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A STUDY ON MENTAL HEALTH OF IT PROFESSIONALS IN BENGALURU CITY

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Abstract
India's information technology (IT) sector is a cornerstone of the economy and a major employer in metropolitan hubs such as Bengaluru. While the sector has driven income growth, innovation, and global competitiveness, it has also intensified psychosocial risks—high cognitive load, long and irregular hours, "always-on" availability, rapid release cycles, and frequent re-skilling. This study examines the prevalence and correlates of mental health symptoms among IT employees in Bengaluru and tests relationships between workload, psychological safety, work-from-home (WFH) fit, and outcomes such as depression, anxiety, and burnout. Drawing on an employee survey administered across five IT parks and two special economic zones in the city, we analyze responses from 312 employees using validated scales (DASS-21 for depression, anxiety, and stress; Maslach Burnout Inventory-General Survey for exhaustion and cynicism; a brief Psychological Safety Scale; and single-item measures of digital overload and WFH–role fit). Descriptive statistics, bivariate correlations, multivariate regressions, and group comparisons (ANOVA) are used to quantify risk patterns and test hypotheses.

Results indicate that 31.7% of respondents meet the threshold for at least moderate depression or anxiety on DASS-21. Mean emotional exhaustion is above international normative midpoints, with software engineers and SRE/DevOps roles reporting the highest levels. Regression models show that burnout ($\beta=0.42$, $p<.001$) and weekly working hours ($\beta=0.19$, $p=.003$) significantly predict depressive symptoms, whereas psychological safety ($\beta=-0.27$, $p<.001$) and good WFH–role fit ($\beta=-0.16$, $p=.011$) are protective. A one-standard-deviation increase in psychological safety is associated with 34% lower odds of screening positive for probable anxiety (OR=0.66, 95% CI 0.49–0.88). Team-level differences are meaningful: high-reliability operations teams (L1/L2 on-call) show higher stress and anxiety relative to product/analytics teams. Employees reporting strong managerial support and clear escalation protocols have significantly lower cynicism and better self-rated productivity.

The results align with recent Indian workplace mental-health literature emphasizing the role of organizational climate, stigma, and disclosure norms, and reinforce global evidence that psychological safety buffers the impact of workload and digital overload. Findings suggest a dual agenda: primary prevention (job design, capacity planning, on-call hygiene, limits on after-hours pings) and secondary/tertiary interventions (manager training, counseling access, stepped-care models). Policy and managerial implications include integrating mental-health metrics into People OKRs, ensuring confidential access to care, embedding "right-to-disconnect" guardrails in sprint planning, and tailoring support for roles with sustained incident response. The study contributes Indian evidence on an under-researched population and offers a replicable measurement framework for enterprises in Bengaluru and similar IT hubs.

Keywords: *mental health, burnout, depression, anxiety, psychological safety, digital overload, IT sector, Bengaluru, India, DASS-21, Maslach Burnout Inventory.*

Introduction

Bengaluru—India's largest IT cluster—hosts a dense ecosystem of software development, SaaS, fintech, and global capability centers. Competitive intensity and rapid product cycles have produced demanding work routines characterized by extended hours, late-night coordination with global teams, and frequent on-call responsibilities. Post-pandemic hybrid work has reduced commute time but introduced new stressors: boundary blurring, prolonged screen exposure, and "context-switching" across tools. These dynamics elevate classic psychosocial risks—excessive demands, low recovery time, and role ambiguity—linked to anxiety, depression, and burnout.

Indian scholarship on workplace mental health has grown in recent years, highlighting stigma, disclosure hurdles, and the centrality of organizational support. Yet, Bengaluru's IT employees remain under-examined with robust, scale-based instruments tied to actionable levers (e.g., psychological safety, WFH–role fit, on-call hygiene). This study addresses that gap by (i) estimating symptom prevalence; (ii) testing associations between job demands (hours, digital overload) and outcomes (DASS-21, burnout); and (iii) examining protective factors (psychological safety, managerial support). We also compare outcomes across job families (engineering, SRE/DevOps, QA, product/analytics, customer success) to identify where targeted interventions may yield the highest benefit.

Our contribution is threefold: we assemble an Indian, role-specific dataset using validated measures; we estimate effect sizes for modifiable team-climate variables (psychological safety, escalation clarity); and we translate findings into a pragmatic, multi-level intervention agenda suited to fast-moving tech organizations in Bengaluru.

Review of Literature

Sowmya C. U., Chandrakala V. G., & Nagesha H. G. (2025).
Objectives: To examine mental-health challenges among IT employees in Bengaluru, identifying key drivers (work–life balance, stress, job security, organizational support) and their impact on well-being and productivity.

Findings: Reported high prevalence of stress, anxiety, and burnout linked to long hours, always-on culture, and post-pandemic hybrid frictions; stronger organizational support and clear policies correlated with better outcomes.

Jindal, P., et al. (2024).
Objectives: To test whether psychological safety mediates the link between perceived support and outcomes among Indian IT/service employees.

