

A STUDY ON “STRESS LEVEL AMONG EMPLOYEES IN GOVERNMENT HEALTHCARE SECTORS” DURING COVID -19

Submitted in partial fulfillment of the requirements for the award of

MASTER OF BUSINESS ADMINISTRATION

By

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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

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BONAFIDE CERTIFICATE

This is to certify that this Project Report is the bonafide work of **BHUVANASREE.A 40410033** who carried out the project entitled "**A STUDY ON "STRESS LEVEL AMONG EMPLOYEES IN GOVERNMENT HEALTHCARE SECTOR"**" under my supervision from September 2021 to October 2021.

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DECLARATION

I **BHUVANASREE.A (40410033)** hereby declare that the Project Report entitled “**A STUDY ON “STRESS LEVEL AMONG EMPLOYEES IN GOVERNMENT HEALTHCARE SECTOR”**” done by me under the guidance of **DR.S.UMAMAHESHWARI** is submitted in partial fulfillment of the requirements for the award of Master of Business Administration degree.

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ABSTRACT

Stress is any action that places special physical or psychological demands upon a person, anything that can unbalance his individual equilibrium. Work-related stress is a potential cause of concern in health care workers and is associated with decreased job satisfaction, days off work, anxiety, depression, sleeplessness, medical errors, and near misses. To compare stress levels in different groups of health care worker and identify causes of stress, we conducted a survey-based study at a super-specialty public sector hospital at Delhi NCR.

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

Occupational stress is a recognized problem in health care workers. Nursing has been identified as an occupation that has high levels of stress.

It was found that job stress brought about hazardous impacts not only on nurses' health but also in their abilities to cope with job demands. This seriously impairs the provision of quality care and the efficacy of health services delivery. Nursing has been identified by a number of studies as a stressful occupation. Stress has a cost for individuals in terms of health, wellbeing, and job satisfaction, as well as for the organization in terms of absenteeism and turnover, which in turn may impact the quality of patient care.

Stress has been categorized as an antecedent or stimulus, as a consequence or response, and as an interaction. It has been studied from many different frameworks. For example, Selye proposed a physiological assessment that supports considering the association between stress and illness. Conversely, Lazarus and Folkman advocated a psychological view in which stress is "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing."

Stress is not inherently deleterious, however. Each individual's cognitive appraisal, their perceptions, and interpretations, gives meaning to events and determines whether events are viewed as threatening or positive. Personality traits also influence the stress equation because what may be overtaxing to one person may be exhilarating to another.

In fact, occupational stress has been cited as a significant health problem. Work stress in nursing was first assessed by Menzies who identified four sources of anxiety among nurses: Patient care, decision making, taking responsibility, and change. The

nurse's role has long been regarded as stress-filled based on the physical labor, human suffering, work hours, staffing, and interpersonal relationships that are central to the work nurses do. Since the mid-1980s, nurses' work stress has been escalating due to the increasing use of technology, continuing rises in health care costs, and turbulence within the work environment.

Most people can cope with stress for short periods but Chronic stress produces prolonged changes in the physiological state. The issues of job stress, coping, and burnout among nurses are of universal concern to all managers and administrators in the area of health care. All these stresses can be modified in a positive way by the use of appropriate stress management skills.

Thus, this study aimed at finding out (1) the degree of professional stress among the staff nurses and (2) various determinants, which have an impact on it so that strategies to improve their personal and professional quality of life can be planned out in the long run.

1.2 BACKGROUND OF THE STUDY

Covid-19 has had a global impact. Cases are increasing on a daily basis. Economic disruption has been a major result of the 2020 coronavirus epidemic in India. Health care employees were greatly affected by it. As a result of the COVID-19 pandemic, thousands of people have died around the world, posing an unprecedented challenge to public health, food systems. In addition, the number of undernourished individuals, which is presently projected at approximately 690 million, might increase by up to 132 million by the end of the year, as a result of the pandemic. Clinical and nonclinical stresses were result of COVID-19's rapid spread, including a shortage of personal protective equipment, mortality and morbidity linked with COVID-19, a fear of spreading it to family members, and the loss of coworkers. Healthcare workers' mental health has been negatively

impacted by previous outbreaks and the COVID-19 pandemic, according to evidence from previous outbreaks and early findings from COVID-19.

Employees should be provided with short- and long-term mental health support during and after the COVID-19 epidemic. Stress in the workplace is one of the biggest risks of modern work environments. As a result, millions of healthcare professionals suffer from physical sickness, substance abuse, and family issues. Low productivity, absenteeism, and increased rates of death on and off the job have been related to occupational stress and stressful working circumstances. Human life revolves around work. Achieving, creating, and feeling meaningful are essential human needs. A vital and beneficial aspect of our life is rewarding job. People become stressed when their jobs deny them the chance to employ their creativity, intelligence, and decision-making abilities.

"The victim" is the traditional approach of management, which defines stress as a personal problem that workers bring to work from home. Rather than blaming people for their failure to fit into a cruel work environment, it is vital to examine the structure of job requirements and social connections at work as the fundamental sources of stress.

Due to the arrival of new technology, many jobs have become more fragmented, and job duties have gotten more narrowly defined, resulting in a greater distance between workers and the final output. Many healthcare personnel have been bored as a result of this "deskilling" process, which has made their jobs less demanding and less gratifying. Because healthcare employees are aware that every minute of their work is being recorded, they are under more pressure than ever before, which has contributed to an increase in cardiovascular disease among them.

It's possible to describe occupational stress or job stress as the human body's attempt to adapt to its surroundings. The "fight or flight" response is the body's usual strategy for dealing with stressful circumstances. Whenever the brain detects danger, it sends signals that cause the body to expend more energy in

order to either fight or flee the threat. The danger stimulus, the removal of the risk, and the state of relaxation are all part of the stress cycle.

