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THE IMPACT OF WORKPLACE STRESS ON EMPLOYEE ENGAGEMENT AMONG MEDICAL DOCTORS IN A NIGERIAN PRIVATE UNIVERSITY TEACHING HOSPITAL: A FIGHT, FLIGHT, OR FREEZE PERSPECTIVE

[1] Dr Adeniyi Temitope Adetunji, and [2] Dr. Adijat Bola Adeniyi,
[1 & 2] Department of Business Administration, Adeleke University, Ede, Osun State, Nigeria,
[1]niyi.adetunji1@gmail.com, [2]bola.adeniyi@adelekeuniversity.edu.ng

Abstract
This study examines the impact of workplace stress on employee engagement among medical doctors in a Nigerian private university teaching hospital, using the Fight–Flight–Freeze (FFF) framework. The study examines the primary sources of workplace stress among medical doctors in a private university teaching hospital; it analyzes how stress responses mediate the relationship between stress and engagement. The study also quantifies workplace stresses' effects on employee engagement dimensions. The study employed a mixed-methods design, quantitative data were collected via structured surveys measuring stress, engagement, and stress-response behaviors, while qualitative data were obtained through in-depth interviews. Stratified and purposive sampling technique were used to select 200 participants for the study. The results were analyzed using descriptive and inferential statistics. Results indicate a significant negative correlation between stress and engagement, with high stress levels linked to reduced job satisfaction, morale, and organizational commitment. Stressors included excessive workload, role ambiguity, resource shortages, and inadequate managerial support. Behavioral responses varied: doctors exhibiting "fight" responses demonstrated proactive coping and higher engagement, while those adopting "flight" or "freeze" responses showed withdrawal, indecision, and disengagement. Qualitative findings highlighted stress as both a motivator and a deterrent, shaped by organizational culture and support systems. The study concludes that targeted interventions—such as workload redistribution, resilience training, and robust support networks—are essential to mitigating stress and enhancing engagement in high-pressure healthcare environments. Findings contribute to stress and engagement theory by integrating the FFF model with organizational behavior insights, offering practical guidance for hospital administrators and policymakers.

Keywords: Workplace Stress, Employee Engagement, Fight–Flight–Freeze, Private University Teaching Hospital, Medical Doctors, Nigeria

Introduction
Work stress has emerged as a critical organizational concern, most significantly in the healthcare sector, whose effects on employees' well-being, job commitment, and performance

can be enormous. For health professionals, especially doctors, stress caused by high-stakes decision-making, lengthy working hours, and emotional pressures of patient care is compounded by systemic deficits such as shortages in resources and bureaucratic inefficiencies in Nigeria. They can lead to burnout, decreased productivity, and increased turnover, so it is necessary to understand their impact on employee engagement. Employee engagement; a three-factor concept comprised of vigor, dedication, and absorption remediates the deleterious effects of stress. However, its link with stress is multifaceted: stress can be a challenge (challenge stress) or is debilitating (hindrance stress), influencing engagement in various ways. The Fight-Flight-Freeze (FFF) model provides a framework for explaining individual stress response and its impact on engagement. This study investigates these dynamics between medical doctors in private university teaching hospitals in Nigeria, where clinical and academic responsibilities pose unique stressors.

Health professionals, particularly physicians, are constantly subjected to various causes of stress, including heavy workloads, emotional demands, and role conflict. Nigeria's similar problems are exacerbated by infrastructural deficits, including poor amenities, shortage of vital medical equipment, and limited availability of resources. Furthermore, socio-economic stresses, including financial instability and public health concerns, add to the burden. These stressors can have severe effects, including burnout, reduced job satisfaction, and reduced organizational commitment (Mazzola & Disselhorst, 2023). The interaction of the causes of stress typically puts healthcare providers at risk of disengagement, both personally and in the quality of service that they provide to patients. Employee engagement refers to a measure of how much employees are emotionally and psychologically committed to their job functions. Engaged workers have been defined as vigor, dedication, and absorption in their work (Schaufeli & Bakker, 2004). Engagement is crucial in health organizations because it is associated with improved performance, job satisfaction, and turnover (Saks et al., 2022). The relationship between stress and engagement is complex. While challenge stress can develop engagement by making individuals do more, hindrance stress can lead to disengagement, frustration, and burnout (Mazzola & Disselhorst, 2023). This two-way impact of stress suggests that the nature of the stressor and how one responds to it can result in extreme variations in their engagement levels. Worker responses to stress motivate their level of engagement. The fight-flight-freeze (FFF) model is a useful one to employ to describe these responses to stress at work. A "fight" reaction, such as assertive behaviors such as problem-solving and resilience, can be helpful to engagement by invoking an adaptive stress strategy (Mehta et al., 2021). Avoidant (flight) and immobilized (freeze) reactions such as withdrawal or paralysis tend to be expensive to engagement. Such reactions may lead to reduced productivity, disengagement, and burnout (Crum et al., 2023). Recognition of such various reactions to stress is vital in order to successfully manage workplace stress, especially in healthcare where there are high stakes.

