

Analysis of stress level among nursing employees working in private hospital

Submitted in partial fulfilment of the requirements for the award of

MASTER OF BUSINESS ADMINISTRATION

By

ATCHAYA.S

Register No.40410028



SCHOOL OF MANAGEMENT STUDIES

SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

Accredited with Grade "A" by NAAC | 12B Status by UGC | Approved by AICTE

JEPPIAAR NAGAR, RAJIV GANDHI SALAI, CHENNAI - 600 119

APRIL 2022



SATHYABAMA

INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

Accredited with "A" grade by NAAC | 12B Status by UGC | Approved by AICTE

Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600119

www.sathyabama.ac.in

SCHOOL OF MANAGEMENT STUDIES

BONAFIDE CERTIFICATE

This is to certify that this Project Report is the bonafide work of **ATCHAYA.S 40410028** who carried out the project entitled "**Analysis of stress level among nursing employees working in private hospital**" under my supervision from January 2022 to March 2022.

Dr. R. THAMILSELVAN

Internal guide

External Guide

Dr. BHUVANESWARI. G

Dean – School of Management Studies

Submitted for Viva voce Examination held on _____

Internal Examiner

External Examiner

DECLARATION

I **ATCHAYA.S (40410028)** hereby declare that the Project Report entitled “**Analysis of stress level among nursing employees working in private hospital**” done by me under the guidance of **Dr. Thamilselvan R., M.com., MBA., M.phil., Ph.D.**, is submitted in partial fulfilment of the requirements for the award of Master of Business Administration degree.

DATE:

PLACE:

ATCHAYA.S

ACKNOWLEDGEMENT

I am pleased to acknowledge my sincere thanks to Board of Management of **SATHYABAMA** for their kind encouragement in doing this project and for completing it successfully. I am grateful to them.

I convey my sincere thanks to **Dr. G. Bhuvaneswari, Dean - School of Management Studies** and **Dr. A. Palani, Head - School of Management Studies** for providing me necessary support and details at the right time during the progressive reviews.

I would like to express my sincere and deep sense of gratitude to my Project Guide **DR.R.THAMILSELVAN, M.com., MBA., M.Phil., Ph.D. Associate professor, Department of management studies** for her valuable guidance, suggestions and constant encouragement paved way for the successful completion of my project work.

I wish to express my thanks to all Teaching and Non-teaching staff members of the **School of Management Studies** who were helpful in many ways for the completion of the project.

ATCHAYA.S

TABLE OF CONTENTS

CHAPTER NO	CONTENTS	PAGE NO
	ABSTRACT	i
	LIST OF TABLES	ii
	LIST OF CHARTS	iii
CHAPTER-1	1.1 INTRODUCTION	2
	1.2 STRESS	3
	1.3 NEED OF THE STUDY	3
	1.4 STATEMENT OF THE PROBLEM	3
	1.5 OBJECTIVES OF THE STUDY	3
	1.6 LIMITATIONS OF THE STUDY	4
	1.7 CHAPTER FRAMEWORK	4
CHAPTER-2	REVIEW OF LITERATURE	6-7
CHAPTER-3	3.1 RESEARCH DESIGN	9
	3.2 METHOD OF DATA COLLECTION	9
	3.3 SAMPLE SIZE	9
	3.4 PERIOD OF THE STUDY	9
	3.5 HYPOTHESIS OF THE STUDY	9
CHAPTER-4	4.1 DATA ANALYSIS AND INTERPRETATION	11-42
	4.2 CORRELATION	43
	4.3 ANOVA	44-45
CHAPTER-5	5.1 FINDINGS OF THE STUDY	47
	5.2 SUGGESTIONS	48
	5.3 CONCLUSION	49
	REFERENCE	50
	APPENDIX QUESTIONNAIRE	52

ABSTRACT

The issues of nurses turnover is rising worldwide as it causes instability of nursing workforce. In fact, a hospital needs a sustainable and highly committed nursing workforce to provide high-quality patient care. Work stress is a crucial factor influencing nurses performance, organizational commitment and one of the key turnover predictors. Thus, knowing the current level of nurses work stress and its influencing factors will be imperative. The manager in prioritizing improvement on the problematic aspects of nurses working condition to reduce nurses work stress.

LIST OF TABLES

TABLES NO	PARTICULARS	PAGE NO
4.1.1	Age of respondent	11
4.1.2	Gender of respondent	13
4.1.3	Marital status of respondent	15
4.1.4	Nursing Qualification of respondent	17
4.1.5	Salary per month of respondent	19
4.1.6	Shift most often worked of respondent	21
4.1.7	Usual length of shift of respondent	23
4.1.8	Work Experience of respondent	25
4.1.9	Average patient assignment	27
4.1.10	Show the Work Unit	29
4.1.11	You feel time pressure to complete work	31
4.1.12	The methods that reduce work related stress	33
4.1.13	Their knowledge about the effects of stress on nurses and their performance	35
4.1.14	Frequency of strategies coping that used by nurses to cope with stressful situation	37
4.1.15	Do you think quality of problem work place cause of stress	39
4.1.16	Show the work related stress items	41

LIST OF CHARTS

CHARTS NO	PARTICULAR	PAGE NO
4.1.1	Age of respondent	12
4.1.2	Gender of respondent	14
4.1.3	Marital status of respondent	16
4.1.4	Nursing Qualification of respondent	18
4.1.5	Salary per month of respondent	20
4.1.6	Shift most often worked of respondent	22
4.1.7	Usual length of shift of respondent	24
4.1.8	Work Experience of respondent	26
4.1.9	Average patient assignment	28
4.1.10	Show the Work Unit	30
4.1.11	You feel time pressure to complete work	32
4.1.12	The methods that reduce work related stress	34
4.1.13	Their knowledge about the effects of stress on nurses and their performance	36
4.1.14	Frequency of strategies coping that used by nurses to cope with stressful situation	38
4.1.15	Do you think quality of problem work place cause of stress	40
4.1.16	Show the work related stress items	42

CHAPTER 1

INTRODUCTION

1.1 Introduction

Nursing turnover becomes a problem worldwide as it causes instability of nursing personnel. In hospitals, nurse turnover results in nursing shortage and vacant position of a period of time. Private hospitals in experience a worse condition of nursing shortage as they commonly have limited resources. Replacing nurses becomes a challenging task as the process to find a suitable employee to replace the nurse who had quit requires a long and costly process. Therefore, the hospital cannot immediately replace the resigned nurses, and it causes a nursing shortage and disrupts the stability of nursing staff at the hospital.

However, a hospital needs stable and highly committed nursing personnel to provide high-quality patient care. The high rate of nurse turnover rate causes insufficient nursing personnel, and it increase nurses workload, reduces their performance, and disturbs the nursing care service. Unfortunately, the presence of newly recruited nurses does not necessarily lessen the nurses workload as newly employed nurses still need adaptation process and senior nurses support. Ultimately, the existing nurse is burdened with the additional task of nurturing new nurses. These conditions commonly lower the morale trigger another turnover.