Flight or fight is a very effective response when faced with short-term, particular threats. Body returns to balance after danger or challenge is eliminated or has been dealt with.

They are more subtle and widespread than other types of stress at work. Lack of expertise, organisational problems, and insufficient social support at work can all contribute to occupational stress in healthcare employees. This can lead to stress, burnout, and psychosomatic disorders, as well as a decline in quality of life and service delivery.

Work-related or occupational stress affects healthcare personnel. As a result of high expectations and insufficient time, skills, and social support, healthcare personnel often find themselves in a stressful situation. Severe discomfort, exhaustion or physical disease might result from this. Healthcare workers may not be able to deliver high-quality care in the end. As a result of stress and burnout, health care personnel may take sick leave or even leave their current professions. There is an increased risk of mental health disorders for COVID-19 health care employees, including stress, anxiety, depression, and insomnia.

The implementation of public policy measures to restrict COVID-19 has led in major operational disruptions for numerous organisations, including those in the Indian healthcare industry, as a result of the measures. Many more enterprises than expected have been affected by staff quarantine, supply-chain problems, and sudden drops in client demand. As a result, working capital lines and liquidity have been put under abrupt and unanticipated stress.

COVID-19 continues to have a negative impact on the country's private healthcare system, despite the fact that it is a healthcare concern. Since the lockdown, private hospital chains, whether single- or multi-specialty, tertiary-care or diagnostics enterprises, have seen major drops in both inpatient and outpatient traffic. As a result of this unexpected fall in revenue, hospital fixed costs have been severely impacted.

Cash flow is impacted by a variety of issues, including the difficulty of new centres and hospitals to generate cash flow, loan repayment requirements, a decline in medical tourism, and rising scheme revenues (which reflect credit revenue). Hospitals are implementing initiatives to decrease or delay costs in an effort to conserve cash. Hospitals conserve cash flow by consolidating suppliers for better rates and renegotiating credit periods for pharmacy and consumables. A change is being made to doctor engagement models to make them totally changeable, dependent on the amount of revenue they produce. To further lower overall employee costs for other employees, increments and variable compensation have been adjusted as part of the evaluation of shared services.

Other initiatives, such as renegotiation of rent rates, vendor consolidation (for outsourced services such as housekeeping and security services), and deferral or staggered payment of annual maintenance charges, have been used to reduce fixed expenses. In recent years, most discretionary expenditures, such as advertising and sales promotions, have been reduced or eliminated.

A greater emphasis is also placed on the monitoring of daily, weekly, and monthly cash flows in relation to the budgets in such situations. Cash flow is closely monitored for any deviations from the budget. Revenue and other key performance indicators (KPIs) are also closely tracked. Increased sanitary controls and worker safety may also force hospitals to adjust to the "new normal," resulting in more expensive operations.

In the absence of signs that the epidemic will slow down, the situation can get tense. There are limited resources available to every hospital, no matter how large or little. GST rate reduction on COVID-19 supplies such as testing kits, drugs, and consumables; faster GST refund to manufacturers on accumulated tax credit due to inverted duty structure; cheaper credit facilities for larger hospitals (similar to the scheme offered to MSMEs); and standardisation of COVID-19 testing kits, drugs, and other supplies.

NEED OF THE STUDY

It's possible that stress is a mechanism by which the body tries to adapt to its surroundings. It examines the impact of Covid-19 on personnel in the healthcare industry.

SCOPE OF THE STUDY

Study participants are employees of Travancore Medical College in Kollam. Main topic of this study is occupational stress. The purpose of this study is to examine the stress levels of employees.

STATEMENT OF THE PROBLEM

Health care is currently the industry of choice for many people who hope to acquire a good job and salary. Our nation's economic growth is boosted as a result of the social standing of an individual. Occupational stress has become a problem in such a field in recent years. Many personnel in the healthcare sector have embraced it. Clearly, if left uncontrolled, it will have a negative impact on our nation's growth.

OBJECTIVES OF THE STUDY

- To measure the occupational stress level of the employees.
- To explore the relationship of organizational factors over the stress among the healthcare employees
- To examine the health issues faced by healthcare employees.

CHAPTER II

INDUSTRY PROFILE

INDUSTRY PROFILE

Healthcare has become one of India's largest sector, both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players. Indian healthcare delivery system is categorised into two major components public and private. The Government, i.e. public healthcare system, comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centres (PHCs) in rural areas. The private sector provides majority of secondary, tertiary, and quaternary care institutions with major concentration in metros and tier I and tier II cities.

India's competitive advantage lies in its large pool of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe.

2.1 MARKET SIZE

The healthcare market can increase three-fold to Rs. 8.6 trillion (US\$ 133.44 billion) by 2022. In Budget 2021, India's public expenditure on healthcare stood at 1.2% as a percentage of the GDP.

A growing middle-class, coupled with rising burden of new diseases, are boosting the demand for health insurance coverage. With increasing demand for affordable and quality healthcare, penetration of health insurance is poised to expand in the coming years. In FY21, gross written premiums in the health segment grew at 13.7% YoY to Rs. 20. The health segment has a 29.5% share in the total gross written premiums earned in the country.

- Recent developments Between April 2000 and December 2020, FDI inflows for drugs and pharmaceuticals sector stood at US\$ 17.74 billion, according to the data released by Department for Promotion of Industry and Internal Trade (DPIIT). Some of the recent initiatives in the Indian healthcare industry are as follows:

As of May 25, 2021, >19.84 crore (19,84,43,550) COVID-19 vaccine doses have been administered across the country.

