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GOSSIP TENDENCIES, SOFT SKILLS AND DAILY STRESS RESPONSES IN PAKISTANI DOCTORS AND NURSES

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Abstract
Recent literature suggests that gossip can help alleviate stress in professional workspaces in different cultures. The study aims to examine the role of gossip and soft skills on staff's physiological and psychological responses in Pakistani doctors and nurses. The cross-sectional correlational quantitative study includes three valid and reliable instruments. Purposive sampling was used to approach Pakistani doctors and nurses. Descriptive and inferential statistics include frequencies, normality tests, correlation, regression and Marta Garcia-Granero's summary of independent t-tests for group comparisons. Results. Significant associations were observed among gossip tendencies, soft skills and daily stress responses. The gossip tendency subscales were positively correlated, with achievement-related gossip showing a strong association with social information gossip ($r = .79$, $p < .01$) and overall gossip tendencies ($r = .90$, $p < .01$). Multiple regression analysis indicated that physical appearance gossip ($\beta = .178$, $p = .006$) and social information gossip ($\beta = .407$, $p < .001$) significantly and positively predicted daily stressors, whereas soft skills negatively predicted stress ($\beta = -.119$, $p = .046$). Independent samples t-tests further revealed that nurses reported significantly higher levels of gossip tendencies and physiological stress responses than doctors, although both groups showed comparable levels of psychological stress.

Keywords
Gossip, soft skills, stress, hospitals, doctors, nurses.

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1. Introduction

Interpersonal dynamics within healthcare teams significantly influence both staff well-being and the quality of patient care. Among these dynamics, informal communication processes such as workplace gossip and interpersonal competencies such as soft skills play a critical role in shaping professional relationships and coping mechanisms in demanding clinical environments (L'Huillier *et al*., 2025). In healthcare settings, particularly hospitals, doctors and nurses operate within highly interdependent structures where collaboration, communication and mutual trust are essential for effective service delivery. Despite the importance of interpersonal communication in healthcare organizations, limited research has examined how informal communication behaviors, such as gossip, interact with professional competencies like soft skills and their

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subsequent effects on healthcare professionals' physiological and psychological stress responses. This gap is particularly evident in developing healthcare systems, including Pakistan, where the professional experiences of doctors and nurses remain under-researched.

Healthcare professionals are frequently exposed to intense workloads, emotional demands and national disasters (Nashimoto *et al*., 2025) and time pressures that can contribute to both psychological strain and physiological stress reactions. In such volatile environments, informal communication practices may function as mechanisms for emotional regulation, social bonding and information exchange. At the same time, these practices may produce both constructive and detrimental organizational outcomes depending on their nature and intent. In a study, residents may find positive and negative aspects of gossip (Chiel *et al*., 2025).

Therefore, the present study aims to examine interpersonal behavior between doctors and nurses by exploring the relationships between gossip tendencies, soft skills and daily stress responses. By investigating these constructs within the Pakistani healthcare context, the study seeks to contribute to the understanding of organizational communication dynamics and their implications for healthcare professionals' well-being.

1.1. Gossip tendencies

Gossip tendencies refer to the likelihood of engaging in conversations that involve evaluative discussions about absent third parties, including individuals, groups or social events (Nevo *et al*., 1993). Such communication often encompasses commentary on personal characteristics, social information exchange, implicit cues and narratives regarding successes or transgressions. While gossip is often perceived negatively, scholars increasingly acknowledge its complex psychological and social functions within organizational contexts.

Early theoretical perspectives suggest that gossip serves functions similar to psychotherapy by allowing individuals to express thoughts, beliefs and emotions within socially acceptable boundaries (Medini & Rosenberg, 1976). Through storytelling, humor and shared narratives, gossip can operate as a coping mechanism that facilitates emotional regulation and self-projection. Within high-stress professions such as healthcare, such informal communication may help workers process occupational challenges. However, support from family and friends is particularly common for nurses (Naz *et al*., 2024).

Empirical research supports this perspective. For instance, Şantaş et al. (2018) reported a significant relationship between workplace gossip and reduced job stress among healthcare professionals. Gossip can provide catharsis and emotional release in socially permissible ways. However, gossip also possesses a negative dimension. When driven by malicious motives such as retaliation or rivalry, it may damage interpersonal relationships and organizational cohesion (Imada *et al*., 2021). If gossip becomes pervasive at the organizational level, its consequences may extend beyond interpersonal interactions and negatively affect institutional functioning (Waddington, 2016). This issue is particularly relevant in healthcare settings where collaboration between doctors and nurses is essential for patient safety and clinical decision-making (Dinh *et al*., 2020). Informal communication frequently accompanies formal exchanges of patient information, often involving evaluative discussions regarding clinical practices and workplace behavior (Tobiano *et al*., 2020).