Stress is a part of day-to-day living of every individual. We generally believe that the stress is caused by the external events and the dynamic of the environment. But we need to emphasis the fact that the stress is caused by our reaction to the external environment. The manner in which we perceive and understand the changes or the particular event creates same event can bring happiness and cause.

Work stress might trigger burnout which results in lowering performance weakening commitment, and increasing nurses attrition. In nature, nurses jobs are stressful. Therefore knowing the current level of nurse work stress and its influencing factors become strategically imperative.

1.2 STRESS

Stress in the workplace is often referred to as occupational stress. The basic rationale underpinning the concept is that the work situation has certain demands, and that problems in meeting these can lead to illness. Stress is part of everyday life for health professionals such as nurses, physicians and hospital administrators since their main responsibility focuses upon providing help to patients who are usually encountering life crises.

Nursing rated high workloads and dealing with death and dying as their major stressful. In addition to pressures due to insufficient time and resources to complete nursing tasks, organizational factors within the hospital appear to be major sources of stress.

1.3 NEED OF THE STUDY

- Stress having been identified in the performance of healthcare workers.
- The coping strategies and management practices put.
- The hospitals as well as in any working environment and reduce the stress.

1.4 STATEMENT OF THE PROBLEM

Nurses suffer from high level of work-related stress. Stress also has been cited as one reason for turnover resulting in negative effects on services and quality and continuity of care. The problems faced by nurses are family ties, staff shortage, meeting patient expectations, long time working hours, personal health.

1.5 OBJECTIVES OF THE STUDY

Primary Objectives:

- To study on stress level among nursing employees working in private hospital

Secondary Objectives:

- To examine the kind and level of stress faced by working employees.
- To analysis causes stress in working of work place.
- To identify expectations of working employees who are under stress from family.

1.6 LIMITATIONS OF THE STUDY

- The data collected for the research id fully primary data given by the respondents by filling the google form.
- The questionnaire was made available to employees through google drive form.
- No personal biasness happens while taking filling the questionnaire because of the online google form.
- Limited time frame.
- Responses only 110 samples.

1.7 CHAPTER FRAMEWORK

CHAPTER 1: INTRODUCTION – This chapter consists of Stress, Need of the Study, Statement of the problem, Objectives of the Study, Limitation of the Study.

CHAPTER 2: REVIEW OF LITERATURE – This chapter consists of research paper of authors who had been conducted the research study on stress level of working employees.

CHAPTER 3: RESEARCH METHODOLOGY – This chapter consists of research design, methods of data collection, sample size, period of the study, hypothesis of the study.

CHAPTER 4: DATA ANALYSIS AND INTERPRETATION – This chapter consists of analyses of data which is collected through questionnaire Correlation and Anova is used as a tool to analyses the study.

CHAPTER 5: FINDINGS, SUGGESTIONS AND CONCLUSION – This chapter consists of finding, suggestions and conclusion for the study.

CHAPTER 2

REVIEW OF LITERATURE

McGrath et al (2003) Many studies have shown that nurses experience high levels of occupational stress associated with individual, social, environmental and organizational factors. The nursing profession in general is increasingly characterized by job stress due to the nature of the job.

Wu Zhao and Wang (2006) Medical workers have a high level of stress and it is a common phenomenon among health professional. Work stress in medical workers is critical to manging since it will give negative impact to quality of work and strongly related with mental health.

Darshan et al (2009) A study on professional stress, depression and alcohol use among Indian software professionals, observed that the software employees are professionally stressed higher risk for developing depression and also significantly increase the incidence of psychiatric disorders. Preventive strategies like training in stress management, frequent screening to identify professional stress and depression at the initial stages and addressing these issues adequately might help the software professionals cope with their profession better without affecting their lifestyle and health.

Jakkula Rao and Chandraiah (2011) Occupational stress, mental health and coping among information technology professionals, found that job satisfaction and mental health are correlated but not significant.

Kesavachandran et al (2012) Working conditions and health among employees at information technology. There is a need for implementation of the programs that include the concepts of ergonomics, health education, training of personnel to prevent and overcome the morbidity as well as psycho-social problems among workers in software industry.

Alhajjar (2013) conducted a study to investigate into stress among hospital nurses. The study found a high prevalence of psychological distress, depression among nurses. The most severe occupational stressors identified were: not enough staff to adequately cover the unit, lack of drugs and equipment required for nursing care. Further workload and death and dying were identified as the most frequent and severe occupational stress.

Mosadeghrad (2013) explored the status of occupational stress among hospital nurses. The study found that the major sources of stress among nurses were: inadequate pay, inequality at work, too much work, staff shortage, lack of promotion, job insecurity and lack of management support.

Liner-Pelz et. al. (1987) conducted a study using a sample of nursing working across hospital. The researchers found that non-responsiveness of management as the most severe work stress for nurses. This was followed by parking problems, work overload, nurses ambiguous and unsatisfactory status in the medical care.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

The descriptive research design is adopted for this project for the present study.

3.2 METHODS OF DATA COLLECTION

✓ PRIMARY DATA

The primary data has been collected through questionnaire.

✓ SECONDARY DATA

The secondary data has been collected from books, website, journals and articles

3.3 SAMPLE SIZE

The sample size chosen for the study is 110.

3.4 PERIOD OF THE STUDY

The research study was conducted for 3 months.

3.5 HYPOTHESIS OF THE STUDY

H0- Null hypothesis (there is no significant relationship between the variables).

H1- Alternate hypothesis (there is significant relationship between the variables).

After analysing the data, hypothesis testing is done. It will result in either accepting or rejecting the hypothesis.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1 PERCENTAGE ANALYSIS

Table 4.1.1: Age of respondent

Particular	No of respondent	Percentage (%)
21-25 years	32	29.1%
26-30 years	37	33.6%
31-35 years	27	24.5%
36-40 years	12	10.9%
Above 40 years	2	1.8%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRETATION

From the above table shows that the age of the response 29.1% of 21-25 years, 33.6% of 26-30 years, 24.5% of 31-35 years, 10.9% of 36-40 years, 1.8% of above 40 years of the respondents.

