



A STUDY ON THE IMPACT OF OCCUPATIONAL STRESS OF WOMEN NURSES AT VARIOUS PRIVATE HOSPITALS IN VELLORE REGION

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ABSTRACT

Nursing is the service which cannot be compared with other forms of services. Women are more preferred than men in this particular occupation because nursing services require comprehensive human understanding before, during, and after delivery of services. The reason for this is that, in comparison to men, women always have a nature of patience, service attitude, and empathy. The type of profession that requires managing people and addressing their grievances is nursing. The women nurses who work in private hospitals are under a lot of occupational strain as a result of changes in the working environment and schedule. These factors are once more linked to the nurses' individual, social, family and environmental concerns. Additionally, it has been noted that there are considerable differences in the way in which Occupational stress is perceived by nurses and the various ways in which it affects their results. This study aims to look into the effects of stress on women nurses working in private hospitals. Data from a sample of 150 respondents who worked at private hospitals in the Vellore region were gathered using a well-designed questionnaire. A stratified disproportionate random sample was employed and the research design of the current study is descriptive in nature because it examines women nurses' perspectives on the consequences of occupational stress on their performance at work.

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KEY WORDS

Impact, Women nurses, private Hospitals, strain, Vellore region.

INTRODUCTION

Occupational stress is a term used to describe the physiological and emotional responses that take place when workers

believe that there is an imbalance between the demands of their occupations and their resources or abilities to meet those demands.



Importantly, stress reactions happen when the imbalance is such that the employee feels they are not handling events well when it is crucial that they do. Initially, the person feels the pressure from the outside environment, afterwards the tension grows within. When a person's capabilities are insufficient to handle the pressures and demands of the circumstance, an emotional and physical state begins to develop. The likelihood of experiencing occupational stress varies depending on the situation and the individual. Acute care services are becoming more and more in demand. Parallel to changing career expectations among potential healthcare workers and increasing discontent among current hospital personnel. Occupational stress can no longer be viewed as a transient, individual issue that can be treated with palliatives. It is now a universal phenomenon that affects all worker classifications, workplaces, and nations. The escalating costs of occupational stress to individuals, businesses, and society as a whole have made it increasingly clear that new and creative approaches to reducing it are required. The effects of occupational stress on female nurses include feelings of exhaustion, gender discrimination, self prophesy, a reduction in the potential for learning, and a disruption in self-motivation. It also affects one's capacity for concentration at work. Negotiation abilities, dedication to one's work, and relationships with co workers are crucial

for a nursing position. The participation in social gatherings and social standing are also related to work stress.

The health of women nurses is also impacted by work stress, which includes temporary disability, minor illnesses, serious health risks, rust out, mental depression, frequent agitation, and an uncooperative attitude. Long-term or persistent stress can have terrible consequences.

Numerous medical conditions, including premenstrual syndrome, premenstrual dysphoric disorder, ulcers, asthma, obesity, eating disorders, substance abuse, heartburn, diabetes, high blood pressure, chronic pain, migraines, heart disease and anxiety are all linked to or made worse by stress. Every person experiencing job stress has to learn how to manage their stress in order to prevent long-term effects that could harm their physical and psychological health. The goal of the current study is to determine the impacts of occupational stress on respondents' performance as well as the management and implementation of measures used to combat occupational stress.

STATEMENT OF THE PROBLEM

Everyone values their health as the most crucial aspect highly. People are becoming more aware of health care challenges at both their homes and places of employment. Additionally, people are forced to evaluate their health due to the

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demands of the profession. Nowadays, it is viewed as a performance component in organisations. Regardless of gender, people place a high priority on health management. Pure, non-inventoried, intangible services are what hospitals provide.

Only with the support of human resources, notably nurses, these services can be properly provided. In addition to giving patients medicine, nursing is a kind of noble service that also shows patients civility and compassion. Nursing is a service that must be rendered with attention and a smile around-the-clock. The type of service that nursing provides cannot be compared to others. Effective control over the human physique, intense concentration, and simultaneous presence are all needed. Women are favoured over men in this particular employment since nursing services necessitate a thorough understanding of human nature before, during, and after delivery of the services. The reason for this is that, in comparison to men, women always have a nature of patience, service attitude, and empathy. The nurses are anticipated to concentrate on providing more complex services. Additionally, the strategy, attitude, time, reporting, handling of technology, and accountable HR policies are all modified in the structure of service delivery operations. Due to these changes in the working schedule and workplace culture, women nurses are also experiencing issues with attitudes at work, care practises, and gender discrimination.

