. ^[4-6]

The nature of employment may influence psychological well-being. Government employees generally work within relatively structured organizational systems and may have comparatively greater employment stability. Private-sector employees may experience performance-based evaluation, competition, deadlines and variable working hours. However, government employment may also involve administrative workload, public accountability, transfers, bureaucratic constraints and responsibility for service delivery.

Therefore, the comparison between private and government employment requires consideration of the specific occupational conditions experienced by employees rather than assuming that one sector is inherently more or less stressful.

In India, Kanojia and Parikh conducted a comparative study involving 480 government and private employees aged 25–35 years. Mental Health Scale, Job Satisfaction Scale and Occupational Stress Index were used. The study reported better mental health and job satisfaction among government employees than private employees. ^[1]

However, Upadhyay and Sharma studied 60 employees, including 30 government and 30 private-sector employees, using DASS-21. Their study found no significant difference in stress, anxiety or depression between government and private-sector employees. ^[2]

These contrasting findings demonstrate that employment sector alone may not explain psychological well-being. Therefore, the present review examines the available evidence on stress, anxiety and depression among private and government employees and discusses occupational factors that may explain differences between the two sectors.

2. Objectives

The objectives of the present review are:

- To review occupational stress among government and private employees.
- To compare anxiety and depression between the two sectors.
- To identify occupational factors associated with psychological distress.
- To assess differences between government and private employees.

3. Methodology

The present article was designed as a narrative comparative review.

3.1 Literature search

Relevant literature was identified through PubMed and other academic literature sources.

Comparative studies involving government and private employees were given priority. Systematic reviews and meta-analyses examining occupational psychosocial risk factors, stress, anxiety, depression and workplace interventions were also considered.

4. Occupational Stress among Government and Private Employees

Occupational stress is one of the most frequently investigated aspects of workplace mental health. It may arise from excessive workload, long working hours, inadequate resources, low autonomy, role ambiguity, interpersonal conflict, job insecurity, lack of recognition and limited opportunities for advancement.

The work environment may differ between government and private organizations. Private-sector employees may experience performance targets, deadlines, organizational competition and uncertainty regarding employment. Government employees may experience administrative workload, public accountability, bureaucratic procedures and service-related responsibilities.

Kanojia and Parikh assessed mental health, job satisfaction and occupational stress among 480 government and private employees. Their findings showed better mental health and job satisfaction among government employees than private employees. ^[1]

This finding suggests that employment stability and organizational conditions may influence employee well-being. However, the finding should not be generalized to every government or private organization because occupational environments vary substantially.

Upadhyay and Sharma conducted a comparative study of stress, anxiety and depression among 60 employees using DASS-21. Their results showed no significant difference between government and private employees in stress, anxiety or depression. ^[2]

Thus, available sector-specific evidence remains inconsistent.

Broader occupational research provides evidence that work-related conditions are associated with psychological distress. A systematic review among young workers found that overtime, job insecurity, low

autonomy, low skill variety, high job demands and low work support were associated with poorer mental health. ^[7]

Similarly, a systematic review of day-to-day occupational stress identified work intensity as one of the major workplace risk factors associated with perceived stress. ^[8]

5. Anxiety among Government and Private Employees

Anxiety is an important component of occupational mental health. Workplace anxiety may develop in response to excessive workload, performance expectations, job insecurity, interpersonal conflict, financial concerns and uncertainty regarding career progression.

Private employees may experience anxiety associated with deadlines, performance targets and competition. Government employees may experience anxiety related to administrative responsibilities, workload, transfers and public accountability.

The comparative study by Upadhyay and Sharma found no significant difference in anxiety between government and private-sector employees. ^[2]

These findings indicate that the employment sector alone may not determine anxiety levels.

Evidence from broader occupational research supports the role of psychosocial work characteristics. A systematic review and meta-analysis of psychosocial occupational exposures found that high work demands were associated with incident anxiety disorders. ^[9]

The systematic meta-review by Harvey and colleagues also identified imbalanced job design and occupational uncertainty as important work-related factors associated with depression and anxiety. ^[3]

Therefore, when comparing government and private employees, factors such as workload, job control, organizational support and employment security should be assessed along with sector.

6. Depression among Government and Private Employees

Depressive symptoms among employees may develop in association with chronic occupational stress, poor work-life balance, job insecurity, low job satisfaction, lack of recognition and unfavourable psychosocial working conditions.