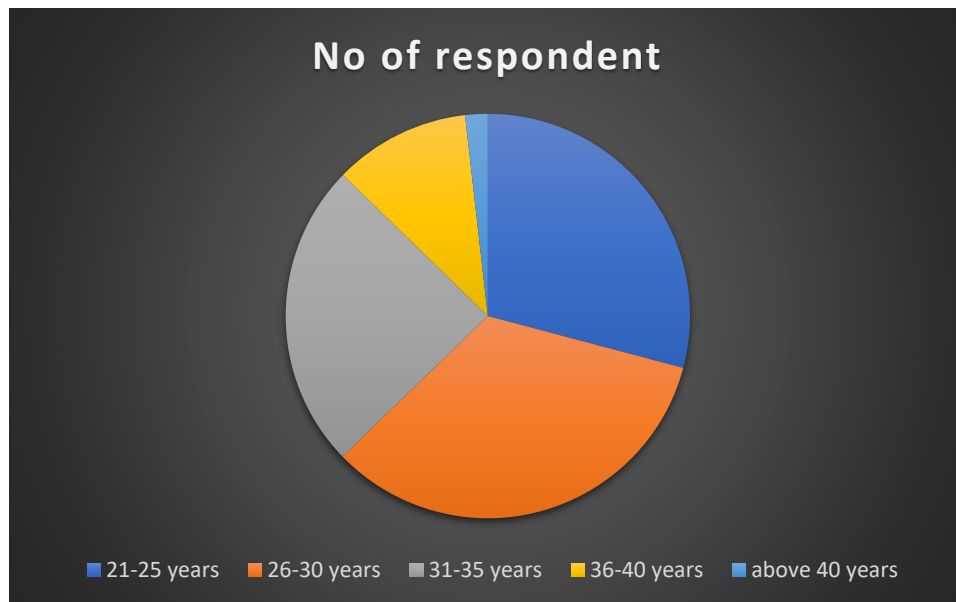


Chart 4.1.1: Age of respondent

Table 4.1.2: Gender of respondent

Particular	No of respondent	Percentage of respondent
Male	70	63.6%
Female	40	36.4%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRETATION

From the above table shows that the gender of response 63.6% of male, 36.4% of female of the respondents.

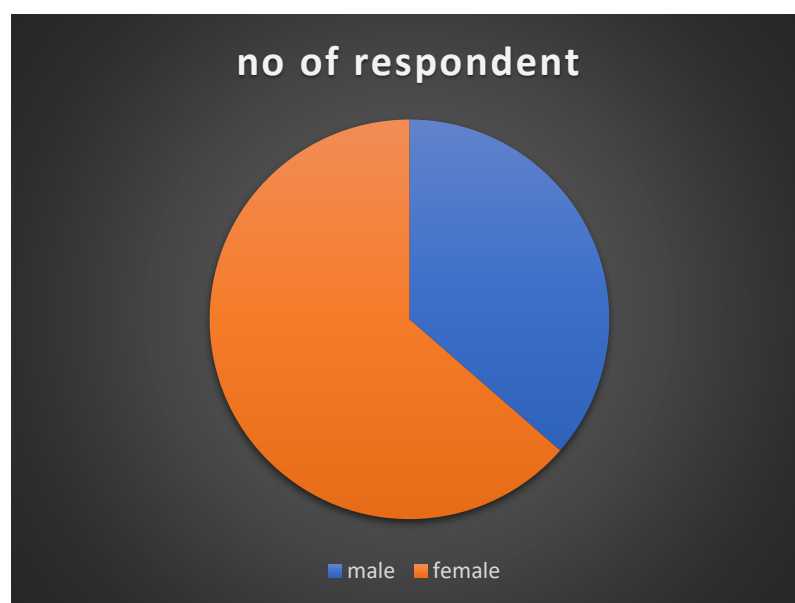


Chart 4.1.2: Gender of respondent

Table 4.1.3: Marital status of respondent

Particular	No of respondent	Percentage of respondent
Married	78	70.9%
Unmarried	32	29.1%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRETATION

From the above table shows that the marital status of response 70.9% of Married, 29.1% of Unmarried of the respondents.

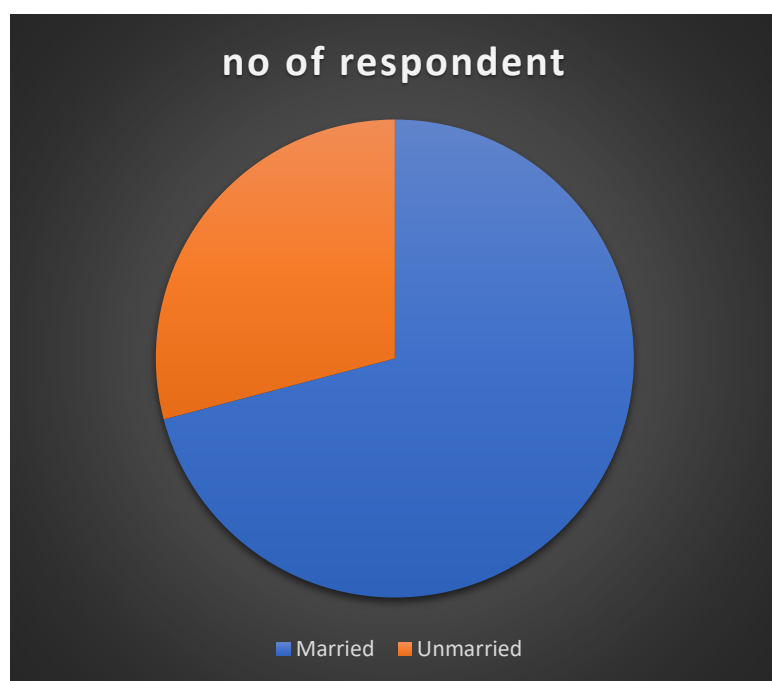


Chart 4.1.3: Marital status of respondent

Table 4.1.4: Nursing Qualification of respondent

Particular	No of respondent	Percentage of respondent
Diploma	22	20%
Degree	62	56.4%
Postgraduate	26	23.6%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRETATION

From above the table shows that the 20% of diploma, 56.4% of degree, 23.6% of postgraduate of the respondent.