- In April 2021, Tata Digital infused Rs. 100 crore (US\$ 13.45 million) debt in 1mg, the online medicine start-up, and was in the final stages of acquiring a controlling stake in the company.
- In April 2021, the Ministry of Ayush and Council of Scientific & Industrial Research completed multi-centre clinical trial of a AYUSH 64 (a medicine) and found it useful for treatment of mild-to-moderate COVID-19 infections.
- By March 2021, India exported more vaccines than it had administered to its citizens—60 million doses had been dispatched to 76 countries, while 52 million doses had been administered to Indian citizens. Apart from vaccines, drugs indicated for Covid-19 treatment too witnessed an uptrend in exports. For example, Remdesivir exports doubled in March 2021 to \$14.8 million.

- In March 2021, Union Health Minister Harsh Vardhan informed the Rajya Sabha that 157 medical colleges are under various stages of implementation across India. Of this, 58 colleges are in the first phase of implementation, 24 in the second phase and 75 are in the third phase.
- In March 2021, gross written premiums of health insurance companies in the non-life insurance sector increased by 41% YoY to Rs. 2,185.05 crore (US\$ 294 million), driven by rising demand for health insurance products amid COVID-19 surge.
- On March 17, 2021, the Health Ministry's eSanjeevani telemedicine service crossed 3 million (30 lakh) teleconsultations since its launch, enabling patient- to-doctor consultations from the confines of their home, and doctor- to-doctor consultations.
- In March 2021, Virchow Biotech, a Hyderabad-based firm, and the Russian Direct Investment Fund (RDIF) announced a collaboration to manufacture up to 200 million doses of the Sputnik V vaccine in India.
- In February 2021, India approved the commercial supply of 24 million doses of COVID-19 vaccines to 25 countries, more than 2x the 10.5 million vaccines exported in January 2021. Through this, seven countries, including Brazil, Morocco and South Africa, were sent >~10 million doses on a commercial basis.
- On February 2021, the National Backward Classes Finance and Development Corporation (NBCFDC) signed a MOU with Apollo Medskills Pvt Ltd. to co- fund a COVID Vaccine Administration training programmes for nurses, medical & nursing students and pharmacists belonging to the NBCFDC target community.
- In February 2021, the Competition Commission of India (CCI) approved acquisition of Varian Medical Systems, Inc. by Siemens Healthineers Holding I Gmb (SHS GmbH).

- In February 2021, the Minister for Commerce and Industry of India, Mr. Piyush Goyal, and the UK Secretary of State for International Trade, Ms. Elizabeth Truss MP, completed a meeting to discuss the bilateral trade and economic relations of India–UK trade and investment relationship. The Ministers also welcomed enhancement of bilateral health cooperation between the two countries, such as on vaccines, which is allowing India to serve as a global source of strength in overcoming
- COVID-19-imposed challenges.

In February 2021, Prime Minister Narendra Modi laid the foundation stones for two hospitals and launched 'Asom Mala', a programme for state highways and major district roads, in Assam. He also added that ~1.25 crore people in the state are being benefitted from Ayushman Bharat Scheme.

THE HEALTHCARE INDUSTRY

Medical industry, is a sector within the economic system that provides goods and services to treat patients with curative, preventive, rehabilitative, and palliative care. The modern health care sector is divided into many sub-sectors, and depends on interdisciplinary teams of trained professionals and paraprofessionals to meet health needs of individuals and populations. The health care industry is one of the world's largest and fastest- growing industries. Consuming over 10 percent of gross domestic product (GDP) of most developed nations, health care can form an enormous part of a country's economy.

BACKGROUND

For purposes of finance and management, the health care industry is typically divided into several areas. As a basic framework for defining the sector, the United Nations International Standard Industrial

Classification (ISIC) categorizes the health care industry as generally consisting of:

- Hospital Activities;
- Medical and Dental Practice Activities;
- "Other human health activities".

This third class involves activities of, or under the supervision of, nurses, midwives, physiotherapists, scientific or diagnostic laboratories, pathology clinics, residential health facilities, or other allied health professions, e.g. in the field of optometry, hydrotherapy medical massage, yoga therapy, music therapy, occupational therapy, speech therapy, chiropody, homeopathy, chiropractics, acupuncture, etc

The Global Industry Classification Standard and the Industry Classification Benchmark further distinguish the industry as two main groups:

- health care equipment and services; and
- Pharmaceuticals, biotechnology and related life sciences. Health care equipment and services comprise companies and entities that provide medical equipment, medical supplies, and health care services, such as hospitals, home health care providers, and nursing homes. The second industry group comprises sectors companies that produce biotechnology, pharmaceuticals, and miscellaneous scientific services. Other approaches to defining the scope of the health care industry tend to adopt a broader definition, also including other key actions related to health, such as education and training of health professionals, regulation and management of health services delivery, provision of traditional and complementary medicines, and administration of health insurance.

PROVIDERS AND PROFESSIONALS :

A health care provider is an institution (such as a hospital or clinic) or person (such as a physician, nurse, allied health professional or community health worker) that provides preventive, curative, promotional, rehabilitative or palliative care services in a systematic way to individuals, families or communities.

The World Health Organization estimates there are 9.2 million physicians, 19.4 million nurses and midwives, 1.9 million dentists and other dentistry personnel, 2.6 million pharmacists and other pharmaceutical personnel, and over 1.3 million community health workers worldwide, making the health care industry one of the largest segments of the workforce. The medical industry is also supported by many professions that do not directly provide health care itself, but are part of the management and support of the health care system. The incomes of managers and administrators, underwriters and medical malpractice attorneys, marketers, investors and shareholders of for-profit services, all are attributable to health care costs. In 2003, health care costs paid to hospitals, physicians, nursing homes, diagnostic laboratories, pharmacies, medical device manufacturers and other components of the health care system, consumed 15.3 percent of the GDP of the United States, the largest of any country in the world. For United States, the health share of Gross Domestic product (GDP) is expected to hold steady in 2006 before resuming its historical upward trend, reaching 19.6 percent of GDP by 2016. In 2001, for the OECD countries the average was 8.4 percent with the United States (13.9%), Switzerland (10.9%), and Germany (10.7%) being the top three. US health care expenditures totaled US\$2.2 trillion in 2006. According to Health Affairs, US\$7,498 is spent on every woman, man and child in the United States in 2007, 20 percent of all spending. Costs are projected to increase to \$12,782 by 2016.