The relationship between occupational stress and depression has been examined extensively. A systematic review of psychosocial factors at work found evidence that adverse psychosocial working conditions were associated with an elevated risk of subsequent depressive symptoms or major depressive episodes. ^[4]

A systematic review and meta-analysis examining job strain found that high job strain, characterized by high demands and low control, was associated with increased risk of clinical depression. ^[10]

Similarly, an updated systematic review with meta-analyses reported that the pooled risk of depression was approximately doubled among workers exposed to high job strain. High work demands were also associated with incident depression and anxiety disorders. ^[9]

Job insecurity represents another important factor. A systematic review and meta-analysis of prospective observational studies found that perceived job insecurity was significantly associated with increased risk of depressive symptoms. ^[11]

These findings may be particularly relevant when comparing employment sectors because perceived job security may differ between government and private employment. Nevertheless, job insecurity should be measured directly rather than assumed from employment sector.

7. Working Hours and Mental Health

Working hours are an important occupational characteristic that may influence psychological well-being.

Long working hours can reduce opportunities for recovery, interfere with family responsibilities and contribute to fatigue and sleep disturbance. These factors may subsequently influence psychological health.

A systematic review and meta-analysis by Virtanen et al. examined 189,729 participants from 35 countries and found an overall association between long working hours and onset of depressive symptoms. The association was more pronounced in Asian countries. ^[12]

This evidence is relevant to both government and private employees because working hours may differ within and between sectors. Therefore, future comparative studies should include actual working hours rather than using employment sector as a proxy for workload.

8. Job Security and Psychological Health

Job security is an important determinant of occupational well-being.

Private-sector employees may experience uncertainty related to organizational restructuring, contract renewal, performance appraisal or economic conditions. Government employees may generally experience greater employment stability in many settings, although this does not eliminate other occupational stressors.

Kim and von dem Knesebeck conducted a systematic review and meta-analysis of prospective observational studies and found that perceived job insecurity was associated with increased risk of depressive symptoms. ^[11]

A systematic review among young workers similarly found that high job insecurity was associated with poorer mental health. ^[7]

Thus, job security may represent an important pathway through which employment conditions influence psychological health.

9. Job Demand, Control and Occupational Stress

The interaction between job demands and control is an important concept in occupational health research.

High job demands combined with low control may create a particularly stressful work environment. Employees who have substantial responsibilities but limited ability to influence how their work is performed may experience increased psychological strain.

Evidence from systematic reviews supports an association between job strain and depressive symptoms. ^[4,10]

The systematic review by Law et al. also reported that high job demands, low job control, effort-reward imbalance and inadequate work support were associated with poorer mental health among young workers. ^[7]

Therefore, comparisons between private and government employees should assess both job demands and job control.

10. Comparative Analysis

The available literature can be summarized as follows:

Parameter	Government Employees	Private Employees	Overall Interpretation
Job security	Often comparatively stable	May be variable	May influence psychological well-being
Workload	Administrative/service-related	Often target/performance-related	Both can produce stress
Working hours	Generally structured but occupation-dependent	May be extended in some organizations	Organization-dependent
Performance pressure	Variable	Often target-oriented	May contribute to anxiety
Job satisfaction	Higher in some studies	Lower in some studies	Evidence is mixed
Occupational stress	Present	Present	No universal sectoral difference
Anxiety	Present	Present	Evidence is inconsistent
Depression	Present	Present	Evidence is inconsistent
Organizational support	Variable	Variable	Important determinant
Work-life balance	May be affected by workload	May be affected by extended hours	Sector and occupation dependent

The available direct comparison studies provide conflicting evidence. Kanojia and Parikh reported better mental health and job satisfaction among government employees. ^[1] In contrast, Upadhyay and Sharma found no significant difference in stress, anxiety or depression between government and private employees. ^[2]

This inconsistency suggests that employment sector should not be treated as an independent explanation for psychological distress without considering the actual characteristics of the job.

11. Factors Influencing Stress, Anxiety and Depression

• 11.1 Job security

Perceived employment insecurity may increase psychological distress and depressive symptoms. ^[11]

• 11.2 Workload

Excessive workload and high work intensity may contribute to occupational stress. ^[7,8]

- **11.3 Working hours**

Long working hours have been associated with depressive symptoms, particularly in some Asian populations. ^[12]

- **11.4 Job control**

Low control combined with high demands may increase job strain and risk of depression. ^[9,10]

- **11.5 Job satisfaction**

Job satisfaction may influence overall psychological well-being. Government employees showed better job satisfaction in one large comparative study. ^[1]

- **11.6 Organizational support**

Supportive supervisors and colleagues may reduce the psychological impact of occupational demands. Conversely, inadequate support may increase distress. ^[7]

- **11.7 Work-life balance**

Poor work-life balance may increase stress and interfere with recovery from occupational demands.

- **11.8 Recognition and reward**

Effort-reward imbalance and inadequate recognition may contribute to psychological distress. ^[7]

12. Relationship between Stress, Anxiety and Depression

Stress, anxiety and depression are separate psychological constructs but frequently coexist.

Persistent occupational stress may contribute to anxiety and depressive symptoms. Conversely, employees experiencing anxiety or depression may have reduced coping capacity and may perceive occupational demands as more difficult.