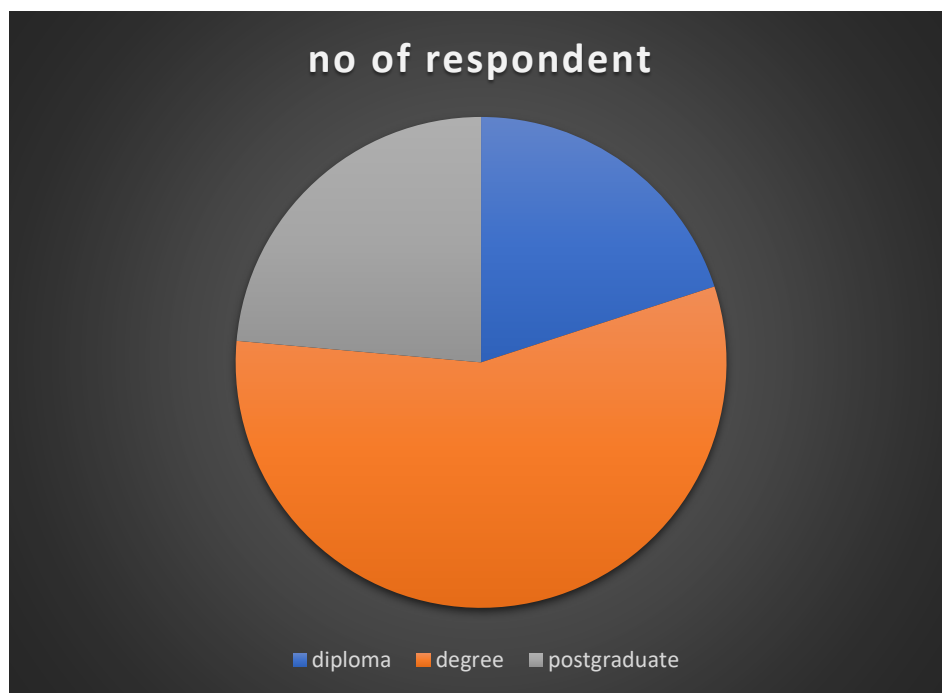


Chart 4.1.4: Nursing Qualification of respondent

Table 4.1.5: Salary per month of respondent

Particular	No of respondent	Percentage of respondent
Less than Rs.5000/-	19	17.3%
Rs.5000-10000/-	50	45.5%
Rs.10000-20000/-	30	27.3%
Above Rs.20000/-	11	10%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRTATION

From above the table shows that the 17.3% of less than Rs.5000/-, 45.5% of Rs.5000-10000/-, 27.3% of Rs.10000-20000/-, 10% of above Rs.20000/- of the respondent.

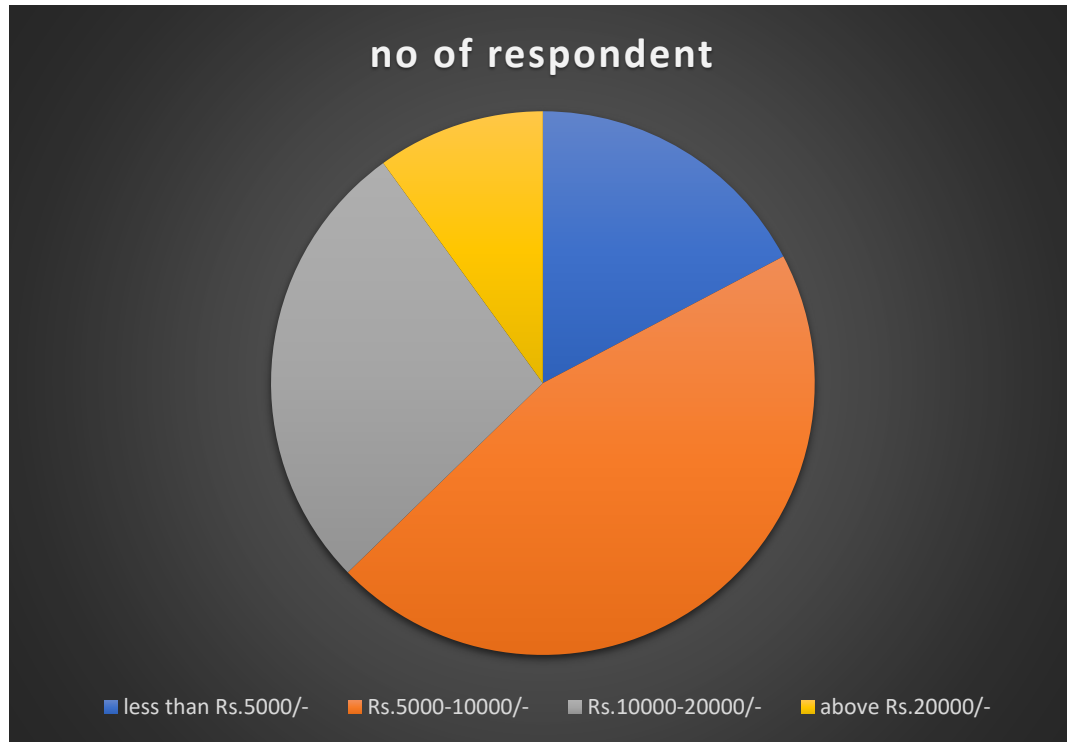


Chart 4.1.5: Salary per month of respondent

Table 4.1.6: Shift most often worked of respondent

Particular	No of respondent	Percentage of respondent
Day	41	37.3%
Evening	49	44.5%
Night	20	18.2%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRTATION

From above the table shows that the 37.3% of day, 44.5% of evening, 18.2% of night of the respondent.



Chart 4.1.6: Shift most often worked of respondent

Table 4.1.7: Usual length of shift of respondent

Particular	No of respondent	Percentage of respondent
8 hours	63	57.3%
10 hours	42	38.2%
12 hours	5	4.5%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRATION

From above the table shows that the 57.3% of 8 hours,38.2% of 10 hours,4.5% of 12 hours of the respondent.

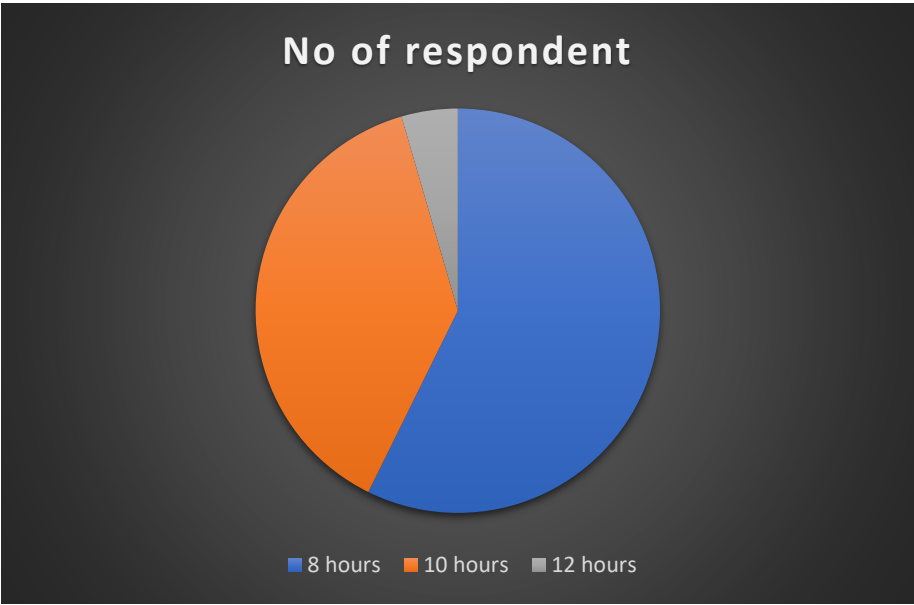


Chart 4.1.7: Usual length of shift of respondent

Table 4.1.8: Work Experience of respondent

Particular	No of respondent	Percentage of respondent
<1 years	13	11.8%
1-10 years	79	71.8%
11-20 years	16	14.5%
21-30 years	2	1.8%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRTATION

From the above table shows that the 11.8% of <1years, 71.8% of 1-10years,14.5% of 11-20years,1.8% of 21-30years of the respondent.