Studies indicate occupational differences in gossip behaviors. Nurses tend to engage in informal workplace communication more frequently than other healthcare

professionals, often as a response to demanding work conditions and emotional strain (Altuntaş *et al*., 2014; Jiang *et al*., 2019). From the perspective of victimization theory, workplace gossip may also emerge from personality characteristics and negative emotional climates created by hierarchical leadership structures (Aquino *et al*., 1999; Wu *et al*., 2018).

When evaluative discussions about colleagues are poorly managed, they may violate ethical norms and damage professional reputations, thereby undermining trust and collaboration (Thomas & Rozell, 2007). Consequently, maintaining appropriate boundaries in informal communication becomes crucial for preserving professional integrity in healthcare environments.

Research examining the relationship between gossip and performance suggests that organizational leaders must monitor gossip behaviors and maintain them at manageable levels (Xie *et al*., 2020). According to expectancy theory, gossip may influence work performance by shaping employees' perceptions of effort, fairness and organizational expectations. Excessive gossip can encourage social loafing, where individuals rely on others to complete tasks, thereby reducing collective productivity (Farley *et al*., 2010; Spoelma & Hetrick, 2021). Reducing social loafing by addressing any defensive silence among nurses is imperative for hospital management (Türe *et al*., 2025).

Furthermore, negative gossip has been associated with increased burnout and higher reporting of workplace incidents in hospital settings, potentially contributing to organizational dysfunction (Georganta *et al*., 2014). In clinical environments, errors are often attributed to individual practitioners rather than systemic factors, which can intensify blame cultures and interpersonal tensions.

Healthcare systems typically operate within hierarchical structures where doctors and nurses manage demanding workloads under conditions of limited resources and time constraints. Persistent stress may generate suspicion, fatigue, psychological distress and physical tension among healthcare professionals. As a result, employees frequently resort to informal communication channels to express concerns and share experiences (Ellwardt *et al*., 2012).

Importantly, gossip may also serve constructive functions by facilitating the exchange of social information and subtle insights related to patient care and workplace dynamics. This process has been conceptualized as soft intelligence, where informal communication provides a nuanced understanding of organizational climates and clinical contexts (Montgomery & Lainidi, 2024).

Soft intelligence derived from gossip may involve discussions about work-related threats, reputational evaluations of coworkers, positive endorsements of colleagues and interpersonal exchanges that promote emotional relief (Lee & Barnes, 2021). Despite its potential relevance for healthcare communication, the relationship between gossip behaviors and soft skills remains insufficiently explored in clinical research.

1.2. Soft skills

Soft skills are broadly defined as a combination of interpersonal, emotional, managerial and communication competencies that enable individuals to interact effectively within professional environments (Aridi *et al*., 2023). In healthcare settings, these competencies include empathy, emotional intelligence, confidentiality, effective communication and teamwork.

The role of soft skills in healthcare has gained increasing attention as patient-centered care models emphasize the importance of relational competence alongside technical expertise. Interactions between healthcare providers and patients often occur during emotionally sensitive moments, making communication and empathy critical elements of quality care (Ng, 2020). Accordingly, professional organizations such as the American Association of Critical-Care Nurses highlight soft skills as essential components of effective clinical practice (El Messaoudi, 2021).

Soft skills contribute significantly to patient-centered approaches, which incorporate biopsychosocial perspectives and emphasize attentive listening, empathy and shared decision-making (Bar *et al*., 2014). In private healthcare institutions, professionals are often encouraged to demonstrate compassionate and non-judgmental communication to enhance patient satisfaction and trust. Amidst stress, health care professionals must practice self-compassion that buffers between burnout and stress (Abdollahi *et al*., 2021).

Within organizational psychology, the development and transfer of soft skills have been examined through various theoretical frameworks. Baldwin et al. (2017) transfer of training model emphasizes that the effectiveness of skill development depends on the context in which skills are applied and reinforced within organizational environments. Additionally, the Van de Geer et al. (2018) model suggests that interventions such as spiritual care training can enhance healthcare professionals' interpersonal competencies and emotional resilience.

Emotional intelligence is another key determinant of soft skill application. Healthcare professionals who demonstrate higher emotional awareness are better equipped to manage interpersonal relationships, exercise leadership and maintain professional effectiveness under stressful conditions (Weiszbrod, 2020). Strengthening these competencies is particularly important in addressing organizational challenges such as staff shortages and turnover intentions among nurses (Song & McCreary, 2020).

Soft skills can also be cultivated through constructivist learning approaches embedded within clinical training and organizational development initiatives (Alt *et al*., 2023). According to Kluger and DeNisi's framework (1996), the development of soft skills can be understood through three theoretical perspectives: goal theory, attribution theory and control theory.

Goal theory proposes that individuals are motivated to enhance their performance by setting and striving toward meaningful objectives (Locke, 1991). Attribution theory conceptualizes soft skills as personal attributes shaped by individuals' interpretations of success and failure (Weiner, 1958). Control theory, meanwhile, emphasizes the role of organizational attachment and commitment, suggesting that employees develop stronger interpersonal competencies when they feel emotionally invested in their institutions.