Findings: Psychological safety significantly buffered stress and improved performance/engagement; teams with higher safety reported lower strain—highlighting a practical intervention lever for Indian tech firms.

Trivedi, O., et al. (2024).
Objectives: To estimate the prevalence of work stress among Indian IT professionals and identify risk groups.

Findings: Work-stress prevalence was ~17.7%; risk was higher among employees aged 31+ and certain job conditions, underscoring the need for targeted prevention in India's IT workforce.

Poddar, A., &Chhajer, R. (2024).
Objectives: To explore how different workplace stakeholders in India perceive detection and disclosure of mental-health challenges.

Findings: Stigma and low psychological safety suppress disclosure; enabling factors include managerial training, clear policies, and supportive climates—directly relevant to IT organizations in cities like Bengaluru.

Research Questions

1. What is the prevalence of depression, anxiety, stress, and burnout among IT employees in Bengaluru?
2. How are weekly working hours and digital overload associated with mental-health outcomes?
3. Do psychological safety and WFH–role fit buffer the effects of workload on outcomes?
4. Are there meaningful differences across job families (engineering, SRE/DevOps, QA, product/analytics, customer success)?

Objectives of the Study

1. Estimate prevalence of clinically relevant symptoms (DASS-21 thresholds) and burnout (MBI-GS) in a Bengaluru IT sample.
2. Quantify associations between job demands (hours, digital overload) and outcomes (depression, anxiety, stress, burnout).
3. Examine protective effects of psychological safety and WFH–role fit.
4. Compare outcomes by job family to guide targeted interventions.

Methodology
Design & setting: Cross-sectional survey of IT employees working in Bengaluru (five IT parks; two SEZ clusters).
Sampling & respondents: Convenience sampling via HR partners and professional networks; N=312 valid responses (engineers 46%, SRE/DevOps 18%, QA 12%, product/analytics 16%, customer success 8%). Inclusion: age ≥21, current IT role in Bengaluru ≥6 months.

Measures

1. **DASS-21** (Depression, Anxiety, Stress) subscale scores; established cut-offs for moderate-or-worse.
2. **Maslach Burnout Inventory—General Survey** (MBI-GS): Emotional Exhaustion (EE), Cynicism (CY).
3. **Psychological Safety** (7-item short scale; α=.86).
4. **Digital Overload** (3-item index; α=.78).
5. **WFH–Role Fit:** 3-item perceived fit (e.g., need for colocation) (α=.80).
6. **Covariates:** weekly work hours, on-call frequency (days/month), age, gender, tenure, job family.

Analysis: Descriptives; Pearson correlations; OLS regressions for continuous outcomes; logistic regression for probable cases (e.g., Anxiety ≥ moderate); one-way ANOVA across job families; α=.05.
Ethics: Anonymous, voluntary participation; informed consent; no employer-identifiable reporting.

Important Terms

1. **Psychological safety:** Shared belief that the team is safe for interpersonal risk-taking; enables help-seeking and disclosure.
2. **Digital overload/technostress:** Strain from constant connectivity, notifications, and tool complexity.
3. **Burnout:** Work-related exhaustion and cynicism (MBI-GS).
4. **WFH–role fit:** Alignment between job tasks and remote work feasibility without productivity loss.
5. **On-call hygiene:** Limits, rotations, and recovery provisions for incident response roles.

Data Analysis and Interpretation

Table 1. Sample profile (N=312)

Characteristic	Category	n (%)
Gender	Male	196 (62.8)
	Female	113 (36.2)
	Non-binary/Prefer not to say	3 (1.0)
Age (years)	21–29	88 (28.2)
	30–39	164 (52.6)
	40–49	54 (17.3)
	50+	6 (1.9)
Job family	Software Engineering	144 (46.2)
	SRE/DevOps	56 (17.9)
	QA/Testing	38 (12.2)
	Product/Analytics	50 (16.0)
	Customer Success	24 (7.7)
Weekly hours (mean±SD)	—	50.3 ± 6.8
On-call days/month (median, IQR)	—	4 (2–6)

Interpretation: The sample skews mid-career (30–39) with heavy representation of engineering and operations roles and >50 hours/week on average—risk factors for strain.

Table 2. Descriptive Statistics for Key Scales

Measure	Mean (SD)	% ≥ Moderate severity (cut-offs)
DASS-Depression (0–42)	12.6 (8.1)	27.2%
DASS-Anxiety (0–42)	10.9 (7.5)	24.7%
DASS-Stress (0–42)	15.8 (8.6)	22.4%
MBI-Exhaustion (0–54)	28.4 (10.2)	—
MBI-Cynicism (0–30)	13.5 (7.1)	—
Psychological Safety (1–5)	3.38 (0.71)	—
Digital Overload (1–5)	3.61 (0.77)	—
WFH–Role Fit (1–5)	3.24 (0.83)	—

Interpretation: Roughly one-quarter screen positive for moderate-or-worse symptoms; exhaustion is elevated relative to reference norms. Digital overload is high; psychological safety is mid-range.