Within private university teaching hospitals, the convergence of the academic and clinical obligations triggers a unique stress and engagement dynamic. Such dynamics are scrutinized herein with the aim of discerning the function of stress responses in mediating stress in the workplace and levels of engagement among medical physicians. This research closes the gap between psychological theories and organizational behavior through using the FFF model in

work-related stress and engagement. The outcomes will provide practical recommendations for the develo pment of stress reduction and engagement interventions, improving workforce resilience and productivity within health care environments.

Objectives of the Study

The objectives of the study are to:

1 Examine primary sources of workplace stress among medical doctors in a private university teaching hospital.
2 Analyze how stress responses (fight, flight, freeze) mediate the relationship between stress and engagement.
3 Quantify workplace stress's effects on employee engagement dimensions among medical doctors in a private university teaching hospital.

Research Question

1 What are the primary sources of workplace stress among medical doctors in a private university teaching hospital.
2 How does stress responses mediate the relationship between stress and engagement among medical doctors in a private teaching hospital.
3 What are the effects of workplace stress on employee engagement dimensions among medical doctors in the study area.

Literature Review

Job stress is a widespread issue in most sectors of business, including the health profession. Health workers, who operate in high-stress environments like private university teaching hospitals in Nigeria, have high stress levels that affect their engagement in work. This wide-ranging literature review addresses the relationship between job stress and employee engagement, albeit more so from the perspective of the fight, flight, or freeze response mechanism. The article synthesizes available literature to find out how stress impacts medical doctors' work engagement, mental health, and general performance.

Understanding Workplace Stress: Workplace stress is a physical and emotional response that individuals experience when confronted with demands and pressures in the workplace beyond their coping abilities (Sonnentag &Fritz 2015). Workplace stress may be caused by numerous factors, including workload, role conflict, and interpersonal conflict (Karasek, 1979). Chronic stress is commonly known to have negative health consequences and impacts employees' performance and motivation (Mazzola & Disselhorst 2023).

Table 1: Sources of Workplace Stress

Source of Stress	Definition	Example
Workload	The volume of work an employee is required to perform	High patient load in a hospital
Role Ambiguity	Uncertainty about job responsibilities	Lack of clarity in medical roles
Interpersonal Conflicts	Conflicts with colleagues or supervisors	Disagreements with fellow doctors
Lack of Control	Limited autonomy over job tasks	Restrictions on medical decisions

Fight, Flight, or Freeze Response: The 'fight, flight, or freeze' response, first described by Walter Cannon (1929), is a physiological reaction to perceived threats. This response is not limited to immediate physical dangers but also applies to psychological stressors. When medical doctors encounter stress at work, they may respond in these three ways:

- **Fight** involves facing the stressor head-on and actively engaging with the situation.
- **Flight** refers to avoiding the stressor altogether by withdrawing or seeking to escape.
- **Freeze** represents a state of paralysis or a lack of response due to overwhelm (Perrewé, Zellars, & Gonzales, 2005).

This model suggests that the way medical doctors perceive and react to stress can significantly influence their engagement in their roles (Lazarus, 1991).

The 'Fight, Flight, or Freeze' Response in Medical Doctors: Particularly susceptible to these responses are medical practitioners who work in a high-stress environment. The very nature of their work—life-and-death decisions, emotional contact with patients, and the constant need for precision—can trigger the fight, flight, or freeze response. Those with a 'flight' tendency, research says, will avoid challenging cases or decisions and provide poorer patient care (Liu et al. 2022). Alternatively, those who adopt a 'fight' response may become overly aggressive, impacting patient relationships and team dynamics (Perrewé et al., 2005). The 'freeze' response, where doctors become paralyzed under stressful situations, can lead to delays in decision-making along with decreased job performance (Maslach & Leiter, 2016).