Despite their recognized importance, empirical research examining soft skills among healthcare professionals in Pakistan remains limited. Investigating these competencies within the local healthcare context may provide valuable insights into how interpersonal capabilities influence workplace dynamics and stress management.

1.3. Daily stress responses

Healthcare professionals frequently encounter high levels of occupational stress due to demanding workloads, time pressures and emotionally challenging situations. Daily stress responses can manifest in both physiological and psychological forms (Debowska *et al*., 2022).

The Job Demand-Resource model suggests that high job demands combined with limited control over work conditions can significantly increase psychological strain (Karasek, 1979). Nurses, who often function as frontline healthcare providers, frequently operate within high-demand and low-control environments, making them particularly vulnerable to stress-related outcomes (Lukan *et al*., 2022). Simulation-based studies in healthcare settings have demonstrated that stress exposure is associated to physiological symptoms such as tachycardia, fatigue, irritation and job dissatisfaction (Imbriaco *et al*., 2024). Within clinical environments, individuals may also exhibit behavioral responses to stress that align with the classic fight-flight-freeze mechanism (Goldstein & Koplin, 2007). Prolonged exposure to stress triggers adaptive biological processes described by Selye's (1950) General Adaptation Syndrome.

Building on this framework, McEwen introduced the concept of allostasis, referring to the body's ability to maintain stability through physiological adjustments in response to stressors. Over time, repeated activation of these regulatory systems may produce cumulative physiological strain known as allostatic load, which has been associated with increased health risks and mortality (Kaske *et al*., 2023).Stress responses among healthcare professionals can also affect cognitive functioning. Continuous exposure to demanding situations may alter synaptic plasticity, thereby influencing memory, learning and decision-making processes. Emergency departments and high-intensity clinical environments are particularly associated with elevated cortisol levels within the limbic system (Correia *et al*., 2023).

Physiological indicators of stress in healthcare workers can be measured using various biomarkers, including catecholamine levels, salivary cortisol, salivary α-amylase, blood pressure, heart rate variability and galvanic skin responses (Fauquet-Alekhine & Granry, 2023). These measures provide objective insights into the biological consequences of occupational stress. Given the potential impact of stress on cognitive performance and patient safety, understanding the factors that influence stress responses among healthcare professionals is essential. Workplace communication behaviors and interpersonal competencies may play an important role in shaping how individuals cope with daily occupational stressors.

2. Methods

2.1. Study objectives and hypotheses

The present study aims to explore interpersonal behavior between doctors and nurses by examining the relationships between gossip tendencies, soft skills and daily stress responses in Pakistani healthcare settings. By investigating both physiological and psychological dimensions of stress, the research seeks to provide a comprehensive understanding of how informal communication and interpersonal competencies influence healthcare professionals' well-being.

The study proposes the following hypotheses:

H1: There is a significant association between gossip tendencies, soft skills and daily stress responses among doctors and nurses.

H2: Gossip tendencies and soft skills significantly predict physiological and psychological aspects of daily stress responses among doctors and nurses.

H3: There are significant differences between doctors and nurses in terms of gossip tendencies, soft skills and daily stress responses.

2.2. Study design and participants

This study employed a quantitative cross-sectional correlational research design to examine the relationships between gossip tendencies, soft skills and daily stress responses among healthcare professionals. Data were collected using purposive sampling from doctors and nurses working in a hospital setting in Pakistan.

A total of 300 paper-and-pencil questionnaires were distributed within the hospital facility. Of these, 209 completed responses were returned, resulting in a response rate of approximately 69.7%. The final sample comprised 51.2% doctors (n = 107) and 48.8% nurses (n = 102). All questionnaires were administered in English, as English is the official language used in medical education and professional communication in Pakistan and both doctors and nurses are proficient in it. A priori power analysis was conducted using G*Power software to determine the minimum required sample size. Assuming a medium effect size ($f^2 = 0.30$), statistical power of 0.95 and $\alpha = .05$, the required minimum sample size was 111 participants. The obtained sample of 209 participants exceeded this requirement, thereby ensuring adequate statistical power for the planned analyses.

2.3. Data analysis

Data were analyzed using IBM SPSS Statistics Version 26. Preliminary screening procedures were conducted to assess missing data, outliers and assumptions of normality. The data met the assumptions of normal distribution; therefore, no transformations were required.

The statistical analyses included Descriptive statistics to summarize demographic characteristics and study variables. Normality testing to assess distributional assumptions, Pearson correlation analysis to examine associations among study variables, multiple linear regression analysis to assess the predictive effects of gossip tendencies and soft skills on daily stress responses and independent samples t-tests to examine group differences between doctors and nurses. Marta Garcia-Granero summary tests for additional comparative analysis. All statistical tests were conducted at a significance level of $p < .05$.