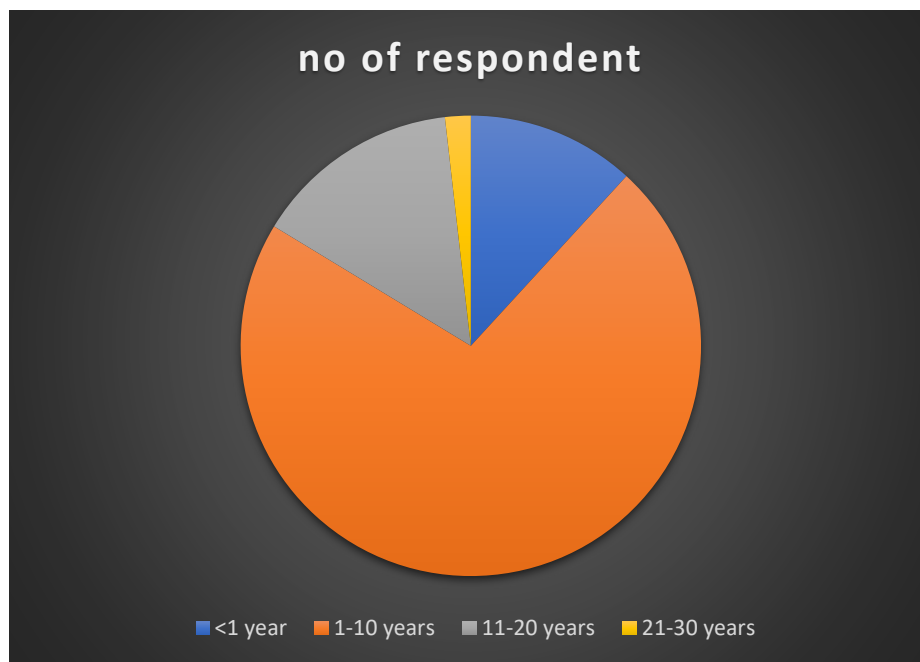


Chart 4.1.8: Work Experience of respondent

Table 4.1.9: Average patient assignment

Particular	No of respondent	Percentage of respondent
1-3	55	50%
4-6	48	43.6%
>6	7	6.4%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRTATION

From the above table shows that the 50% of 1-3, 43.6% of 4-6,6.4% of >6 of the respondent.

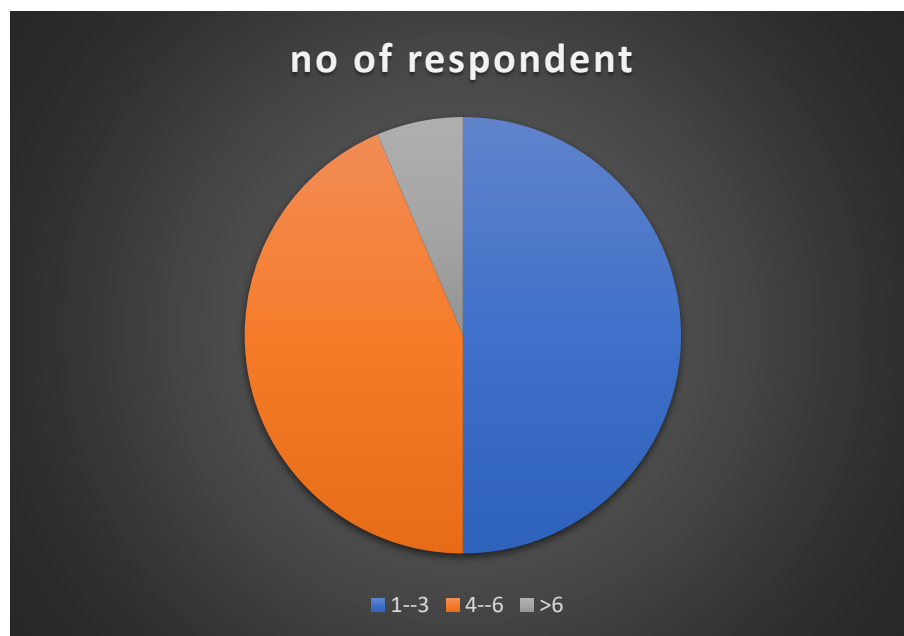


Chart 4.1.9: Average patient assignment

Table 4.1.10: Show the Work Unit

Particular	No of respondent	Percentage of respondent
ICU	13	11.8%
Emergency room	20	18.2%
Operation room	25	22.7%
Surgical ward	20	18.2%
Medical ward	15	13.6%
Outpatient department	17	15.5%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRATION

From the above table shows that the 11.8% of ICU, 18.2% of Emergency room, 22.7% of Operation room, 18.2% of Surgical ward, 13.6% of Medical ward, 15.5% of Outpatient department of the respondent.



Chart 4.1.10: Show the Work Unit

Table 4.1.11: You feel time pressure to complete work

Particular	No of respondent	Percentage of respondent
Strongly agree	11	10%
Agree	51	46.4%
Neutral	24	21.8%
Strongly disagree	23	20.9%
Disagree	1`	0.9%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRATION

From the above table shows that the 10% of strongly agree, 46.4% of agree, 21.8% of neutral, 20.9% of strongly disagree, 0.9% of disagree of the respondent.