Impact of Workplace Stress on Employee Engagement

Employee engagement reflects the extent to which employees invest their physical, cognitive, and emotional energy in their work. Engaged employees demonstrate high levels of vigor, dedication, and absorption, enabling them to perform their roles effectively even in demanding work environments. In healthcare organizations, employee engagement is particularly important because it has been consistently associated with improved quality of patient care, higher job performance, stronger organizational commitment, and lower turnover intentions (Schaufeli & Bakker, 2004; Wee & Lai, 2022).

Healthcare professionals, especially medical doctors, operate in environments characterized by heavy workloads, emotional demands, time pressure, and critical decision-making responsibilities. When these job demands exceed available organizational and personal resources, prolonged workplace stress may develop into burnout, emotional exhaustion, reduced job satisfaction, and psychological detachment from work. These outcomes weaken employees' motivation, reduce their willingness to invest discretionary effort, and ultimately diminish their level of work engagement (García-Iglesias et al., 2021).

The relationship between workplace stress and employee engagement is, however, not entirely negative. Contemporary research suggests that employees' responses to stressful situations depend largely on how workplace demands are perceived and managed. Moderate and manageable levels of stress may encourage learning, resilience, and improved performance,

whereas excessive or chronic stress undermines psychological well-being, increases burnout, and reduces engagement. Organizational resources such as supportive leadership, adequate staffing, professional autonomy, and psychological support play an important role in determining whether workplace stress motivates or discourages employees (García-Iglesias et al., 2021).

The Fight–Flight–Freeze (FFF) framework provides a useful explanation for these behavioral differences. The framework proposes that individuals respond to stressful situations in one of three primary ways. A fight response involves confronting challenges through proactive problem-solving, resilience, and adaptive coping behaviors. A flight response is characterized by avoidance, withdrawal, or attempts to escape stressful situations, while a freeze response reflects hesitation, indecision, emotional paralysis, and reduced behavioral action. These behavioral responses influence how employees cope with workplace demands and consequently affect their level of engagement.

Table 2: Impact of Stress on Employee Engagement

Impact of Stress	Description	Reference
Decreased Job Satisfaction	Chronic stress leads to lower job satisfaction	Maslach et al., 2001
Burnout	Exhaustion and cynicism from stress	Leiter & Maslach, 1988
Reduced Organizational Commitment	Lower emotional attachment to the hospital	Schaufeli & Bakker, 2004
Decreased Productivity	Stress hampers performance at work	Cavanagh & Craven, 2004

Managing Stress and Enhancing Engagement Strategies: Stress management at work is central to maintaining high engagement levels. Several strategies have been proposed to this end:

- **Organizational Support:** Providing support in the form of counseling, stress management training, and peer support groups can cushion the effect of stress (Gmelch & Miskin, 1993).
- **Work-Life Balance:** Encouraging a balance between work demands and personal life can reduce stress (Danna & Griffin, 1999).
- **Resilience Training:** Resilience-building training interventions and coping skills training are capable of strengthening medical physicians to cope with stress (Huang & Davidow, 2014).
- **Employee Assistance Programs (EAPs):** EAPs give employees confidential support for work or personal issues (Mazzola & Disselhorst, 2023)

Theoretical Background

The study is predicated on Lazarus and Folkman's (1984) transactional model of stress, which posits that stress arises as a function of individuals' appraisal of demands and their perceived ability to cope. Appraisal determines whether stress is felt as challenge and therefore growth-producing or hindrance and therefore frustration-producing with exhaustion. It is

important to understand how stressors are appraised in order to develop interventions that stimulate engagement.

Fight-Flight-Freeze Framework

The FFF model categorizes stress responses into:

- **Fight:** Proactive behaviors, such as problem-solving and resilience.
- **Flight:** Avoidant behaviors, including withdrawal and evasion.
- **Freeze:** Immobilized behaviors, characterized by inertia and helplessness.

These responses shape how individuals cope with stress, influencing their levels of engagement. For instance, a fight response might enhance engagement through proactive coping, while freeze responses could diminish engagement by fostering feelings of helplessness.

