

Identifying Work-Related Psychosomatic Stressors in Healthcare Workers: A Qualitative Exploration

Abbie. Wilson¹, Veronica. Longo², Lia. Corazza³, Seyed Amir. Saadati^{4*}




¹ Department of Psychology, Clark University, Worcester, Massachusetts, USA

² Rehabilitation Department, York Rehab Clinic, Toronto, Canada

³ Department of Psychology and Cognitive Science, University of Trento, Italy

⁴ Student Doctor of Physical Therapy (DPT), Department of Family Medicine and Community Health, Faculty of Physical Therapy, University of Minnesota Twin Cities Medical School, Minnesota, USA

* Corresponding author email address: saada@umn.edu

E d i t o r	R e v i e w e r s
Eirini Karakasidou  Department of Psychology, Panteion University of Social and Political Sciences, Athens, Greece irene_karakasidou@panteion.gr	Reviewer 1: Mojtaba Karimi  Department of Clinical Psychology, Allameh Tabatabai University, Tehran, Iran.Email: m_karimi98@atu.ac.ir Reviewer 2: Mahdi Zare Bahramabadi  Associate Professor, Research Institute for Research and Development of Humanities Samat, Tehran, Iran.zare@samat.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “These occupational demands frequently translate into psychosomatic manifestations—physical symptoms without organic causes that reflect chronic stress exposure” would benefit from more precise clinical framing. Clarify whether “without organic causes” refers to medically unexplained symptoms or psychophysiological processes recognized in DSM-5.

The sentence “This tendency often exacerbates psychosomatic symptoms, suggesting that self-care must be culturally legitimized within healthcare institutions” insightfully connects culture and coping. However, the term “culturally legitimized” should be clarified—does it refer to organizational culture or broader sociocultural norms?

The research aim—“to qualitatively explore the work-related psychosomatic stressors experienced by healthcare workers in the United States”—would benefit from a stronger justification of the U.S. context. Explain whether cultural, systemic, or policy-specific aspects motivated this setting.

The quotation “We’re always short-staffed; I can’t remember the last time I finished a shift without feeling dizzy from fatigue” powerfully illustrates physical exhaustion. Consider integrating brief interpretive commentary (e.g., link to somatization or physiological dysregulation) after quotes to strengthen analytical depth.

The section includes vivid emotional descriptions but blends emotional labor and compassion fatigue. Distinguish these concepts—emotional labor refers to regulation of emotion for job purposes, while compassion fatigue involves depletion from empathic engagement.

The sentence “Emotional strain in the professional domain thus extends into personal life” is insightful but could be expanded by referencing boundary theory or work–family spillover frameworks to ground this psychosocial link in existing literature.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

While the literature review is comprehensive, several studies cited (e.g., Yi et al., 2021; Khalil & Khalid, 2023) are pandemic-focused. It would strengthen the argument to include post-pandemic or longitudinal studies on enduring psychosomatic outcomes to show continuity beyond crisis contexts.

The statement “Digital interventions like mindfulness apps could mitigate somatic stress symptoms” would be more balanced if you acknowledged mixed evidence—some meta-analyses question the long-term effectiveness of unguided digital mindfulness tools.

The sentence “These physical experiences were closely tied to psychological disturbances, such as irritability, anxiety, and low mood” suggests a causal interpretation. Reframe to emphasize phenomenological co-occurrence rather than causation, consistent with qualitative epistemology.

The “Concepts (Open Codes)” column is rich but includes overlapping terms (e.g., “exhaustion before shift end” and “fatigue”). Consider consolidating redundant codes and providing brief examples or participant quotes for the top codes in each category.

The statement “Psychosomatic stress in healthcare is not a purely individual phenomenon but a collective manifestation of organizational dysfunction” is central. Strengthen it by linking to an established theoretical framework (e.g., the Job Demands-Resources model or Person–Environment Fit theory) to situate findings conceptually.

When discussing “workplace violence and safety concerns”, the paper aligns with Dartey et al. (2023) and Omar et al. (2021). The authors could add a deeper interpretation of how chronic hypervigilance physiologically mediates psychosomatic outcomes (e.g., through allostatic load or HPA-axis activation).

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.