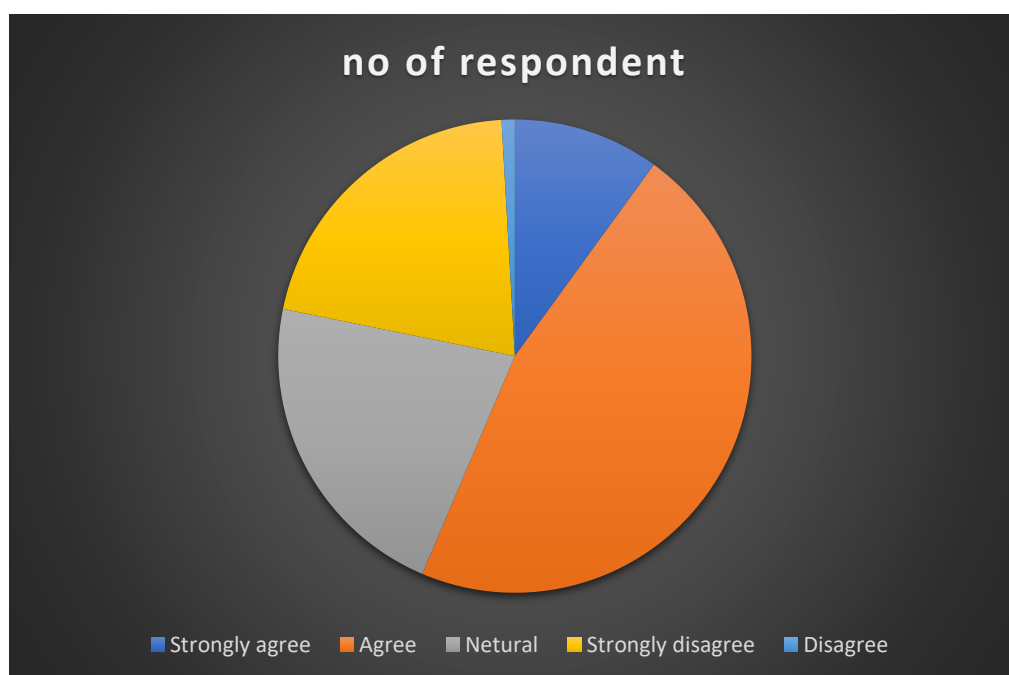


Chart 4.1.11: You feel time pressure to complete work

Table 4.1.12: The methods that reduce work related stress

Particular	No of respondent	Percentage of respondent
Going on holiday	22	20%
Taking leave from work	47	42.7%
Spending time with loved ones	24	21.8%
Listen to music	6	5.5%
Sleeping	11	10%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRTATION

From the above table shows that the 20% of going on holiday, 42.7% of taking leave from work, 21.8% of spending time with loved ones, 5.5% of listen to music,10% of sleeping of respondent.

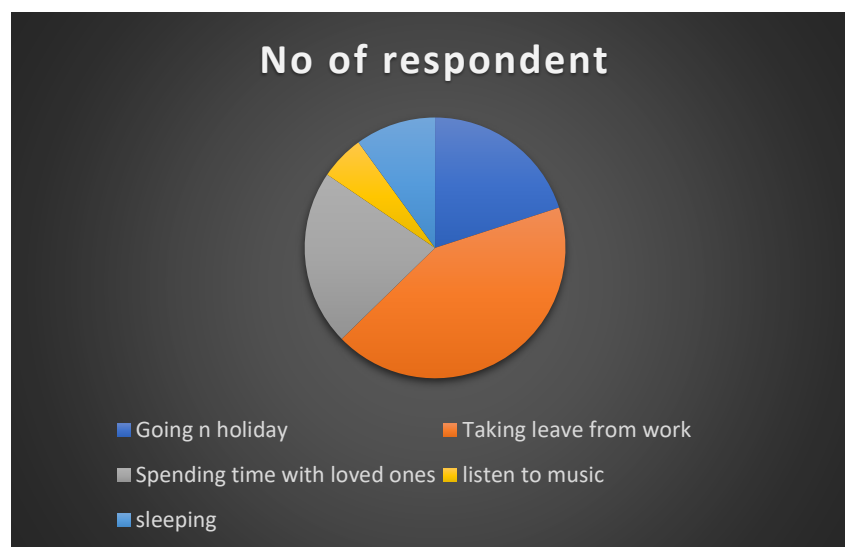


Chart 4.1.12: The methods that reduce work related stress

Table 4.1.13: Their knowledge about the effects of stress on nurses and their performance

Particular	No of respondent	Percentage of respondent
Knowledgeable	24	21.8%
Sufficient knowledgeable	76	69.1%
Poor knowledgeable	10	9.1%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRATION

From the above table shows that the 21.8% of knowledgeable, 69.1% of sufficient knowledgeable, 9.1% of poor knowledgeable of the respondent.

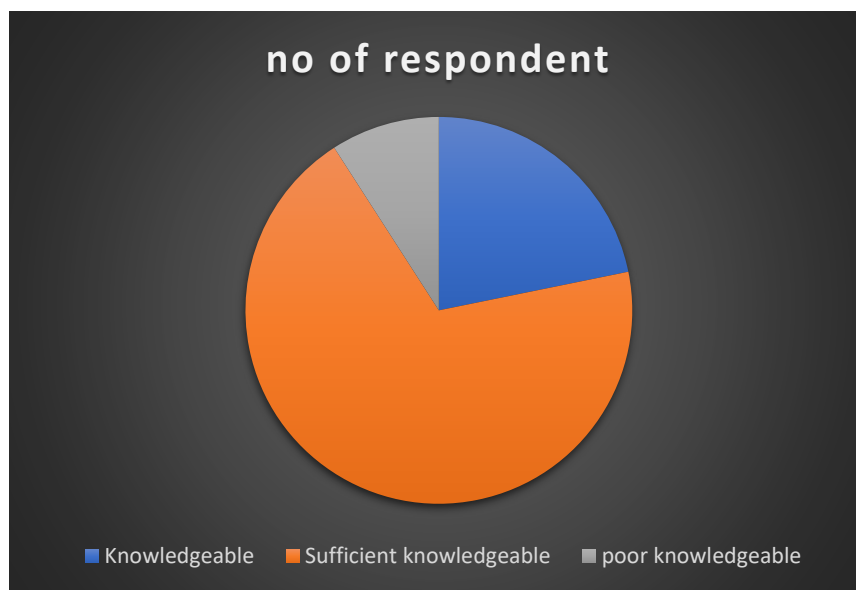


Chart 4.1.13: Their knowledge about the effects of stress on nurses and their performance

Table 4.1.14: Frequency of strategies coping that used by nurses to cope with stressful situation

Particular	No of respondent	Percentage of respondent
Increase awareness	18	16.4%
Information processing	43	39.1%
Modified behaviors	33	30%
Peaceful resolution	16	14.5%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRATION

From the above table shows that the 16.4% of increase awareness, 39.1% of information processing, 30% of modified behaviors, 14.5% of peaceful resolution of respondent.



Chart 4.1.14: Frequency of strategies coping that used by nurses to cope with stressful situation

Table 4.1.15: Do you think quality of problem work place cause of stress

Particular	No of respondent	Percentage of respondent
Very often	5	4.5%
Often	31	28.2%
Rarely	45	40.9%
Very rarely	25	22.7%
Never	4	3.6%
Total	110	100

SOURCE: PRIMARY DATA

INTERPRTATION

From the above table shows that the 4.5% of very often, 28.2% of often, 40.9% of rarely, 22.7% of very rarely, 3.6% of never of the respondent.

