



# Assessing the relationship between gambling addiction and stress levels of healthcare professionals

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## BACKGROUND

### Loosening Gambling Laws & Increased Access

Since the 2018 Supreme Court ruling (Murphy v. NCAA), over 30 states have legalized sports betting, increasing gambling accessibility (US Census Bureau, 2024). While intended to generate revenue and regulate the industry, these laws have normalized gambling and expanded access.

### Broadening Gambling Opportunities

Beyond traditional gambling, activities like lottery tickets, bingo, and video game loot boxes pose addiction risks, especially among vulnerable groups (Metcalf et al., 2022; Zendle & Cairns, 2018). Online gambling has further simplified access, making participation as easy as using a mobile device (American Gaming Association, 2024).

### Healthcare Workers: A High-Risk Group

Burnout among healthcare professionals has surged, particularly during the COVID-19 pandemic, with over 50% reporting severe stress (Pappa et al., 2020). Long hours, emotional strain, and limited resources contribute to feelings of helplessness (Shanafelt et al., 2020). Stress-related coping mechanisms, including gambling, may place healthcare workers at higher risk for gambling addiction (West et al., 2020).

## METHODS

This study investigates the relationship between gambling addiction and stress levels among healthcare professionals to inform targeted intervention strategies, such as stress management and gambling prevention programs. A cross-sectional survey will be conducted over four weeks, divided into three sections: demographics, gambling behavior, and perceived stress. The survey consists of three sections: demographics, gambling behavior, which is assessed using the South Oaks Gambling Screen, and perceived stress levels, measured using the Perceived Stress Scale-10.

Participants will be recruited in collaboration with Hospital Sisters Health Systems, targeting nurses, physicians, pharmacists, and allied healthcare professionals. Invitations will be sent via email, including details on survey objectives, access instructions, and confidentiality assurances. Reminder emails will be sent periodically to encourage participation. A chi-squared test will be conducted to examine the association between gambling behavior (SOGS) and perceived stress levels (PSS-10), with statistical significance set at  $P \leq 0.05$

## RESULTS

| Characteristics   | Pharmacists             | Nurses                 | Total                   |
|-------------------|-------------------------|------------------------|-------------------------|
| Average Age (yrs) | 39.8 yrs                | 34.5 yrs               | 37.2 yrs                |
| Gender            | Females: 10<br>Males: 3 | Females: 4<br>Males: 2 | Females: 14<br>Males: 5 |

| Characteristics         | Pharmacist | Nurses | Total |
|-------------------------|------------|--------|-------|
| Mean PSS-10 Score       | 14.4       | 11.6   | 13.0  |
| Stress Category         |            |        |       |
| Low Stress (0-13)       | 6          | 5      | 11    |
| Moderate Stress (14-26) | 7          | 1      | 8     |
| High Stress (27-40)     | 0          | 0      | 0     |

| SOGS Scores                         | Pharmacist | Nurses | Total |
|-------------------------------------|------------|--------|-------|
| Non-Problem Gambling                |            |        |       |
| Score: (0)                          | 10         | 5      | 15    |
| Score: (1)                          | 3          | 0      | 3     |
| Score: (2)                          | 0          | 1      | 1     |
| Problem Gambling (3-4)              | 0          | 0      | 0     |
| Probable Pathological Gambling (5+) | 0          | 0      | 0     |

| Chi-Square Analysis          | Value  | Asymptomatic Significance (2-sided) |
|------------------------------|--------|-------------------------------------|
| Pearson Chi-Square           | 24.067 | 0.572                               |
| Likelihood Ratio             | 18.510 | 0.856                               |
| Linear-by-Linear Association | 0.309  | 0.578                               |

## LIMITATIONS

This study has several limitations that should be acknowledged. First, the sample size was relatively small, which may limit the generalizability of the findings. A larger sample would provide a more comprehensive view of gambling behaviors and stress levels among healthcare professionals. Second, self-reported data was used to assess gambling behaviors and stress, which may be subject to recall bias and social desirability bias. Some participants may have underreported their gambling behaviors due to concerns about judgment or professional consequences. Third, the study design was cross-sectional, meaning that causality cannot be established. While the results indicate that stress and gambling were not significantly associated, a longitudinal study would be needed to determine whether stress influences gambling behaviors over time.

## CONCLUSION

This study found no significant association between stress levels and gambling behaviors among healthcare professionals in this sample. While previous research suggests stress may contribute to maladaptive coping, these results indicate that factors like professional obligations or support systems may mitigate gambling tendencies. Pharmacists reported higher stress levels than nurses, emphasizing the need for stress management and mental health support in pharmacy practice. Organizations should continue implementing workplace wellness programs to address these concerns. Future research should explore gambling behaviors in larger, more diverse healthcare samples, particularly among high-intensity specialties like emergency medicine and critical care, to assess potential occupational risk factors.