Empirical Evidence from Nigeria

Empirical studies in Nigeria done by Ojokuku and Ogunniran (2025) illustrate the unusual challenges that medical doctors in Nigerian teaching hospitals face. According to these studies, stress caused by high volumes of patients, medical resource shortages, and administrative tasks are among the key issues that define their participation. The 'fight, flight, or freeze' theory specifically holds for this case because Nigerian physicians may react in conventional ways differently due to differences in environment and culture (Ojokuku, 2025).

Literature documents a positive association of stress and engagement among workers, and 'fight, flight, or freeze' is an explanatory model that captures how medical physicians in Nigeria's private university hospital teaching institutions respond to stress. Stress management with organizational support, integration of work with life, and resilience training can increase engagement, suppress burnout, and enhance job satisfaction. Further research is necessary to examine these dynamics in the Nigerian context with due respect to cultural considerations that may impact stress responses and coping efforts.

Conceptual Framework

Table 3: Conceptualizing Framework

Variable	Scale/Instrument	Measurement
Workplace Stress	Work Stress Scale (Lambert et al., 2006)	5-point Likert scale
Employee Engagement	Work Engagement Scale (Balducci et al., 2010)	7-point Likert scale
Stress Responses (Fight)	Adapted Items	Frequency of proactive behaviors
Stress Responses (Flight)	Adapted Items	Frequency of avoidant behaviors
Stress Responses (Freeze)	Adapted Items	Frequency of immobilized behaviors

This research closes the gap between psychological theories and organizational behavior through using the FFF model in work-related stress and engagement. The outcomes will provide practical recommendations for the development of stress reduction and engagement interventions, improving workforce resilience and productivity within health care environments.

Research Methodology

This study looks at the impact of work-stress on employees' engagement from a fight, flight, or freeze perspective among physicians in private university teaching hospitals in Nigeria. A mixed-methods study was employed to explore the intricate relationships between stress and engagement, providing breadth and depth of analysis. The mixed-methods strategy merges quantitative and qualitative data to fully achieve the research objectives

The study utilized an explanatory sequential mixed-methods design. This was utilized in collecting and analyzing quantitative data prior to qualitative data for explanation and deeper insight into the quantitative findings. The initial step involved the administration of a structured survey that measured workplace stress, employee engagement, and associated fight, flight, or freeze behaviors. The second entailed conducting semi-structured interviews with a sample of the respondents to gain rich understanding of the contextual and experiential aspects of the phenomenon.

Field research was conducted in private university teaching hospitals within Nigeria. They are a crucial component of the Nigerian healthcare system, with heavy workloads, limited resources, and distinctive organizational cultures. The study population comprised medical doctors practicing in private university teaching hospitals in Nigeria. They were selected considering exposure to high-stress environments and significant roles in healthcare delivery. A two-stage sampling design was employed, stratified random sampling was done to make sure that the sample reflected different departments (e.g., pediatrics, surgery, internal medicine) and job titles (e.g., residents, consultants). A sample size of 200 medical doctors was calculated using Cochran's formula in order to ensure statistical power. For Qualitative Sampling**,** Purposive sampling was used in order to choose 20 participants to go through the interview process. Participants were selected based on their feedback in the survey to have different views regarding high, medium, and low levels of stress.

A structured questionnaire was designed, comprising standardized scales that measured Workplace Stress using the perceived stress scale (PSS; Cohen et al., 1983). Employee Engagement was assessed using the Utrecht Work Engagement Scale (UWES; Schaufeli & Bakker, 2003). Stress responses were evaluated using the Fight-Flight-Freeze System Survey (FFFS; Perkins et al., 2009). Surveys were distributed both electronically and physically to ensure accessibility.

Qualitative Data Collection: An interview guide was developed with open-ended questions to explore personal experiences of workplace stress, engagement strategies amidst stress and manifestations of fight, flight, or freeze behaviors. Interviews were conducted in a private setting, either face-to-face or via virtual platforms.

Data Analysis: Data collected were Analysis using SPSS Version 28. Descriptive Statistics such as Mean, standard deviation, and frequency distributions were employed to summarize demographic and survey data. Inferential Statistics such as Pearson correlation was employed to examine relationships between workplace stress and employee engagement. Multiple regression analysis was used to identify predictors of fight, flight, or freeze responses. ANOVA was also employed to test for differences across demographic groups.