The systematic meta-review by Harvey et al. demonstrated that work-related factors can contribute to common mental-health problems including depression, anxiety and work-related stress. ^[3]

The evidence also indicates that high job strain is associated with depression and that high work demands may be associated with anxiety disorders. ^[9,10]

Therefore, occupational mental health should ideally be assessed using multiple psychological outcomes rather than a single parameter.

13. Assessment of Occupational Psychological Health

Several standardized instruments can be used to assess psychological outcomes among employees.

Depression Anxiety Stress Scale-21 (DASS-21)

DASS-21 assesses symptoms of depression, anxiety and stress and was used by Upadhyay and Sharma in their comparative study of government and private employees. ^[2]

Other potential instruments

Depending on the research objective, investigators may use:

- Patient Health Questionnaire-9 (PHQ-9) for depressive symptoms
- Generalized Anxiety Disorder-7 (GAD-7) for anxiety
- Perceived Stress Scale (PSS) for perceived stress
- Job Content Questionnaire for job demand and control

- Occupational Stress Index for occupational stress

Using validated and standardized instruments is important for improving comparability between studies.

14. Ayurvedic Perspective on Occupational Mental Health

From an Ayurvedic perspective, health involves the harmonious state of the body, senses and mind. Occupational demands may influence mental and physical well-being through lifestyle, sleep, diet, emotional experiences and daily routine.

The concepts of *Satva*, *Rajas* and *Tamas* provide a conceptual framework for understanding mental functioning. Excessive activity, agitation and emotional instability may be conceptually related to predominance of *Rajas*, whereas reduced activity and motivation may be considered in relation to *Tamas*.

The concept of *Prakriti* may also be relevant when investigating individual differences in response to occupational stress. Individuals may differ in behavioural tendencies, adaptability, sleep patterns, appetite, activity and emotional responses.

However, a direct association between a particular Prakriti type and occupational stress, anxiety or depression should not be assumed without appropriate empirical evidence.

Ayurvedic preventive approaches such as *Dinacharya*, *Ritucharya*, *Sadvritta*, **appropriate sleep, balanced diet, Yoga and Rasayana** may be explored as supportive approaches for maintaining mental well-being.

Future studies may investigate these approaches using validated psychological instruments and scientifically appropriate research designs.

15. Workplace Mental-Health Interventions

The presence of occupational psychological distress highlights the need for preventive and supportive workplace interventions.

A systematic meta-review of workplace interventions for common mental disorders found evidence supporting several approaches, including interventions designed to enhance employee control, physical activity and cognitive-behavioral stress management. ^[13]

A systematic review of workplace interventions for depression reported that several interventions, particularly those combining different therapeutic approaches, reduced depressive symptoms among employees. ^[14]

Manager training is another potential approach. A systematic review and meta-analysis found that training workplace managers improved mental-health knowledge, attitudes and self-reported supportive behaviors. ^[15]

These findings suggest that workplace mental-health programmes should involve both employees and organizational leadership.

16. Implications for Government and Private Organizations

Both sectors should develop strategies for promoting employee mental health.

Important measures include:

1. Periodic screening for psychological distress.
2. Early identification of stress, anxiety and depressive symptoms.
3. Appropriate workload management.
4. Reasonable working hours.
5. Promotion of work-life balance.
6. Supportive supervision.
7. Employee counselling and referral systems.
8. Mental-health awareness programmes.
9. Reduction of workplace stigma.
10. Training managers to recognize psychological distress.
11. Promotion of physical activity and healthy lifestyle.
12. Improvement of organizational communication.
13. Recognition and reward for employee performance.

Interventions should be adapted to the psychosocial risks specific to each workplace rather than applying an identical approach to every organization.

17. Research Gaps

Several important research gaps were identified.

- First, relatively few studies directly compare government and private employees using the same validated psychological instruments and comparable occupational groups.
- Second, many comparative studies have small sample sizes and cross-sectional designs.
- Third, different studies use different definitions and instruments for stress, anxiety and depression, making direct comparison difficult.
- Fourth, important confounding variables such as age, sex, marital status, socioeconomic status, workload, salary, working hours, sleep, job satisfaction and organizational support are not consistently controlled.
- Fifth, there is a need for more Indian multicentric research comparing government and private employees across different occupational categories.

Future studies should therefore use larger samples, standardized assessment tools and longitudinal designs.

18. Conclusion

Stress, anxiety and depression are important occupational mental-health concerns among both government and private employees.