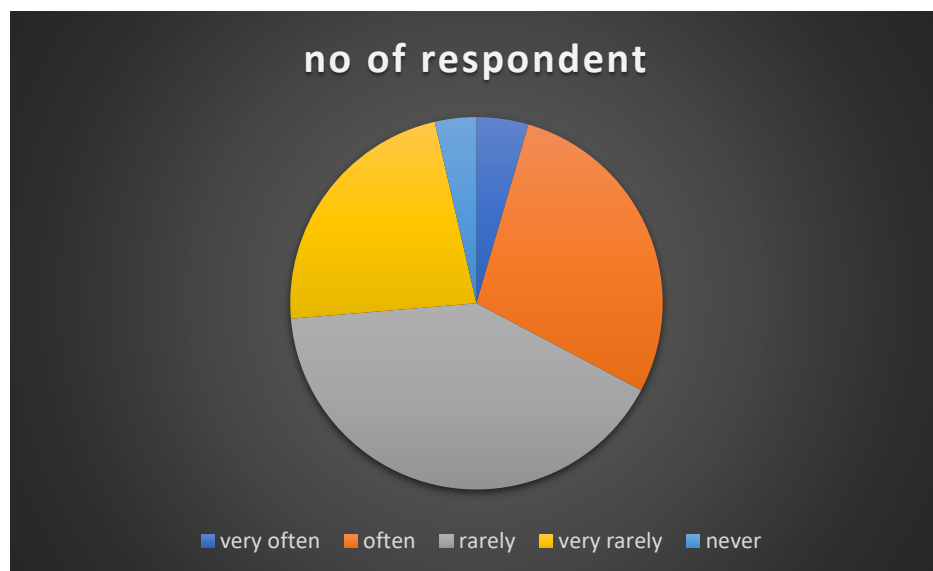


Chart 4.1.15: Do you think quality of problem work place cause of stress

Table 4.1.16: Show the work related stress items

	Severe stress	Stressful	Moderate stress	Little stress	Never stress
Stress with death and dying of patient	5	37	23	32	13
Stress from conflict	1	22	54	28	5
Stress from clinical environment	2	36	49	18	5
Stress from taking care of patient	2	40	45	20	3
Stress from lack of professional knowledge	2	41	44	18	5

SOURCE: PRIMARY DATA

INTERPRTATION

From the above table shows that the 10% of severe stress, 190% of stressful, 246% of moderate stress, 115% of little stress, 27% of never stress of the respondent.

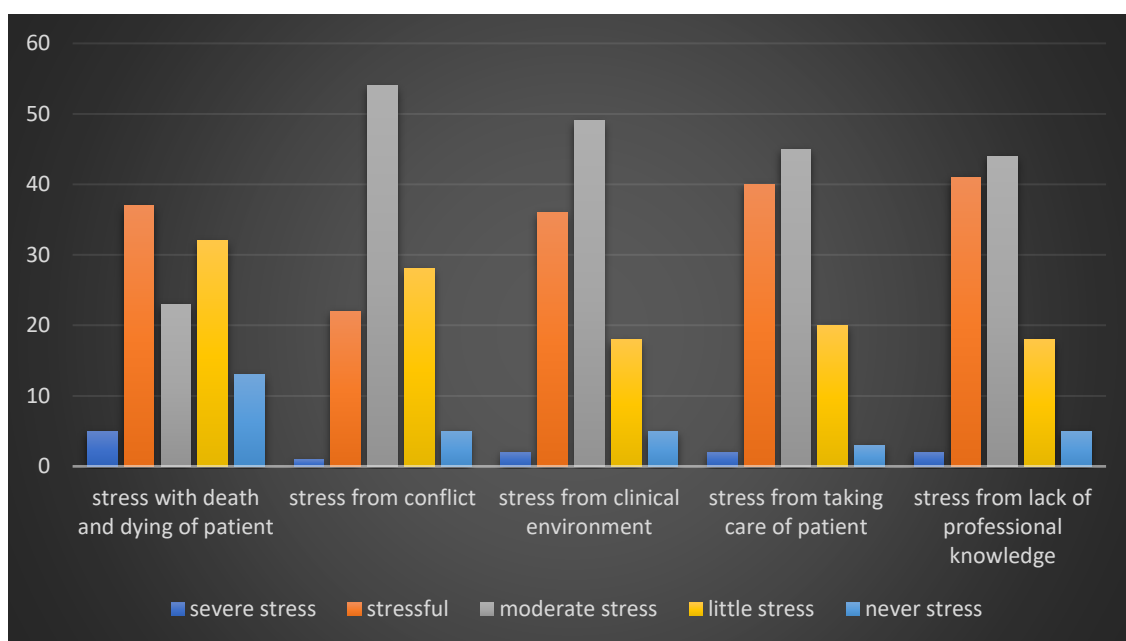


Chart 4.1.16: Show the work related stress items

4.2. CORRELATION

Null hypothesis:

H0: There is no relationship between age of respondents with salary per month.

Alternative hypothesis:

H1: There is relationship between age of respondents with salary per month.

Correlations			
		Age	Salary per month
Age	Pearson Correlation	1	.598**
	Sig. (2-tailed)		.000
	N	110	110
Salary per month	Pearson Correlation	.598**	1
	Sig. (2-tailed)	.000	
	N	110	110

** . Correlation is significant at the 0.01 level (2-tailed).

INFERENCE

Since p value is less than 0.05 then null hypothesis is rejected and alternative hypothesis is accepted. Hence, there is relationship between age of respondents with salary per month.

4.3 ANOVA

Null hypothesis:

H0: There is no significant difference between age of respondents with time pressure to complete work.

Alternative hypothesis:

H1: There is significant difference between age of respondents with time pressure to complete work.

Descriptive

You feel time pressure to complete work

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1	32	2.22	.832	.147	1.92	2.52	1	4
2	37	2.59	.985	.162	2.27	2.92	1	5
3	27	2.85	1.064	.205	2.43	3.27	1	4
4	12	2.67	.778	.225	2.17	3.16	2	4
5	2	3.00	1.414	1.000	-9.71	15.71	2	4
Total	110	2.56	.963	.092	2.38	2.75	1	5

ANOVA

You feel time pressure to complete work

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	6.593	4	1.648	1.832	.128
Within Groups	94.462	105	.900		
Total	101.055	109			

POST HOC TEST

**You feel time pressure to complete
work**

Duncan ^{a,b}

Age	N	Subset for alpha = 0.05
		1
1	32	2.22
2	37	2.59
4	12	2.67
3	27	2.85
5	2	3.00
Sig.		.165

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 7.368.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

INTERPRATION:

Since p value is greater than 0.05 then null hypothesis is accepted alternative hypothesis is rejected. Hence, there is no significant between age of respondents with pressure to complete work.