THE DELIVERY OF HEALTHCARE SERVICES

From primary care to secondary and tertiary levels of care is the most visible part of any health care system, both to users and the general public.¹ There are many ways of providing health care in the modern world. The place of delivery may be in the home, the community, the workplace, or in health facilities. The most common way is face- to-face delivery, where care provider and patient see each other 'in the flesh'. This is what occurs in general medicine in most countries. However, with modern telecommunications technology, in absentia health care is becoming more common. This could be when practitioner and patient communicate over the phone, video conferencing, the internet, email, text messages, or any other form of non-face-to-face communication.

GLOBAL HEALTHCARE & HOSPITAL INDUSTRY

Globally, healthcare industry is on a high-growth trajectory, with strong emphasis on the Asian and Middle Eastern markets. Economic growth, corresponding increase in standard of living, and aging population will continue to create a greater demand for better healthcare facilities globally. Majority of healthcare facilities, of late, are reducing bed capacity to minimize cost, and to promote advanced, short-stay surgical methods.

It's a world where technology comes to the aid of everyone, not just patients and Practitioners, but also labs, clinics, hospitals, insurers, administrators, and data centers. The healthcare environment of the future can be visualized as an integrated community where information flows seamlessly across departments, facilities, regions, and even nations, and where medical records are available and accessible when needed. Healthcare delivery is becoming corporatized with the emergence of conglomerates changing the rules of the game. Rising costs, expanding market demand, and increasing customer satisfaction characterize healthcare in this decade and help redefine the roles of patients, providers and payers. Basically,

healthcare organizations face a growing imbalance of supply and demand. On the demand side is a large population of aging patients in deteriorating health who demand more services, pharmaceuticals and medical breakthroughs. The supply side, however, is hampered by a shrinking pool of investment capital, a shortage of willing caregivers, and aging physical plants straining under the current volume of patients. Clearly, demand is driving the system and flipping the traditional paradigm in which many health systems attempted to control costs by controlling supply. Under these conditions, healthcare providers must meet the challenge of effectively managing the demands of the patients, while healthcare insurers must be able to guide the patients to the most cost-effective providers. The healthcare organizations that prosper in this environment will be those that recognize the supply/demand imbalance and respond with flexible and effective processes for delivering superior customer service. The striking feature of the sector is that it has the potential to grow at a much faster rate in the foreseeable future and will present new sectors of opportunity within healthcare, which will emerge as growth drivers. The healthcare industry has exponential growth potential as software and pharmaceutical industries in the world. There are abundant opportunities for entrepreneurs, equipment makers and service providers to invest in curative and preventive services and possibilities of investing in medical infrastructure and medical tourism. Preventive care is increasingly gaining acceptance as the world is growing to „wellness concept“. Cost-effective services have made laboratory services and radiology tools affordable. However, there is a prominent vacuum in terms of networking of diagnostic center. Private hospitals are not restricting themselves to their territorial borders alone. Hospitals are also aggressively launching overseas marketing initiatives, thereby creating a favorable business policy environment. In the private sector, there is an increase in privatization of public sector units and networks in healthcare inclusive of strategic link ups of reputable healthcare management companies with foreign companies, foreign hospitals, medical centers and medical alliances between business groups and medical institutions.

Hospital services, healthcare equipment, managed care pharmaceuticals in Asia are all poised to grow by 13% annually for the next six years. India, China, Middle East and Vietnam are making a part of the fastest growing healthcare markets. The technology in the last two decades has revolutionized the way healthcare is delivered worldwide. It has greatly aided patients and providers alike by enhancing the quality of delivery, reduction in turnaround time of workflow and thus the overall cost, besides bringing in higher accountability into the system.

Hospital Profile

Chennai Medical College :

Chennai medical college is a private medical college situated in the city of Kollam. Medicity was established in 2008, which is managed and run by Quilon Medical Trust. Travancore Medical College Hospital spread over 98 acres of land. It is affiliated to Kerala University of health sciences. It offers education in medicine and nursing at the undergraduate level. Travancore. It is a self-financing educational institution, established in 2008. It currently offers a MBBS program at the undergraduate level. At the postgraduate level, it offers MD & MS programs with specializations in Anesthesiology, General Medicine, and Obstetrics & Gynecology. For nursing candidates, the college offers a GNM program and a B.Sc. Nursing program for UG students.

VISION:

To improve the health, well-being and happiness of each patient with convenient and timely access to quality healthcare by providing the highest standard of treatment protocol.

Mission :

- To ensure best possible cure with state-of-the-art facilities, professionalism, and teamwork.
- To facilitate the integration of various treatment services under one roof for an enhanced cure and care experience.
- To enhance skill and competence of personnel, thereby ensuring continuous improvement, highest standards of professional conduct, ethical behavior and dedicated service.
- To provide an enhanced service experience by ensuring better customer satisfaction.
- To ensure compliance with all statutory, regulatory and other requirements for unobstructed continuum
- .To develop an environment with the global standard for academic and research activities with a futuristic orientation.
- To extend a helping hand by understanding community activities in healthcare among the society.

Quilon Medical Trust started Chennai medical college to promote medical education and health care with a special consideration to the minorities and socially backward communities.

Medical College is envisioned to become the topmost Medical College in South India within a decade, with State of the art infrastructure and excellent faculty in a serene campus adjacent to the city limit of Kollam Corporation to attract people from all over South India. The treatment is carried out by keeping the base as “Service with Love” Its campus houses several hospitals and institutions in addition to Medical College Hospital (MCH), including the Colleges of Nursing and Pharmaceutical sciences, the Regional Cancer Centre, Kollam Dental College, Sree Chitra Tirunal Institute for Medical Sciences .