Together, they all cause stress among them. A stratified disproportionate random sample was employed, and the research design of the current study is descriptive were used to collect data and Anova, Garrett ranking statistical tools were used to identify impact of occupational stress on performance. The research was focused on private hospitals in vellore region.

REVIEW OF LITERATURE

K.A.Sanders and N.W.Bruce(1997)) have investigated that, "A prospective study of psychosocial stress and fertility in women," the levels of stress experienced during the conception month were compared to those experienced during the earlier infertile months by the researchers. In comparison to earlier cycles during which no conception occurred, they projected that the stress level would be lower during the actual month of conception. Compared with preceding non-conception cycles, women generally reported significantly higher positive mood states during the month of conception on traditional psychometric measures. Also, during the month before conception, they had considerably less "problem." Cortisol and adrenaline excretion were psychological markers of emotional state, however they did not correlate well. Since there was no evidence of a rise in coital frequency when mood states improved during the month of conception, the findings were most likely not caused by the effects of stress on libido. The results support the idea that psychosocial stress has an impact on female

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reproduction, however the precise mechanisms are still unknown.

Paul D Tyson and Rana Pongruengphant (2004) they looked at the causes of occupational stress, coping mechanisms and job satisfaction in their study titled "Five-Year Follow-Up Study of Stress among Nurses in Public and Private Hospitals in Thailand." They disclosed a marked increase in nurses' workload, their involvement in life-or-death situations and their stress from being forced to complete activities that were beyond their scope of expertise. It's remarkable that nurses' job satisfaction increased particularly in public hospitals even though they generally reported more stress than nurses in private hospitals. This rise might be attributed to ageing, greater salary, and organisational assistance.

Ashref et al(2009) were researched a paper titled "Nurses Stress at Two Different Organizational Settings in Alexandria," the authors listed a number of contributing factors, including staff shortage, working conditions, privacy, and patient treatment challenges. They also mentioned work load, changing work pattern, coping with new situations, uncertainty about the level of responsibility, exposure to death, new technology. The main contributing reasons according to the reports are a heavy workload, a lack of job stability, a

poor interpersonal relationships and a scarcity of resources.

Eleni Moustaka and Theodoros C Constantinidis (2010) the aim of this systematic review was to examine how occupational stress impacts nurses' competence, output, and efficiency, according to their study on "Sources and consequences of Work-related Stress in Nursing." The number of aspects of the workplace has been linked to stress. Job-related factors that can be stressful including work overload and role-based stressors including powerlessness, uncertainty in one's role, and conflict in one's role. The review revealed that there is a wealth of knowledge regarding the sources of workplace stress, how to measure it and how it affects different outcome indicators.

Hasson D et al (2013) in their study, "Acute Stress Induces Hyperacusis in Women with High Levels of Emotional Exhaustion," they looked into whether the acute stress would increase auditory sensitivity in persons with high levels of emotional exhaustion. Hearing loss is one of the top 10 public health problems affecting the general public. Stress and hearing loss are clearly related. Women who experiences high levels of emotional fatigue become more sensitive to sound after a particularly stressful workday. This ground-breaking finding emphasises the importance of taking emotional fatigue

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into account when evaluating and treating hearing problems.

OBJECTIVES

- To analysis the impact of occupational stress and that affects both the personal and professional life of women nurses in the private hospitals in Vellore region.
- To determine the health problems that Women nurses deal with as a result of Occupational stress.
- To understand the support expanded by particular hospital management, members of the family and social and social group to deal with the occupational stress among the women nurses.

SCOPE OF THE STUDY

The study on “Impact of occupational stress of women nurses at private hospitals in Vellore region”, deals with the opinion about the reasons for occupational stress and its impact of their

job performance. Additionally, it especially recognises and treats the effects of work stress on aspects of health. It also discusses how to handle work-related stress on an individual, family, and organisational level. Additionally, it focuses on how workplace stress affects employees' job functions, relationships with their peers, and client management. The study's final section focuses on the assistance given to women nurses in managing their work-related stress at the family, social, and organisational levels.

HYPOTHESIS

There is no significant difference between the Age group and Designation of the respondents with respective to Personal, Work related, Economic and Psychological aspects.

With the use of garrett’s ranking, the effects of occupational stress and its consequences have been examined.