Qualitative Data were analyzed using NVivo Version 14. Thematic analysis which involves transcribing data collected through interviews were employed, initial codes were generated to capture recurring themes. Codes generated were grouped into overarching themes reflecting the fight, flight, or freeze framework. Findings were cross-validated with quantitative data to enhance reliability.

Data Integration: The integration of quantitative and qualitative data occurred during the interpretation phase. Quantitative findings provided a broad overview, while qualitative insights elucidated the underlying mechanisms and contextual factors. A side-by-side comparison matrix was used to align and contrast findings.

Table 4: Quantitative, Qualitative and Integration

Quantitative Results	Qualitative Themes	Integration
High stress negatively impacts engagement	Stress as a motivator vs. deterrent	Highlights dual effects of stress
Freeze responses prevalent	Stories of indecision during crises	Explains behavioral manifestations

Ethical Considerations

Participants provided written consent after being informed about the study's purpose, procedures, risks, and benefits. Data was anonymized, and identifiers were removed to protect participant privacy. Participants were assured of their right to withdraw at any stage without repercussions.

Validity and Reliability

The scales used have been validated in prior studies and demonstrated high construct validity. Cronbach's alpha was computed for each scale to ensure internal consistency, with values exceeding the acceptable threshold of 0.7.

Qualitative Trustworthiness

Member checking was conducted by sharing transcribed interviews with participants for verification. An audit trail documented the research process for transparency. Thick descriptions were provided to enable application to similar contexts.

Limitations of the Methodology

Participants may underreport stress levels due to fear of stigma. Findings may not generalize to public hospitals or other professional groups. The mixed-methods approach required significant time for data collection and analysis.

Results /Discussion of results

The aim of this study was to explore the impact of job stress on the involvement of medical physicians in a private university teaching hospital in Nigeria, whose response is addressed utilizing the fight, flight, or freeze framework. The findings are presented and explained in accordance with the mixed-methods approach that combines quantitative data with qualitative information.

Quantitative Findings

Table 5 presents the demographic characteristics of the respondents.

Characteristic	Frequency (%)
Gender	Male: 112 (56%)
	Female: 88 (44%)
Job Role	Consultants: 50 (25%)
	Residents: 100 (50%)
	Interns: 50 (25%)
Department	Surgery: 60 (30%)
	Pediatrics: 70 (35%)
	Internal Medicine: 70 (35%)
Years of Experience	<5 years: 60 (30%)
	5–10 years: 90 (45%)
	>10 years: 50 (25%)

Workplace Stress and Employee Engagement

1. **Perceived Stress Levels**
   The mean Perceived Stress Scale (PSS) score was 26.5 (SD = 5.4), indicating moderate to high stress levels among respondents. Significant variation was observed between departments, with surgical staff reporting the highest stress levels (mean = 28.7, SD = 4.2).
2. **Employee Engagement Levels**
   The Utrecht Work Engagement Scale (UWES) scores averaged 4.3 (SD = 0.8), reflecting moderate engagement. A negative correlation ($r = -0.56$, $p < 0.01$) was observed between stress and engagement, suggesting that increased stress reduced employee engagement.

Behavioral Responses to Stress

3. **Fight, Flight, Freeze Responses**
   - Fight: 30% of respondents exhibited proactive responses to stress, such as increased effort or assertiveness.
   - Flight: 40% reported withdrawal behaviors, including avoidance of tasks or workplace interactions.
   - Freeze: 30% described indecision and inaction, particularly during high-stakes situations.

Predictors of Fight, Flight, or Freeze Responses

A multiple regression analysis revealed:

- Stress was a significant predictor of all three responses ($p < 0.01$).
- Departmental affiliation and years of experience significantly influenced freeze responses ($p < 0.05$), with junior doctors more prone to indecision.
- Engagement levels moderated fight responses, with highly engaged doctors more likely to adopt this response.

Qualitative Findings

Themes and Subthemes

1. **Stress as a Double-Edged Sword**
    - *Stress as a Motivator*: Some participants noted that moderate stress enhanced focus and performance, particularly during emergencies.
    - *Stress as a Deterrent*: Chronic stress led to fatigue, burnout, and disengagement.
2. **Engagement Strategies Amidst Stress**
    - *Support Systems*: Strong teamwork and mentorship were critical for maintaining engagement under stress.
    - *Personal Coping Mechanisms*: Exercise, prayer, and mindfulness were commonly cited stress-management techniques.
3. **Behavioral Manifestations**
    - *Fight Responses*: Instances of doctors taking control in crisis situations, such as leading emergency procedures, were frequently described.
    - *Flight Responses*: Avoidance behaviors included delegating tasks or minimizing patient interactions.
    - *Freeze Responses*: Stories of indecision, particularly among interns, highlighted the challenges of balancing professional responsibility with stress.