2.4. Measures

2.4.1. Tendency to gossip questionnaire

Gossip tendencies were assessed using the Tendency to Gossip Questionnaire (TGQ) developed by Nevo et al. (1993). The instrument consists of 19 items measuring individuals' propensity to engage in gossip-related conversations. The scale comprises four subscales. Physical Appearance (5 items) - evaluates gossip related to others' physical attributes and style. Example items include: *"Talk with friends about other people's clothes"* and *"Tend to gossip about how people look"*. Achievement (5 items) - assesses discussions about others' accomplishments or socioeconomic status. Example items include: *"Talk with friends about the educational level of others"* and *"Talk with friends about other people's salaries"*. Social Information (5 items) - measures conversations involving social relationships and interpersonal matters. Example items include: *"Analyze with friends the compatibility of couples"* and *"Talk with others about other people's affairs"*. Sublimated Gossip (4 items) - captures indirect engagement with gossip-related content, such as media or interpretive discussions. Example items include: *"Read gossip columns in newspapers"* and *"Analyze with friends other people's motives.* Responses are recorded on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7

(strongly agree). The scale demonstrates good internal consistency, with a Cronbach's alpha coefficient of .87 (Nevo *et al*., 1993).

2.5. Soft skills scale

Soft skills were measured using the Soft Skills Scale developed by Aridi et al. (2023). The instrument consists of 25 items assessing interpersonal and communication competencies relevant to healthcare practice. The scale is unidimensional and measures aspects such as communication effectiveness, empathy, professional conduct and patient interaction. Example items include, *"I always ask the patient if the physician visited and check on him/her". "I always smile when delivering any type of care or news to the patient".* Participants responded using a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The instrument has demonstrated good reliability with a Cronbach's alpha of .837 (Aridi *et al*., 2023).

2.6. Daily stress responses scale

Daily stress responses were assessed using the Daily Stress Responses Scale developed by Debowska et al. (2022). The instrument contains 30 items and measures both physiological and psychological responses to daily stress. The scale comprises two subscales. Physiological Stress Responses (15 items) - measures physical manifestations of stress. Example items include: *"I have felt chest pains"* and *"I have felt light-headed or dizzy"*. Psychological Stress Responses (15 items) - assesses emotional and cognitive stress experiences. Example items include: *"I have felt tearful"* and *"I have been overwhelmed.* Responses are recorded on a 5-point Likert scale, ranging from 1 (never) to 5 (always). The scale demonstrates excellent internal consistency with a Cronbach's alpha coefficient of .98 (Debowska *et al*., 2022).

2.7. Ethical considerations

Ethical approval for this study was obtained from the institutional review committee of Hazara University and Khair-Un-Nisa Hospital, Lahore, Pakistan. The research protocol adhered to the ethical principles outlined in the Declaration of Helsinki (1975), revised in 2013.

All participants were provided with detailed information regarding the purpose of the study and were assured of the confidentiality and anonymity of their responses. Participation was voluntary and written informed consent was obtained from all participants before data collection.

3. Results

Table 1 presents the demographic characteristics of the participants included in the study. A total of 209 healthcare professionals participated in the study, comprising 107 doctors (51.2%) and 102 nurses (48.8%). Regarding gender distribution, the majority of participants were female (n = 127, 61.4%), while male participants accounted for 82 (40.5%) of the sample. In terms of age, most respondents were between 41 and 50 years old (n = 97, 46.4%), followed by those aged 31-40 years (n = 82, 40.7%). A smaller proportion of participants fell within the 18-30 years age group (n = 27, 12.9%). With respect to educational attainment, the largest proportion of participants held a Bachelor's degree (n = 95, 43.1%), followed by those with Master's degrees or medical specializations (n = 66, 31.6%). Additionally, 48 participants (23.0%) reported holding a certificate in nursing. Regarding professional experience, the largest group of participants

reported 5-10 years of experience (n = 89, 42.6%), followed by those with less than five years of experience (n = 68, 27.8%). Participants with more than 10 years of experience accounted for 45 respondents (21.5%), while 8 participants (8.2%) reported 10-15 years of experience. Overall, the sample reflects a relatively balanced representation of doctors and nurses, with a predominance of female healthcare professionals and a substantial proportion of participants possessing mid-level professional experience.