Technology, the Priyadarshini Institute of Paramedical Sciences and the Sree Avittom Thirunal Hospital for Women and Children (SAT Hospital). The Regional Institute of Ophthalmology (RIO), also a part of the college, is being upgraded to a national-level independent institute. The School of Optometry is also on campus. The college follows the Kerala model of health care. The state has maintained health indices at par with developed nations, well above the national averages. This has been studied by a number of agencies for use in other states of India and developing nations. During the 1950s Asian flu pandemic, it was the principal institute to isolate and research the virus. The college has been upgraded to one of the All India Institutes of Medical Sciences due to its provision of tertiary care to southern India.

It has ranked 21st in an India Today survey.[full citation needed] The college has a good clinical record, but has been lagged in research. SAT Mix, developed by doctors and nutritionists at SAT Hospital, is used throughout India to manage childhood malnutrition and is a cost-effective measure to reduce infant mortality. The Thiruvananthapuram Development Chart, a scale to assess child development, was developed by the Child Development Center and is recommended for community developmental assessment. The college is one of 15 across India to be connected through the National Knowledge Commission's National Knowledge Network to integrate its knowledge base with the global scientific community.

CHAPTER - III

REVIEW OF LITERATURE

3.1 REVIEW OF LITERATURE:

The review should enumerate, describe, summarize, objectively evaluate and clarify this previous research. It should give a theoretical base for the research and help you (the author) determine the nature of your research. The literature review acknowledges the work of previous researchers, and in so doing, assures the reader that your work has been well conceived. It is assumed that by mentioning a previous work in the field of study, that the author has read, evaluated, and assimilated that work into the work at hand.

A literature review creates a "landscape" for the reader, giving her or him a full understanding of the developments in the field. This landscape informs the reader that the author has indeed assimilated all (or the vast majority of) previous, significant works in the field into her or his research.

Occupational stress also called as work stress, job stress is a condition where in job related factor interact with the worker to change, either disrupt or enhance his or her psychological or physiological conditions such that individuals mind and body are forced to deviate from normal functioning. A review of existing literature on the topic helps the research studies undertaken already in the area of research.

There has been little research on occupational stress among healthcare workers. Spieberger & Reheiser (1994) conducted a study with healthcare working adults, measuring gender differences in healthcare stress using the job stress survey (JSS) in American university and corporate settings. It was found that there was no significant differences in the overall stress level was highly significant with managerial/professional participants.

Brown et.al (1998) studied the job stress and performance among 150 self paced repetitive workers and they found in their study that the low satisfied workers experienced more after work stress than the high satisfied workers.

Russell & Zinta (2000) investigated the relationship of organizational stress and exhaustion to work outcomes such as commitment, turnover intentions, and organisational citizenship behaviours.

According tp Kyriakon(2001) Occupational stress also known as job stress has been defined as experience of negative emotional such as frustration worry anxiety and depression attributed to work factors.

Several studies found that job stress influences the healthcare job satisfaction and their overall performance in the hospital. This is because organizations demand their workers higher productivity. Stress can bring undesirable impacts on employees through creating more work load and pressure (Leather, Beale and Sullivan, 2003)

Many professionals are able to sustain pressure and others are unable to do so. A continuous pressure leads to dissatisfafaction and employee performance.

(Johnson, Cooper, Cart Wright, Donald 2005) Job Satisfaction also have an average correlation with occupational stress (Sveinsdottir, Biering and Ramel 2006) There is a strong negative relationship between occupational stress and job satisfaction (Sweeney and Quirin 2009) Mohan et.al (2011) in their study analysed the level of stress and depression experienced by healthcare workers. They observed in their study that workers experienced moderate level of stress

In the review, past research should be enumerated, described, summarised, objectively evaluated, and clarified. An abstract should provide an overview of the research and help you (the author) decide on the research's focus. This acknowledgement of past research convinces the reader that your work has been properly thought out and executed. A previous work is presumed to have been read, assessed, and assimilated by the author if it is mentioned in the work at hand.

A literature review provides the reader with a "landscape" of the field's advances. Author's research has incorporated all (or at least the vast majority) of prior, noteworthy publications in the subject.

A worker's psychological or physiological state are altered by factors related to his or her employment, causing their mind and body to diverge from normal functioning. Occupational stress is also known as work stress or job stress. Research investigations already underway in the area of research benefit from a review of existing literature on the issue. Research on occupational stress among healthcare professionals is limited.

With the help of the job stress survey (JSS), Spieberger and Reheiser (1994) conducted a study with healthcare working adults in American university and corporate contexts. Management/professional individuals' stress levels were much higher than those of non-managerial/professional participants.

Workers with low job satisfaction had increased post-work stress, according to a study by Brown et al. (1998).

A study by Russell & Zinta (2000) looked at the relationship between organisational tiredness and work outcomes such as commitment and turnover intention.

Job stress, also known as occupational stress, is defined by Kyriacou (2001) as negative emotional experiences such as frustration, concern, anxiety, and sadness that are ascribed to work issues.

A number of studies have shown that job stress has an impact on the job satisfaction of healthcare workers and their overall performance in the hospital setting. This is due to the fact that corporations want more production from their employees. Increased work load and pressure can cause employees to get stressed out, resulting in negative outcomes (Leather, Beale and Sullivan, 2003).

Many experts can handle pressure, while others cannot. Employee performance suffers as a result of constant pressure. (Johnson, Cooper, Cart Wright, Donald, 2005) (en anglais) .

Job satisfaction and occupational stress have a moderate link (Sveinsdottir, Biering and Ramel 2006)

Job satisfaction and occupational stress are strongly correlated (Sweeney and Quirin 2009)

According to Mohan et al. (2011), healthcare workers endure high levels of stress and depression on a daily basis. Worker stress was moderately high according to their findings.