CHAPTER 5

5.1 FINDINGS OF THE STUDY

33.6% of the respondents were between age group 26-30

63.6% of the respondents were female

70.9% of the respondents were unmarried

56.4% of the respondents were postgraduate

45.5% of the respondents have salary per month between Rs.5000-10000/-

44.5% of the respondents were shift most often worked in evening

57.3% of the respondents were length of shift in 8 hours

71.8% of the respondents were experience of 1-10 years

50% of the respondents of average patient assignment in 1-3

22.7% of respondents of operation room

46.4% of respondents agree in time pressure to complete work

42.7% of respondents taking leave from work in reduce work related stress

69.1% of respondents sufficient knowledgeable in effects of stress on nurse

39.1% of respondents information processing in stressful situation

40.9% of respondents of rarely in quality of problem in work place cause of stress

37% of respondents of stressful in stress with death and dying of patient

54% of respondent of moderate stress in stress from conflict

49% of respondent of moderate stress in stress from clinical environment

45% of respondent of moderate stress in stress from taking care of patient

44% of respondent of moderate stress in stress from lack of professional knowledge and skills

5.2 SUGGESTIONS

- Work should be properly delegated to the employees to avoid overload of work which could cause stress. Many tasks can be delegated to subordinates without losing effectiveness so that overload of work can be reduced.
- Good relationship should be maintained within the employees to make the working environment healthy
- Employees should be motivated by giving rewards for their excellent performances. The motivation program conducted by the organization will assist the employees to perform well.
- Meditation, yoga, exercises on a daily routine basis will keep the mind and body fresh.
- Work life balance practices by emergency leaves, arrangement of extra nurses during emergency etc.

5.3 CONCLUSION

Stress is a slow and insidious malady which is an unavoidable one and a common problem in the workplace. The level of stress and its amount of consequences vary within based on the nature and type of work practices. Recognition participation and continuous training of employees are required to retain the skilled employees. The reveals that health and safety aspects as factors that have the most dominant influence on work stress. The problematic aspects of working conditions to reduce the stress of nurse work.

REFERENCE

1. Cartledge S. Factors influencing the turnover of intensive care nurses. *Intensive and Critical Care Nursing* 2001; 17:348–55
2. Chou-Kang C, Chi-Sheng C, Chieh-Peng L, Ching Yun H. Understanding hospital employee job stress and turnover intentions in a practical setting: the moderating role of locus of control. *J Manag Dev* 2005;24:837–55
3. Daud N. Investigating the Relationship between Quality of Work Life and Organizational Commitment amongst Employees in Malaysian Firms. *Interactional Journal of Business and Management* 2010; 5:75– 82
4. Efraty D, Sirgy MJ. The effects of quality of working life on employee behavioral responses. *Soc Indicators Res* 1990; 22:31–47
5. Flanagan NA, Flanagan TJ. An analysis of the relationship between job satisfaction and job stress in correctional nurses. *Res Nurs Health* 2002; 25:282– 94
6. Gray AM, Phillips VL. Labour turnover in the British National Health Service: a local labour market analysis. *Health Policy* 1996; 36:273– 89
7. Gray P. *Mental Health in the Workplace: Tackling the Effects of Stress*, Mental Health Foundation, London, 2000.
8. Golden, S. A. R. (2011). *Strategy For Success of Human Beings:-Time Management*. Department Of BBA, St. Joseph's College, Trichy, 388(390), 0.
9. Golden, S. A. R. (2011). *An Analysis of Mental Stress in Heavy Alloy Penetrator Project*, Tiruchirappalli. *SELP Journal of Social Science*, 13.
10. Golden, S. A. R. (2017). *Recent Research in Social Sciences & Humanities*. EduPedia Publications (P) Ltd.
11. Griffeth R, Hom P, Gaertner S. A meta-analysis of antecedents and correlates of employee turnover: update, moderator tests, and research implications for the next millennium. *J Manag* 2000; 26:463– 88

12. House JS. Work stress and social support. Reading, MA: Addison-Wesley; 1981.
13. Hart, P.M. and C. Cooper, 2001. Occupational Stress: Toward a More Integrated Framework, Handbook of Industrial, Work and Organizational Psychol.,
14. Jones, J. W. & Boye, M. W. (1992) Job stress and employee counter productivity. In J. Quick, L. Murphy, J. Hurrell, Jr. Eds.) Stress and well-being at work. Washington, DC: American Psychological Association. Northwestern National Life Insurance C.
15. Mosadeghrad AM, Ferlie E, Rosenberg D. A study of relationship between job satisfaction, organizational commitment and turnover intention among hospital employees. Health Serv Manag Res 2008; 21:211– 27
16. Ross .C, Improving workplace health one leader at a time, RCMP Gazette, vol. 72, no. 1, pp. 7-9, 2010.
17. Regi, S. B., & Golden, S. A. R. (2014). A Descriptive Study on The Role of Consumer Psychology And Behaviour In Product Purchasing. Indian Streams Research Journal, 3 (12), 1, 6.
18. Stephen P. Robbins and Seema Sanghi (Eleventh edition) - Organizational Behaviour 6. National Institute for Occupational Safety and Health. Stress at work. DHHS (NIOSH) Publication No. 99- 101.
19. Shields MA, Ward M. Improving nurse retention in the National Health Service in England: the impact of job satisfaction on intentions to quit. J Health Econ 2001; 20:677–701

APPENDIX – QUESTIONNAIRE

Analysis of stress level among nursing employee working in private hospital

1. Name

2. Age

- 21-25
- 26-30
- 31-35
- 36-40
- Above 40

3. Gender

- Male
- Female

4. Marital status

- Married
- Unmarried

5. Nursing Qualification

- Diploma
- Degree
- Postgraduate

6. Salary per month

- Less than Rs.5000/-
- Rs.5000-10000/-
- Rs.10000-20000/-
- Above Rs.20000/-

7. Shift most often worked

- Day
- Evening
- Night

8. Usual length of shift

- 8 hours
- 10 hours
- 12 hours

9. Work experience

- <1 years
- 1-10 years
- 11-20 years

10. Average patient assignment

- 1-3
- 4-6
- >6

11. Work unit

- ICU
- Emergency room
- Operation room
- Surgical room
- Medical ward
- Outpatient department

12. You feel time pressure to complete work

- Strongly agree
- Agree
- Neutral
- Strongly disagree
- Disagree

13. The methods that reduce work related stress

- Going on holiday
- Taking leave from work
- Spending time with loved ones
- Listen to music
- Sleeping

14. Their knowledge about the effects of stress on nurses and their performance

- Knowledgeable
- Sufficient knowledgeable
- Poor knowledgeable

15. Frequency of strategies coping that used by nurses to cope with stressful situation

- Increase awareness
- Information processing
- Modified behaviors
- Peaceful resolution

16. Do you think quality of problem in work place cause of stress

- Very often
- Often
- Rarely
- Very rarely
- Never

17. Work related stress items

	SEVERE STRESS	STRESSFUL	MODERATE STRESS	LITTLE STRESS	NEVER STRESS
Stress with death and dying of patient					
Stress from conflict					
Stress from clinical environment					
Stress from taking care of patient					
Stress from lack of professional knowledge					