Available comparative evidence is inconsistent. One study involving 480 employees reported better mental health and job satisfaction among government employees compared with private employees, ^[1] whereas another study involving 60 employees found no significant difference in stress, anxiety or depression between government and private-sector employees. ^[2]

The broader occupational-health literature indicates that psychological well-being is influenced by several work-related factors, including high job demands, low job control, job insecurity, long working hours, inadequate work support and effort-reward imbalance. ^[3-12]

Therefore, employment sector alone should not be considered a definitive determinant of stress, anxiety or depression. Instead, the specific psychosocial characteristics of the workplace should be evaluated.

Government and private organizations should implement comprehensive workplace mental-health programmes that include early identification, psychological support, workload management, supportive leadership, work-life balance and evidence-based preventive interventions. ^[13-15]

Future multicentric and longitudinal studies using standardized assessment tools are required to determine more clearly whether government and private employees differ in psychological outcomes and which occupational factors are primarily responsible for these differences.

References

1. Kanojia P, Parikh P. Mental Health, Job-satisfaction and Occupational Stress among Government and Private Employees. *Int J Indian Psychol.* 2018;6(3):189-201. DOI:10.25215/0603.217.
2. Upadhyay N, Sharma S. A comparative study of stress, anxiety and depression among private and government sector employee. *Int J Indian Psychol.* 2020;8(3):64-76. DOI:10.25215/0803.009.
3. Harvey SB, Modini M, Joyce S, Milligan-Saville JS, Tan L, Mykletun A, et al. Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems. *Occup Environ Med.* 2017;74(4):301-310. DOI:10.1136/oemed-2016-104015.
4. Bonde JPE. Psychosocial factors at work and risk of depression: a systematic review of the epidemiological evidence. *Occup Environ Med.* 2008;65(7):438-445. DOI:10.1136/oem.2007.038430.
5. Netterstrøm B, Conrad N, Bech P, Fink P, Olsen O, Rugulies R, et al. The relation between work-related psychosocial factors and the development of depression. *Epidemiol Rev.* 2008;30:118-132. DOI:10.1093/epirev/mxn004.
6. Mikkelsen S, Coggon D, Andersen JH, Casey P, Flachs EM, Kolstad HA, et al. Are depressive disorders caused by psychosocial stressors at work? A systematic review with meta-analysis. *Eur J Epidemiol.* 2021;36(5):479-496. DOI:10.1007/s10654-021-00725-9.
7. Law PCF, Too LS, Butterworth P, Witt K, Reavley N, Milner AJ. A systematic review on the effect of work-related stressors on mental health of young workers. *Int Arch Occup Environ Health.* 2020;93(5):611-622. DOI:10.1007/s00420-020-01516-7.
8. van der Molen HF, Nieuwenhuijsen K, Frings-Dresen MHW, de Groene G. Work environment risk factors causing day-to-day stress in occupational settings: a systematic review. *BMC Public Health.* 2022;22:156. DOI:10.1186/s12889-021-12354-8.

9. Seidler A, Schubert M, Freiberg A, Drössler S, Hussenoeder FS, Conrad I, et al. Psychosocial occupational exposures and mental illness: a systematic review with meta-analyses. *Dtsch Arztebl Int.* 2022;119(42):709-715. DOI:10.3238/arztebl.m2022.0295.
10. Madsen IEH, Nyberg ST, Magnusson Hanson LL, Ferrie JE, Ahola K, Alfredsson L, et al. Job strain as a risk factor for clinical depression: systematic review and meta-analysis with additional individual participant data. *Psychol Med.* 2017;47(8):1342-1356.
11. Kim TJ, von dem Knesebeck O. Perceived job insecurity, unemployment and depressive symptoms: a systematic review and meta-analysis of prospective observational studies. *Int Arch Occup Environ Health.* 2016;89(4):561-573. DOI:10.1007/s00420-015-1107-1.
12. Virtanen M, Jokela M, Madsen IEH, Magnusson Hanson LL, Lallukka T, Nyberg ST, et al. Long working hours and depressive symptoms: systematic review and meta-analysis of published studies and unpublished individual participant data. *Scand J Work Environ Health.* 2018;44(3):239-250. DOI:10.5271/sjweh.3712.
13. Joyce S, Modini M, Christensen H, Mykletun A, Bryant RA, Mitchell PB, et al. Workplace interventions for common mental disorders: a systematic meta-review. *Psychol Med.* 2016;46(4):683-697. DOI:10.1017/S0033291715002408.
14. Wan Mohd Azam Wan Mohd Yunus WMA, Musiat P, Brown JSL. Systematic review of universal and targeted workplace interventions for depression. *Occup Environ Med.* 2018;75(1):66-75. DOI:10.1136/oemed-2017-104532.
15. Gayed A, Milligan-Saville JS, Nicholas J, Bryan BT, LaMontagne AD, Milner A, et al. Effectiveness of training workplace managers to understand and support the mental health needs of employees: a systematic review and meta-analysis. *Occup Environ Med.* 2018;75(6):462-470. DOI:10.1136/oemed-2017-104789.

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