Job-related stress is a form of psychological distress. Stress in the workplace is a chronic illness that is difficult to treat. The best way to handle occupational stress is to identify the stressors in the workplace and take actions to alleviate them. Employees may experience occupational stress if they do not feel supported by their bosses or coworkers, feel that they have little influence over the task they perform, or discover that their efforts on the job are not rewarded. The emotional well-being, physical health, and job performance of employees are affected by stressful work situations. Long working hours, which are theorised to increase psychosocial occupational stress, are the occupational risk factor with the highest disease burden, according to official estimates, causing an estimated 745,000 workers to die of isc.

Human factors and ergonomics, industrial and organisational psychology, among others, are all concerned with occupational stress in their respective fields of study.

Psychological, behavioural, and physical illnesses and diseases are associated with occupational stress. Through stress management and improved wellbeing, organisations and individuals can prevent these conditions. Firstly, the paper discusses the health risks associated with occupational stress; secondly, the use of preventative stress management in companies as a framework for intervention; and finally, the developing field of promoting wellbeing, which strengthens the person. Unexpected outcomes like premature mortality and disability associated with chronic stress aren't unavoidable despite their well-known existence. They can be classified into two categories: job content and job context. Jobs with monotony, under-stimulating tasks and a lack of variety are examples. Workload and pace (too much or too little to do, work under time pressure, etc.) are examples. Working hours (strict or inflexible, long and unsociable, unpredictable and poorly designed shift systems) are examples of work contents (lack of participation in decision-making, lack of control over work processes, pace, hours, methods, and the work environment).

Career development, status, and pay (job insecurity, lack of promotion opportunities, under- or over-promotion, work of low social value, piece rate payment schemes, unclear or unfair performance evaluation systems, being over- or under-skilled for a job); the worker's role in the organisation (unclear role, conflicting roles); interpersonal relationships (inadequate, inconsiderate as well as work-life balance (conflicting demands of work and home, lack of support for domestic problems at work, lack of support for work problems at home, lack of organisational rules and policies to support work-life balance).

One of the most basic human desires is to be respected and appreciated by others. As a result, people will go to considerable lengths to win acceptance and favour. Recent study in the field of occupational health psychology indicates that many stressful events are associated with being offended - for example, being insulted or ridiculed, social isolation, social conflict, or illegitimate tasks. Such feelings of being treated unfairly constitute .

"offence to self," which can have far-reaching effects in terms of health and well-being.

Being acknowledged, on the other hand, is one of the most essential aspects that boosts motivation, satisfaction, health, and well-being. The presentation below includes examples from current research and draws conclusions about the various ways in which appreciation and respect (or lack thereof) can be expressed, as well as how this information can be used for prevention in the realm of health and well-being.

Medical profession is demanding. This is due to the fact that medical workers must respond to patients' and families' demands as promptly as possible. Medical knowledge and techniques, on the other hand, frequently entail restrictions and uncertainty. Any medical errors or blunders can be costly, dangerous to a patient's life, and, in some cases, irrevocable. In addition, night work, shift work, and lengthy work hours are frequent in medical professions.

A large body of studies has shown that long-term exposure to job-related stress can result in burnout. Freudemberger coined the word "burnout" to characterise the gradual emotional depletion, lack of drive, and decreased commitment among volunteers working for a drug user. Burnout has been identified as a psychological syndrome that can occur when people are subjected to a stressful working environment with high job demands and limited resources after three decades. Initially, burnout was most commonly reported among human service employees. Job stress and burnout are significant difficulties for healthcare professionals in today's culture. Burnout among nurses has received a lot of attention, owing to the intense nature of their engagement with patients or clients. Gray-Toft and Anderson identified seven major stressors among nursing staff. These included patient death and suffering, disagreements with physicians, insufficient training, a lack of social support, disagreements with other nurses, an excessive workload, and confusion regarding a treatment administered. Similarly, a significant prevalence of burnout among physicians has been observed from numerous nations and for various specialties.

Time constraints, delayed gratification, limited control and a loss of autonomy, conflict between job and family, feelings of isolation, and research and teaching activities are all potential sources of medical burnout.

Although several studies have been conducted on the stress and burnout condition for physicians and nurses, no research has been conducted on other medical professions, such as physician assistants, medical technicians, and administrative personnel, who work in hospitals as a team. Physician assistants, in particular, have been recruited in the majority of hospitals. They collaborate with physicians to provide direct patient care, although their stress and burnout have not been reported.

The purpose of this study was to investigate and compare the prevalence of occupational stress and burnout among various medical professions in a hospital setting. Another goal was to investigate the elements that contribute to burnout in these occupations.

As a result of excessive workloads, extended working hours, and time-related pressure, healthcare personnel such as physicians, nurses, medical technicians, and administrative staff face significant levels of occupational stress. Occupational stress has long been a source of worry in the health care industry. According to studies, health care employees had greater rates of substance misuse and suicide than other occupations, as well as higher rates of depression and anxiety associated with workplace stress. Other consequences of job stress include burnout, absenteeism, employee desire to leave, decreased patient satisfaction, and diagnosis and treatment errors, in addition to psychological suffering.

Organizational reforms that improve working conditions should be given the highest priority when it comes to reducing occupational stress. Even the most serious attempts to enhance working conditions are unlikely to totally eliminate stress for all employees. In order to reduce stress at work, a combination of organisational reform and stress management is often most effective.