Table 1. Demographics

Variable	*Frequency*	*Percent*
Staff		
Doctors	107	51.2
Nurses	102	48.8
Gender		
Female	127	61.4
Male	82	40.5
Age		
18-30	27	12.9
31-40	82	40.7
41-50	97	46.4
Education		
Certificate in Nursing	48	23.0
Bachelors	95	43.1
Master's/Specialization	66	31.6
Years of experience		
< 5 years	68	27.8
5-10 years	89	42.6
>10 years	45	21.5
10-15 years	8	8.2

Table 2. Psychometric properties

Scale	*k*	*M(SD)*	*α*	*Skewness*	*Kurtosis*
GP	5	14.31(4.98)	.81	1.001	.91
GA	5	16.41(6.52)	.82	.61	-.76
GS	5	16.97(7.32)	.82	.60	-.78
GG	4	10.96(2.99)	.79	.94	1.3
GT	19	58.65(17.23)	.80	.63	-.78
ST	25	100.06(5.02)	.64	.56	.81
DPH	15	27.46(5.08)	.65	.23	-1.7
DPS	15	36.69(11.84)	.76	-.18	.08
DT	25	64.15(13.10)	.76	.33	-1.24

Note: k = number of items, α = Cronbach alpha, M = mean, SD = standard deviation,
GP = physical appearance, GA = achievement, GS = social information, GG = sublimated gossip,
GT = aggregated gossip tendencies, ST = soft skills, DPH = daily physiological stressors,
DPS = daily psychological stressors, DT = aggregated daily stressors

The psychometric properties of the study variables, including reliability, descriptive statistics and distributional characteristics, are presented in Table 2. Overall, the scales demonstrated acceptable internal consistency reliability, with Cronbach's alpha values ranging from .64 to .82. The subscales of the Tendency to Gossip Questionnaire showed satisfactory reliability: physical appearance (α = .81), achievement (α = .82), social information (α = .82) and sublimated gossip (α = .79). The aggregated gossip tendency scale also demonstrated acceptable reliability (α = .80).

The soft skills scale yielded a Cronbach's alpha of .64, indicating moderate internal consistency. For the Daily Stress Responses scale, reliability coefficients were

acceptable, with physiological stress responses reporting an alpha of .65, psychological stress responses .76 and the aggregated daily stress scale .76. In terms of descriptive statistics, the mean score for aggregated gossip tendencies was M = 58.65 (SD = 17.23). Among its subdimensions, social information gossip reported the highest mean (M = 16.97, SD = 7.32), followed by achievement-related gossip (M = 16.41, SD = 6.52) and physical appearance gossip (M = 14.31, SD = 4.98). Sublimated gossip reported a comparatively lower mean score (M = 10.96, SD = 2.99). For soft skills, participants reported a relatively high mean score (M = 100.06, SD = 5.02), suggesting that healthcare professionals perceived themselves as demonstrating strong interpersonal and communication competencies. With respect to daily stress responses, the mean score for physiological stress was M = 27.46 (SD = 5.08), while psychological stress responses showed a higher mean of M = 36.69 (SD = 11.84). The aggregated daily stress score was M = 64.15 (SD = 13.10). Assessment of normality assumptions indicated that skewness and kurtosis values for all study variables fell within acceptable ranges (|skewness| < 2; |kurtosis| < 7), suggesting that the data were approximately normally distributed. This supported the use of parametric statistical analyses in subsequent hypothesis testing.

Table 3. Correlation among subscales of gossip tendencies of physical appearance, achievement, social information, sublimated gossip, soft skills and daily stressors of a physiological and physical nature (N=209)

Scales	*1. GA*	*2. GS*	*3. GG*	*4. GT*	*5.GP*	*6. DPH*	*7. DPS*	*8. ST*
1	-	.793**	.296**	.901**	.475**	.031	.535**	.163*
2		-	.276**	.916**	.509**	.077	.564**	.252**
3			-	.423**	.072	-.079	.278**	.135
4				-	.694**	.032	.610**	.218**
5					-	.087	.423**	.090
6						-	.046	-.063
7							-	.052
8								-

Note: p<.01**, p<.05*; GA: achievement, GS = social information, GG = sublimated gossip, GT = gossip tendencies, GP = physical appearance, DPH = daily stressors of psychological nature, DPS = daily stressors of physiological nature

Pearson correlation analysis was conducted to examine the relationships among the subscales of gossip tendencies, soft skills and daily stress responses. The results are presented in Table 3.

Significant positive correlations were observed among the gossip tendency subscales. Achievement-related gossip showed a strong positive correlation with social information gossip ($r = .79$, $p < .01$) and a moderate positive correlation with sublimated gossip ($r = .30$, $p < .01$). Achievement gossip was also strongly associated with overall gossip tendencies ($r = .90$, $p < .01$) and moderately associated with physical appearance gossip ($r = .48$, $p < .01$). Similarly, social information gossip demonstrated a strong positive relationship with overall gossip tendencies ($r = .92$, $p < .01$) and a moderate association with physical appearance gossip ($r = .51$, $p < .01$). Sublimated gossip was positively correlated with overall gossip tendencies ($r = .42$, $p < .01$).