Illustrative Quotes

- *Fight*: "When stress hits, I feel a need to step up and take charge. I can't afford to back down when lives are at stake." (Consultant, Surgery)
- *Flight*: "I find myself stepping back when the pressure becomes overwhelming. It's easier to let someone else handle it." (Resident, Pediatrics)
- *Freeze*: "There are moments when I just don't know what to do. The fear of making a mistake can be paralyzing." (Intern, Internal Medicine)

Data Integration

A side-by-side comparison matrix was used to integrate quantitative and qualitative findings.

Table 6: Data Integration

Quantitative Results	Qualitative Themes	Integration
High stress negatively impacts engagement	Stress as a motivator vs. deterrent	Demonstrates dual effects of stress on engagement.
Freeze responses prevalent (30%)	Stories of indecision during crises	Highlights how stress impairs decision-making.
Fight responses linked to high engagement	Leadership under pressure	Connects engagement to proactive stress responses.

This study investigated the impact of work stress on employee engagement among medical doctors in a Nigerian private university teaching hospital based on a Fight, Flight, or Freeze perspective. The findings reveal the complex interaction between stressors, employee responses, and engagement levels in a high-stress medical environment.

Key Findings

Sources and Nature of Stress: Work stress emerged primarily from excessive workloads, time pressure, staff shortages, and administrative responsibilities. The stressors were categorized into physical (e.g., long hours, lack of ergonomic support) and psychosocial (e.g., high job demands, lack of communication, and role autonomy). Medical doctors also indicated stress from inadequate resources and patient expectations that directly affected their capacities to deliver care effectively.

Employee Response: Fight, Flight, or Freeze:

Fight Response: Some doctors showed resilience by handling stressors in an active way through time management, delegating, and seeking support from colleagues. This group was more engaged and perceived stress as a challenge to be overcome.

Response: A significant number of respondents handled it by avoiding work, **Flight** seeking leaves, or considering job changes. These behaviors had a negative impact on their engagement and organizational commitment.

Freeze Response: There were fewer staff members who felt helpless, which led to burnout and low performance. This team was troubled by decision-making and disengagement, which affected team function and patient care negatively.

Discussion of Findings

The study corroborates previous research in linking stress with lower engagement (Bakotić, 2016). Qualitative results did, nonetheless, tease out the dual nature of stress: while chronic stress was deleterious, acute stress sometimes spurred doctors to perform better under pressure. This is aligned with the Yerkes-Dodson Law, which postulates that optimum levels of stress enhance performance (Robert et al., 2021).

Fight, Flight, or Freeze Framework: The behaviors exhibited in response are in line with the Fight-Flight-Freeze System (FFFS) theory (Perkins et al., 2009). Freeze responses were extremely prevalent among interns, with the suggestion that the absence of experience increases indecisiveness. Conversely, consultants more frequently exhibited fight responses, with the use of experience and confidence to actively confront stressors.

Role of Engagement as a Moderator: Engagement levels played a critical role in determining how individuals responded to stress. Individuals who were more engaged were more likely to employ fight responses, emphasizing the function of engagement as a buffer to stress-related disengagement (Schaufeli & Bakker, 2003).

Contextual Influences: Qualitative findings emphasized how context was a factor in shaping responses to stress. For instance, surgical wards reported greater stress due to the life-and-death nature of their work, while pediatrics felt emotional stress as a result of working with very sick children.

Implications for Practice

Stress Management Interventions: Interventions for stress management are required on an individual basis to buffer chronic stress and its impact on engagement.

Building Engagement: Engagement construction through team-building, recognition, and professional development is able to buffer against stress.

Junior Doctor Support: Evidence-based decision-making skills training and mentorship can reduce freeze responses in junior staff.

This study reveals the intricate relationship between workplace stress and employee engagement for medical doctors. Though stress tends to impinge on engagement, engagement has also been shown to protect against stress responses, particularly in high-stakes environments. Stress management and the development of engagement are critical to optimizing performance and well-being in healthcare settings.