Transition to a new organisational structure Redesigning occupations or making organisational changes is the most effective strategy to reduce occupational stress. It is important that organisations take the following steps It is important to ensure that the workload is appropriate for the workers' talents and resources. It is also important to clearly identify the duties and responsibilities of workers. It is important to provide workers the opportunity to participate in decisions and actions that influence their jobs. # team processes, # multidisciplinary health care teams, and # multi- component interventions are among the most often used organisational interventions in health care settings. Workers can participate in decisions and activities affecting their jobs through team processes or worker participation approaches. Each employee receives explicit instructions on their duties and responsibilities within the department.. Improved job satisfaction and reduced turnover, absenteeism, and job stress have been observed when using team-based techniques to redesign patient care delivery systems or to provide care (team nursing, for example). In acute, long-term, and primary care settings, multidisciplinary health care teams (e.g., doctors, nurses, managers, pharmacists, psychologists, etc.) are becoming more widespread. Teams are capable of achieving the following: # Enable efficient service delivery.

No. Time is money (a team can perform activities concurrently that one worker would need to provide sequentially)

By exchanging ideas, you may help to foster innovation.

Individuals are unable to integrate and link information in this way # Risk assessment, # intervention approaches, and # teaching may be included in multi-component interventions.

The following are characteristics of successful organisational stress interventions

Top management's commitment and intermediate management's buy-in # Coping strategies training # Gradual rescission of the intervention # Involvement of workers at all stages Incorporated into the organisational culture is stress intervention. Evaluation of the stress treatments on a regular basis The intervention is unlikely to succeed without these components (in particular, managerial support). Intervention for Stress Management A worker or an organization's change might be the focus of occupational stress intervention. A common component of worker-focused interventions is stress management. Interpersonal skills include: # Biofeedback # Cognitive behavioural approaches Innovative coping, or the invention and deployment by workers of solutions like modifications in work practises or skill development to lessen excessive expectations, is another form of intervention that has shown promise in lowering stress among health care professionals. These approaches are designed to help the worker deal with occupational stress more successfully. The most popular form of stress reduction in U.S. organisations has been worker-focused interventions. Stress at work affects both our health and our productivity. We respond to stress by releasing more stress hormones into our bloodstream. Due to persistent demands or threats, our bodies' coping systems go into overdrive, resulting in long-term health problems. As a result of severe job stress, several long-term health problems have been linked to it. In the table on the right, you'll find several short-term signs of job stress. By reducing our ability or incentive to engage in health-promoting behaviours such as eating healthily and exercising, stressful working situations can also have an indirect impact on our health. Contrast between good stress and poor stress Challenge-induced stress boosts our mental and physical energy, and it drives us to learn new abilities and improve our performance. Our mood improves when a task is overcome. In other words, this is eustress. As a result of this, employment demands may not always be met. Here, we're dealing with a form of negative stress or distress that's conducive to illness, damage, and even work failure. Workplace stress: what you need to know Job stress is likely to affect you at some time in your career if you are employed.

You need to understand that stress at work can lead to bad health, which can lead to poorer productivity, absenteeism and increased.

Because of workplace stress, 44 percent of women and 36 percent of men are considering quitting their employment. Unhappiness and a host of poor health impacts are a result.

- Workers who report high levels of stress have healthcare expenditures that are approximately 50% higher.

Stress is responsible for 60 percent of lost workdays each year, according to the Bureau of Labor Statistics.

- Financial and familial issues are more strongly connected with health symptoms than job stress.

Effects on Health Combining some demanding job qualities can have a negative impact on workers' long-term health, according to research conducted on workers. Workers who report that their jobs are physically or mentally demanding and that they have little control over job tasks, for example, are more likely to suffer from heart disease and other chronic conditions than workers who report that their jobs are less demanding and offer more decision-making opportunities. Jobs that are "stressful" are those with high demands and little control. Most often, serious health problems are linked to "job strain" (not just feeling stressed). A demanding job is not necessarily unhealthy, as long as you are in control of your work, on the plus side. Demanding and controlling jobs can be both stimulating. It has been proven that "active" jobs are good for your health and well-being. What can be done to create occupations that are healthier?

They should have some control over their work, and be given the opportunity to grow and learn new skills. Pay close attention to the following components of the task when developing it:

Job overall has meaning and a variety of tasks

- Workers can use their skills and learn new skills
- Workers can make decisions affecting their jobs
- Communication is required between co-workers and in both directions

It's a rising problem around the world that impacts employees' health and well-being, not to mention productivity. Work-related stress occurs when a person's capacity and ability to cope with a variety of work responsibilities is exceeded. After musculoskeletal diseases, stress at work is Australia's second most common compensable illness/injury category.

Various circumstances can lead to work-related stress. Those who are overburdened by their work (hours or obligations, for example) may feel under pressure. Conflict with co-workers or superiors, continual change, and job security issues, such as impending redundancy, are all sources of work-related stress.

During the 2004/2005 tax year, workers in Australia received more than \$133.9 million in benefits for stress-related claims. As reported by the National Health and Safety Commission, the longest periods of absenteeism are attributed to work-related stress. An individual's perception of stress can be very different from another's perception of a challenge. Work-related stress is determined by a person's job, psychological makeup, and other things (such as personal life and general health).

Stress-related symptoms at work :

Physical, psychological, and behavioural signs and symptoms of work- related stress are all possible.

Tiredness; muscular tension; headaches; palpitations of the heart; difficulty sleeping; diarrhoea or constipation; and dermatological diseases are some of the physical symptoms.

Symptoms of depression and anxiety include: depression, anxiety, discouragement, irritability, and pessimism.

Behavioural symptoms include:

- An rise in sick days or absence from work
- Aggression, diminished creativity and initiative, and a decline in job performance.

Reduced annoyance and impatient tolerance; disinterest; and social isolation.

We've identified the following occupational stresses as potential sources of tension: It is possible to discover which risks exist in your workplace and what causes them using a risk management technique to identify them. Organisational culture, poor management practises, job content and demands, the physical work environment, relationships at work, change management, a lack of support, role conflict, and trauma are among them.

Work-related stress causes

The following are some of the most common causes of work-related stress:

- Long workdays.
- Workload that is excessive
- Organizational changes

There are strict time constraints involved.