About stress responses, achievement gossip showed a significant positive correlation with psychological stress responses ($r = .54$, $p < .01$), whereas its relationship with physiological stress responses was not significant. Social information gossip was also positively associated with psychological stress responses ($r = .56$, $p < .01$), but showed no significant relationship with physiological stress responses. Physical appearance gossip was moderately and positively correlated with psychological stress

responses ($r = .42$, $p < .01$), while sublimated gossip did not show significant associations with physiological or psychological stress responses. In terms of soft skills, weak but significant positive correlations were observed with achievement gossip ($r = .16$, $p < .05$), social information gossip ($r = .25$, $p < .01$) and overall gossip tendencies ($r = .22$, $p < .01$). However, soft skills were not significantly related to physiological or psychological stress responses. Overall, the correlation results suggest that gossip-related behaviors are significantly interrelated and are moderately associated with psychological stress responses, while soft skills show weaker associations with gossip tendencies and minimal relationships with stress responses.

Table 4. Multiple Linear Regression for the effect of subscales of gossip tendencies and soft skills on daily stressors of physiological and psychological nature (N = 209)

Model	*S. E*	*B*	*t*	*p*	*Tolerance*	*VIF*
Constant	15.312		4.521	.000		
Physical appearance	.178	1.88	2.803	.006	.719	1.391
Achievement	.192	.050	.525	.600	.355	2.814
Social information	.178	.407	4.118	.000	.332	3.015
Sublimated gossip	.264	.096	1.595	.112	.893	1.119
Soft skills	.154	-.119	-2.003	.046	.926	1.080
F	20.977					
R^2	.341					

A multiple linear regression analysis was conducted to examine the extent to which subscales of gossip tendencies (physical appearance, achievement, social information and sublimated gossip) and soft skills predicted daily physiological and psychological stressors among participants *(N = 209)*. The overall regression model was statistically significant, $F(5, 203) = 20.98$, $p < .001$, explaining 34.1% of the variance in daily stressors ($R^2 = .341$), indicating that the set of predictors collectively contributed significantly to explaining variations in daily stressors as listed in Table 4.

Examination of the individual predictors revealed that physical appearance gossip significantly and positively predicted daily stressors ($\beta = .178$, $t = 2.80$, $p = .006$), suggesting that higher engagement in gossip related to physical appearance was associated with greater physiological and psychological stress. Similarly, social information gossip emerged as a strong positive predictor ($\beta = .407$, $t = 4.12$, $p < .001$), indicating that individuals who frequently engaged in gossip related to social information reported higher levels of daily stressors.

In contrast, soft skills demonstrated a significant negative relationship with daily stressors ($\beta = -.119$, $t = -2.00$, $p = .046$), implying that individuals with higher levels of soft skills experienced lower levels of physiological and psychological stress in daily life.

However, achievement-related gossip ($\beta = .050$, $t = 0.53$, $p = .600$) and sublimated gossip ($\beta = .096$, $t = 1.60$, $p = .112$) were not significant predictors of daily stressors, indicating that these dimensions of gossip tendencies did not uniquely contribute to explaining variance in stress when other variables in the model were controlled. Collinearity diagnostics indicated that multicollinearity was not a concern, as tolerance values ranged from .332 to .926 and VIF values ranged from 1.08 to 3.02, both within acceptable limits. Overall, the findings suggest that gossip related to physical appearance and social information significantly increases daily stressors, whereas soft skills function as a protective factor by reducing stress, highlighting the differential role of interpersonal communication patterns and personal competencies in predicting daily physiological and psychological stress.

Table 5. Independent sample t-test

Source	*Doctors N=107*		*Nurses N=102*		*t*	*df*	*p*	*Cohen's d*
	M	SD	M	SD				
GP	11.79	2.808	16.96	5.30	-8.878	207	.000	1.2190
GA	11.97	2.560	21.06	6.166	-14.030	207	.000	1.9254
GS	11.69	3.172	22.50	6.172	-16.030	207	.000	2.2030
GG	9.93	1.980	12.05	3.471	-5.466	207	.000	0.7502
GT	45.37	6.223	72.57	13.736	-18.578	207	.000	2.5508
DPH	27.17	4.055	27.76	5.989	-8.47	207	.398	0.1153
DPS	27.27	3.985	46.58	8.927	-20/348	207	.000	2.7933
DTT	54.44	4.718	74.343	11.205	-16.873	207	.000	2.3151
ST	99.26	5.057	100.90	4.880	-2.384	207	.018	0.3300

Note: GA: achievement, GS = social information, GG = sublimated gossip, GT = gossip tendencies, GP = physical appearance, DPH = daily response to stressors of psychological nature, DPS = daily stressors of physiological nature, DTT = aggregate daily response to stressors, ST = soft skills

Table 6. Summary of independent sample t-test for doctors (N=107) and nurses (N=102)

Variance	*MD*	*SE*	*t*	*df*	*p*	*LL*	*UL*
Equal variance assumed	-76.94	3.180	-24.194	207	.000	-83.173	-70.707

Note: 95.0% confidence intervals for difference for asymptotic equal variances, MD mean difference, SE = standard error difference, df = degrees of freedom

An independent samples *t*-test was conducted to examine differences between doctors (n = 107) and nurses (n = 102) on gossip tendencies, daily stress responses and soft skills. The results indicated several statistically significant group differences across the majority of study variables, as listed in Table 5.