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Table No: 1 Impact of occupational stress

S.No	Impact of occupational stress	Total Score	Mean Weight	Rank
1	Personal factors	1711	12.28	IV
2	Work related factors	3720	26.91	I
3	Economic factors	2139	14.89	III
4	Psychological factor	2086	15.02	II



From Table No.1 it is cleared that the impact of occupational stress related to personal, work related, economic and psychological factor among the women nurses have been ranked from 1 to 4 respectively, on the basis of mean score of the each traits has been calculated by applying Garrett's ranking formula, from the obtained mean score, the highest mean score is given rank 1 and vice versa. From the table, it can be deduced that factors connected to the work environment have a strong impact on occupational stress among women nurses, whereas psychological factors rank second, economic factors come in third, and personal factors come in fourth.

ANOVA test for Age group with impact of occupational stress among women Nurses.

Null hypothesis: There is no significant difference on the impact of personal, work factor, economic and health factor based on the age group of the women nurses.

Table No:2 ANOVA test for Age group with impact of occupational stress

Impact Factors		Sum of Squares	df	Mean Square	F	Sig
Personal factor	Between Groups	202.404	2	101.202	10.866	0.000
	Within Groups	19400.970	2083	9.314		
	Total	19603.375	2085			
Work factor	Between Groups	241.386	2	120.693	3.249	0.039
	Within Groups	75884.564	2043	37.144		
	Total	76125.950	2045			
Economic factor	Between Groups	229.635	2	114.818	13.537	0.000
	Within Groups	17667.404	2083	8.482		
	Total	17897.039	2085			
Health factor	Between Groups	49.753	2	24.877	2.408	0.090
	Within Groups	21517.232	2083	10.330		
	Total	21566.986	2085			

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From table No.2 it is cleared that the impact of personal, work environment and economic factors are significantly differ among the women nurses based on their age group. Therefore the null hypothesis has been rejected. Whereas the elements of the impact of health factor are not significantly differ among the respondents based on their age group, because the calculated value is greater than 0.05 and null hypothesis has been accepted.



ANOVA test for the Designation with Impact of occupational stress among women Nurses.

Null hypothesis: There is no significant difference between the impact of Personal, Work environment, Economic and Health factors based on the designation of the women nurses.

Table No:3 ANOVA test for Designation with impact of occupational stress

Impact Factors		Sum of Squares	df	Mean Square	F	Sig
Personal factor	Between Groups	78.009	2	39.004	4.161	.016
	Within Groups	19525.366	2083	9.374		
	Total	19603.375	2085			
Work factor	Between Groups	102.811	2	51.406	1.381	.251
	Within Groups	76023.139	2043	37.212		
	Total	76125.950	2045			
Economic Factor	Between Groups	397.769	2	198.885	23.674	.000
	Within Groups	17499.270	2083	8.401		
	Total	17897.039	2085			
Health factor	Between Groups	169.270	2	84.635	8.239	.000
	Within Groups	21397.715	2083	10.273		
	Total	21566.986	2085			

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From table No.3 it is cleared that the impact of personal, economic factor and health factors are significantly differ among the women nurses based on their designation. Therefore the null hypothesis has been rejected. Whereas the aspects of impact on work environment are not significantly differ among the respondents based on their designation, because the calculated value is greater than 0.05 and null hypothesis has been accepted.

CONCLUSION

Traditional and present hospital services cannot be compared in terms of the nursing role. The current service environment, which includes factors like technology, patient knowledge systems, database administration, and a holistic service approach, requires every nurse to upgrade their personal skills in accordance with their workplaces. The conclusions



have also been drawn on the effects of work stress and the methods used by female nurses to handle it. However, unexpectedly, the work demands placed on female nurses, in addition to their responsibilities for caring for their families, their own needs, and their physical and emotional limitations, cause occupational stress in them. Occupational stresses have a negative impact on women nurses' personal, emotional, psychological and health-related difficulties.

However, the results of professional stress don't just have an impact on the individual workers, but it also has an impact on patients who are receiving various types of treatment. The conclusions have been reached from inferences made regarding the causes of occupational stress and the effects of occupational stress on their personal, family, work location, psychological and health-related aspects. Based on the study's findings, appropriate recommendations have been given to female nurses for managing occupational stress, understanding the technique of work stress, and the significance of realising their contribution to the hospital business. Additionally, recommendations have been made for organisational structures and governing bodies to assist female nurses in minimising and managing workplace stress.

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