Findings from Quantitative and Qualitative Data

The results of the study underscore the subtleties of work stress and its varying effects on workers' engagement. Quantitative analysis showed statistical correlations between stress levels and engagement levels, while qualitative observations shed more light on coping mechanisms.

Table 7: Summary of Findings

Theme	Key Findings
Workplace Stressors	Heavy workload, staff shortages, and long working hours were highlighted as primary causes of stress. Role ambiguity and lack of management support were frequently mentioned in qualitative reports as aggravating factors.
Engagement Trends	Moderately stressed physicians were more active (fight response) than those who were high or low in stress. Overwhelmed employees exhibited withdrawal behaviors (flight) or decision paralysis (freeze), which impacted their performance negatively.
Coping Mechanisms	Common coping strategies included teamwork, mentoring, and official breaks. Maladaptive coping such as emotional withdrawal and absenteeism was prevalent in physicians under the high-stress group.
FFF Responses	The fight response correlated with problem-solving attitudes, while flight and freeze responses were linked to burnout symptoms and disengagement.
Institutional Impact	Prolonged stressors resulted in reduced morale, increased turnover intentions, and financial strain due to repeated recruitment cycles.

Interpreting the Fight, Flight, or Freeze Responses

The FFF framework provides a nuanced understanding of how stress manifests in workplace behaviors. The fight response, characterized by proactive problem-solving, was observed among doctors with moderate stress levels who had access to adequate resources and managerial support. On the contrary, the flight response; manifested as withdrawal or avoidance; was prevalent among individuals exposed to prolonged stress without remedial measures. The freeze response, often a precursor to burnout, was marked by indecision and a perceived inability to act, further compromising engagement.

Conclusion

Job stress is a pervasive issue in fields, with implications that extend beyond worker commitment. For this research, the phenomenon was examined through the application of the "Fight, Flight, or Freeze" (FFF) model, and its use of interest among medical doctors in a private university teaching hospital in Nigeria was considered. Employing a mixed-methods research design, quantitative surveys and qualitative interviews were merged to explore the effects of workload, time pressures, and organizational demands on engagement, productivity, and retention. The findings highlight the dualities of work-related stress; its capacity to stimulate (fight) or disengage (flight and freeze); and highlight the need for targeted interventions.

Findings from Qualitative Data

Findings of this mixed-method study uncover the intricate dynamics of work stress and employee engagement among medical doctors in a private Nigerian teaching university hospital. Stress, as inevitable as it is in high-stakes professions like healthcare, does not necessarily decrease engagement. Instead, its influence depends on the coping mechanism of the individual and organizational environment. Through the FFF framework, this research points out the importance of viewing workplace stress as a continuum, where stress at a moderate level can generate resilience (fight), but unmanaged stress leads to withdrawal (flight) or paralysis (freeze). Organizational stress relief practices, proper utilization of resources, and empowering staff are crucial in order to utilize the positive impacts of stress and limit its negative impacts. The application of the FFF model extends workplace stress and employee engagement theory. By integrating physiological and psychological responses, the study demonstrates how engagement is mediated by organizational contexts and personal stress thresholds. The intersectional approach bridges gaps between paradigms of stress management and behavioral theory, and offers an integrative framework for future research.

The implications of this study extend beyond theoretical contributions to offer actionable insights for organizational leaders, policymakers, and human resource professionals. To mitigate workplace stress and bolster engagement, it is imperative to foster an environment that balances demand with resources. Strategies include Workload Redistribution to provide equitable task allocation to prevent burnout and improve productivity. Support Systems that establish peer support groups and mentoring programs to help doctors manage stress effectively. Professional Development to support regular training on time management, resilience, and emotional intelligence to equip employees with adaptive coping skills. Institutional policies must reflect a commitment to employee well-being. These may include flexible scheduling that will allow medical doctors to have predictable time off to rejuvenate. Mental Health Interventions such as providing access to counseling services and stress management workshops. Recognition Programs to enhance rewarding proactive behaviors linked to the fight response to reinforce engagement.

Recommendations for Future Research

Future research is encouraged to take into account longitudinal designs in order to capture the dynamic process of stress and engagement over time. Comparative research between various professional groups and healthcare organizations could also provide further insight into contextual variations. Looking at the intersection of workplace stress with gender and generational dynamics could also provide a more complete picture.

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