With respect to gossip tendencies, nurses reported significantly higher scores than doctors across all subscales. Specifically, nurses scored higher on gossip related to physical appearance *(M = 16.96, SD = 5.30)* compared to doctors *(M = 11.79, SD = 2.81)* and this difference was statistically significant, $t(207) = -8.88$, $p < .001$, with a large effect size ($d = 1.22$). Similarly, significant group differences were observed for achievement-related gossip, where nurses *(M = 21.06, SD = 6.17)* scored significantly higher than doctors *(M = 11.97, SD = 2.56)*, $t(207) = -14.03$, $p < .001$, indicating a very large effect ($d = 1.93$).

A comparable pattern was observed for gossip related to social information, where nurses *(M = 22.50, SD = 6.17)* reported significantly higher engagement compared to doctors *(M = 11.69, SD = 3.17)*, $t(207) = -16.03$, $p < .001$, with a very large effect size ($d = 2.20$). Nurses also scored significantly higher on sublimated gossip *(M = 12.05, SD = 3.47)* relative to doctors *(M = 9.93, SD = 1.98)*, $t(207) = -5.47$, $p < .001$, representing a moderate-to-large effect ($d = 0.75$). Consequently, the overall gossip tendencies score was substantially higher among nurses *(M = 72.57, SD = 13.74)* compared to doctors *(M = 45.37, SD = 6.22)*, $t(207) = -18.58$, $p < .001$, reflecting an extremely large effect size ($d = 2.55$).

Regarding daily responses to stressors, no statistically significant difference was found between doctors *(M = 27.17, SD = 4.06)* and nurses *(M = 27.76, SD = 5.99)* on daily psychological stress responses, $t(207) = -0.85$, $p = .398$, suggesting comparable levels between the two groups. However, nurses reported significantly higher physiological stress responses *(M = 46.58, SD = 8.93)* compared to doctors *(M = 27.27,*

SD = 3.99), $t(207) = -20.35$, $p < .001$, indicating a very large effect size ($d = 2.79$). Similarly, the aggregate daily stress response score was significantly higher among nurses *(M = 74.34, SD = 11.21)* than doctors *(M = 54.44, SD = 4.72)*, $t(207) = -16.87$, $p < .001$, reflecting a very large effect size ($d = 2.32$).

In contrast, soft skills scores were slightly higher among nurses *(M = 100.90, SD = 4.88)* compared to doctors *(M = 99.26, SD = 5.06)* and this difference reached statistical significance, $t(207) = -2.38$, $p = .018$. However, the magnitude of this difference was small ($d = 0.33$), suggesting limited practical significance. Furthermore, the summary analysis indicated a significant overall mean difference between the two groups, with a mean difference of -76.94, $t(207) = -24.19$, $p < .001$ and a 95% confidence interval ranging from -83.17 to -70.71, confirming that the observed group differences were statistically robust.

Overall, the findings suggest that nurses demonstrate significantly higher levels of gossip tendencies and physiological stress responses compared to doctors, while both groups exhibit similar levels of psychological stress. Although nurses reported slightly higher soft skills, the magnitude of this difference was relatively small. These results highlight meaningful occupational differences in interpersonal communication patterns and stress responses within healthcare professionals.

4. Discussion

The present study examined the relationships between gossip tendencies, soft skills and daily physiological and psychological stressors among doctors and nurses. The findings provide important insights into how interpersonal communication behaviors in healthcare settings influence occupational stress.

First, the results supported Hypothesis 1, which proposed significant associations among gossip tendencies, soft skills and daily stressors. Specifically, higher levels of gossip behaviour, particularly those related to achievement and social information, were associated with increased physiological and psychological stress responses. One explanation for this finding is that gossip often occurs during busy work hours, potentially disrupting task completion and increasing time pressure. As noted by De Clercq et al. (2023), engaging in non-task-related discussions during demanding work periods may interfere with performance and compel employees to complete complex tasks more hurriedly, thereby elevating physiological strain. In healthcare environments where rapid decision-making and high cognitive load are common, such disruptions may contribute to heightened stress responses. The findings are consistent with previous research indicating that workplace gossip in healthcare contexts can produce both positive and negative consequences. On the one hand, positive or constructive gossip - particularly when facilitated by supervisors - may enhance team morale and contribute to a culture of patient safety (Zabin *et al*., 2025; Zoromba *et al*., 2025). Moreover, novel approaches, such as that of Morita therapy, can help to reduce stress in different non-Western cultures (Lieu & Kotera, 2026).

On the other hand, negative gossip can create professional anxiety, reinforce hierarchical tensions and generate fear regarding professional reputation (LaDonna *et al*., 2021). Gossip may also undermine psychological safety, as individuals may fear humiliation or reputational damage when discussing mistakes (Edmondson, 1994). Conversely, certain forms of gossip, such as informal debriefing after clinical situations, may help alleviate stress by providing emotional release and shared reflection among

colleagues (Farrington *et al*., 2019). Thus, the impact of gossip appears to depend largely on its nature and context.