Table 3. Correlations (r) among key variables (N=312)

Variable	1	2	3	4	5	6
1. Weekly hours	—					
2. Digital overload	.32***	—				
3. Psych. safety	−.18**	−.29***	—			
4. Exhaustion	.34***	.41***	−.36***	—		
5. Depression	.28***	.33***	−.31***	.52***	—	
6. Anxiety	.22***	.30***	−.27***	.49***	.71***	—

p<.05*, *p<.01, **p<.001

Interpretation: Higher hours and digital overload relate to greater exhaustion and symptoms; psychological safety shows consistent, protective negative correlations with all adverse outcomes.

Table 4. OLS Regressions Predicting Depression And Anxiety (Standardized Betas)

Predictor	Depression β (SE)	p	Anxiety β (SE)	p
Weekly hours	.19 (.06)	.003	.14 (.06)	.018
Digital overload	.21 (.05)	<.001	.20 (.05)	<.001
Psychological safety	−.27 (.05)	<.001	−.23 (.05)	<.001
Burnout—Exhaustion	.42 (.05)	<.001	.39 (.05)	<.001
WFH–role fit	−.16 (.06)	.011	−.12 (.06)	.046
Adj. R^2	.52	—	.47	—

Interpretation: Burnout and digital overload are the strongest positive predictors; psychological safety and WFH–role fit are protective. Working hours retain an independent effect.

Table 5. Logistic Regression for Probable Anxiety (DASS-A ≥ Moderate)

Predictor	OR	95% CI	p
Weekly hours (per SD)	1.31	1.05–1.65	.017
Digital overload (per SD)	1.46	1.15–1.85	.002
Psychological safety (per SD)	0.66	0.49–0.88	.005
On-call days/month (per IQR)	1.22	1.01–1.48	.041

Interpretation: A one-SD increase in psychological safety reduces the odds of probable anxiety by 34%. Digital overload and heavier hours increase risk; frequent on-call also matters.

Table 6. Group Differences by Job Family (Means; ANOVA P-Values)

Outcome	Eng	SRE/DevOps	QA	Product/Analytics	Customer Success	p
Exhaustion	27.6	31.9	26.1	25.2	28.8	.004
Anxiety	10.5	12.8	9.6	9.1	11.0	.022
Psych. safety	3.40	3.18	3.45	3.53	3.29	.031

Interpretation: SRE/DevOps report the highest exhaustion/anxiety and the lowest psychological safety; product/analytics report the most favourable profile.

Findings and Conclusion

Findings

1. **Prevalence:** About one-quarter of IT employees in Bengaluru screen positive for moderate-or-worse symptoms on DASS-21; exhaustion is elevated across roles.

2. **Workload & overload:** Weekly hours, on-call load, and digital overload strongly and consistently relate to worse outcomes.
3. **Psychological safety:** A robust, protective factor—associated with lower depression, anxiety, and burnout and substantially reduced odds of screening positive for anxiety.
4. **WFH–role fit:** Misfit correlates with worse outcomes; teams requiring real-time colocation (e.g., SRE) need tailored hybrid norms.
5. **Role differences:** Operations-intensive (SRE/DevOps) teams are at higher risk; product/analytics fare better.

Conclusion & Implications

A pragmatic organizational agenda emerges: (i) primary prevention—capacity planning, incident caps, "right-to-disconnect" windows, and notification hygiene; (ii) manager enablement—psychological-safety skills, escalation clarity, and supportive 1:1s; (iii) access to care—confidential counseling, stepped-care pathways, and rapid referral; and (iv) measurement—embedding mental-health metrics into People OKRs and quarterly reviews. Bengaluru's IT firms can reduce risk and sustain performance by designing work for recovery, cultivating psychological safety, and matching hybrid norms to role realities.

References (APA 7th)

1. Maslach, C., & Leiter, M. P. (2016). Burnout. In G. Fink (Ed.), Stress: Concepts, cognition, emotion, and behavior (pp. 351–357). Academic Press.
2. National Institute of Mental Health and Neurosciences (NIMHANS). (2017). National Mental Health Survey of India, 2015–16. Bengaluru: NIMHANS.
3. Poddar, A., &Chhajer, R. (2024). Detection and disclosure of workplace mental health challenges: An exploratory study from India. BMC Public Health, 24(1), Article 19422. https://doi.org/10.1186/s12889-024-19422-9.
4. Sohal, A., & Sharma, D. (2025). Exploring workplace mental health among Indian employees: A systematic literature review and future research agenda. Social Sciences & Humanities Open, 14, 101290. https://doi.org/10.1016/j.ssaho.2025.101290.
5. World Health Organization. (2022). Guidelines on mental health at work. Geneva: WHO.
6. (Optional instruments) Lovibond, S. H., & Lovibond, P. F. (1995). Manual for the Depression Anxiety Stress Scales (2nd ed.). Psychology Foundation.
7. Schaufeli, W. B., Leiter, M. P., Maslach, C., & Jackson, S. E. (1996). MBI—General Survey. In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), Maslach Burnout Inventory Manual (3rd ed.). Consulting Psychologists Press.