The findings also supported Hypothesis 2, which posited that gossip tendencies and soft skills would significantly predict daily stressors. In clinical cultures, exposure to gossip - particularly gossip related to professional errors - can contribute to a tense learning environment for medical trainees and staff. For instance, residents who hear faculty members discussing mistakes made by colleagues often experience heightened anxiety and emotional strain, potentially initiating a cycle of distress that undermines the learning climate (Grailey *et al*., 2021). Furthermore, social pressures may compel employees to participate in workplace gossip to maintain group acceptance, sometimes resulting in scapegoating behaviors within professional groups (Ellwardt *et al*., 2012). Such dynamics are often more prevalent in hierarchical organizational cultures where individuals with less power are more vulnerable to negative gossip (Kong, 2018).

Regression findings from the present study indicated that gossip related to physical appearance and social information significantly predicted daily stress responses, whereas soft skills showed a negative relationship with stressors, suggesting a protective role. These findings align with previous evidence indicating that gossip focused on personal characteristics or social status may contribute to emotional strain and interpersonal tension (Troneci & Shabsigh, 2022). Similarly, the exchange of sensitive social information may intensify interpersonal conflict and is associated with psychological and physiological stress. In contrast, soft skills such as communication competence, emotional regulation and interpersonal sensitivity appear to buffer against workplace stress. Previous research has shown that training in soft skills can help healthcare professionals better manage interpersonal challenges and daily psychological stress (Dal Mas *et al*., 2021; Kotera *et al*., 2022).

The results also supported Hypothesis 3, demonstrating that nurses reported significantly higher levels of gossip tendencies and stress responses compared with doctors. These findings are consistent with previous studies indicating that nurses experience higher levels of occupational stress due to demanding workloads, emotional labour and prolonged patient contact (McCormick *et al*., 2023; Uddin *et al*., 2023). Additionally, nurses often operate within hierarchical clinical environments that may expose them to greater interpersonal pressures and workplace gossip. Compassion fatigue may further exacerbate this vulnerability, as nurses' strong empathic engagement with patients can lead to emotional exhaustion and diminished psychological resilience over time (Coetzee *et al*., 2018; Nolte *et al*., 2017).

Despite experiencing higher stress levels, nurses in this study also demonstrated slightly higher soft skills compared with doctors. This finding may reflect the interpersonal and caregiving orientation of nursing roles, which emphasize empathy, communication and patient-centered care. However, higher empathic engagement is associated with high susceptibility to compassion fatigue and emotional exhaustion if not accompanied by adequate coping resources. Consequently, interventions that promote self-compassion and emotional regulation may be particularly valuable in nursing education and professional development (Kotera *et al*., 2021).

Gender composition may also partially explain some of the observed differences. Gender dynamics are different in various cultures (Ferdous & Baized, 2026). In many healthcare systems, nursing professions are predominantly female due to cultural and societal norms. Prior research indicates that gender may influence communication styles, emotional labour and responses to workplace stress (Ivicic & Motta, 2017; Peters, 2018).

Female healthcare professionals often demonstrate stronger interpersonal skills but may also experience higher emotional demands in clinical settings. Overall, these findings highlight the importance of addressing interpersonal dynamics within healthcare organizations. Developing soft skills and fostering psychologically safe work environments may help mitigate the negative effects of workplace gossip, which is associated with low occupational stress. Interventions such as reflective practice sessions, communication training and ontological coaching may support personal transformation and resilience among healthcare professionals by focusing not only on problem-solving but also on deeper changes in mindset and interpersonal awareness (O'Riordan & Palmer, 2021; Pereira *et al*., 2024).

5. Conclusion

The doctors and nurses in the Pakistani healthcare system resort to gossip behaviour as it produces a calming effect in terms of their physiological and psychological responses. However, formal training must be provided in the hospital and clinical organisations to further help doctors and nurses improve their soft skills to manage stress better. Training must be different for doctors and nurses, as both represent different sets of needs. The study is conducted on a sample of doctors and nurses. More stakeholders involved in the hospital's facility could be added. Furthermore, comparisons of private and public hospitals can give an insight into the organisational aspects. Moreover, the country specifically includes nurses of the female gender. The inclusion of male nurses must be studied in regions where it is the norm for the health care workforce. Cross-country comparison can make the subject of the study further robust. Additionally, the study used self-report measures and hence was susceptible to response biases (Kotera *et al*., 2024). Moreover, as this was a cross-sectional study, we were not able to evaluate the causality of the variables (Kotera *et al*., 2025). Longitudinal data are needed.

Conflict of interest

There is no conflict of interest among authors.

Data availability statement

The data can be accessed through: 10.6084/m9.figshare.29400863

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