- Changes in responsibilities.
- Uncertainty in the workplace
- Absence of self-reliance Work that is uninteresting
- Inadequate qualifications for the job
- Over-supervision Unsafe working conditions
- Lack of adequate resources
- The absence of necessary equipment;
- There are few prospects for promotion
- Harassment
- Discrimination

Relations with co-workers or superiors that are strained

An armed robbery or workplace death are examples of crisis situations.

CHAPTER – IV

METHODOLOGY OF THE STUDY

RESEARCH METHODOLOGY :

Research has been defined in a number of different ways, and while there are similarities, there does not appear to be a single, all-encompassing definition that is embraced by all who engage in it. The management of research ethics is inconsistent across countries and there is no universally accepted approach to how it should be addressed.

SOURCES OF DATA COLLECTION

- Primary sources- It is the data that is collected for the first time. It is fresh and is disoriginally collected by the supervisor.
- Structured Questionnaire
- Telephonic Interview
- Direct Interaction with convenient employees
- Secondary sources- It is the one which is collected by someone else and already use in some or the other form.

SAMPLING

I have collected 150 samples and are restricted to Chennai district.

TOOLS FOR DATA COLLECTION

The primary data was collected by using Questionnaire

PLAN OF ANALYSIS

In this study I used both primary data such as Questionnaire and secondary data like books, websites, journals etc.

LIMITATIONS

- Transparency in communication
- Variation in the analysis of data

In this pandemic it's really hard as well as difficult to get the data. Still i tried my level best as their occurs fluctuations. Due to the shortage of resources and time, the study was limited to few people within the hospital. This study is concerned with the hospital, so the findings cannot be generalized.

PLAN OF ANALYSIS

- The data is collected on the basis of sampling method.
- The data is tabulated and calculated in to percentages.
- The data is represented graphically.

CHAPTER V

DATA ANALYSIS

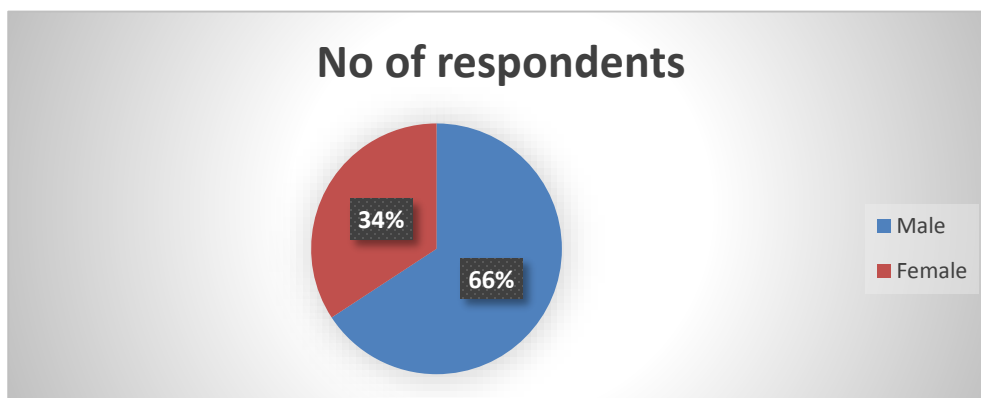
This chapter summarizes the data collected 150 employees regarding a list of stress factors which they face in their daily environment. The interpretation of each table is given along it

TABLE 5.1: GENDER WISE DISTRIBUTION OF RESPONDENTS

GENDER	NO OF RESPONDENTS	PERCENTAGE
Male	98	66
Female	52	34
Total	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.1: GENDER WISE DISTRIBUTION



INTERPRETATION :

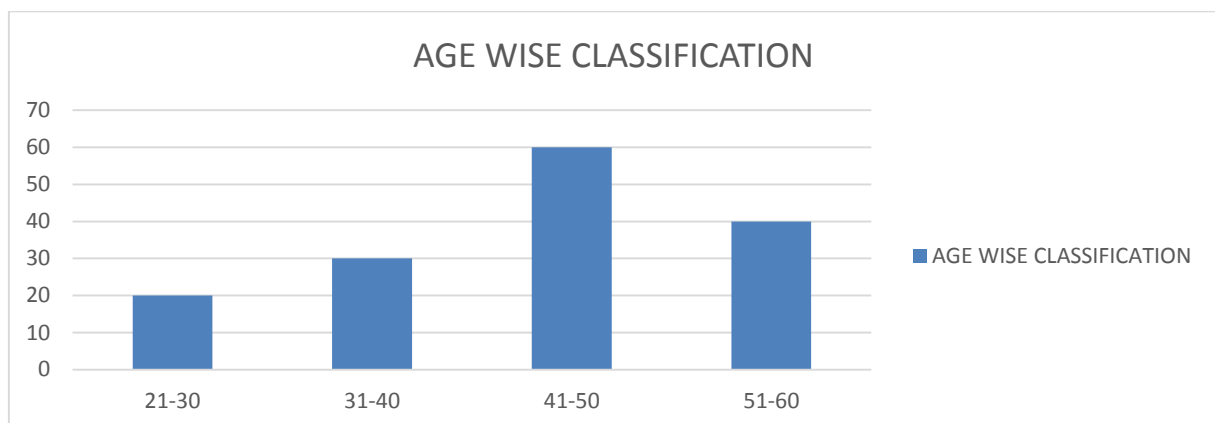
The above table shows that out of 150 respondents 98 of them are Males and 52 are Females.

TABLE 5.2: AGE WISE CLASSIFICATION OF RESPONDENTS

AGE	NO OF RESPONDENTS	PERCENTAGE
21-30	20	6
31-40	30	22
41-50	60	43
51-60	40	29
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.2: AGE WISE CLASSIFICATION OF RESPONDENTS



INTERPRETATION:

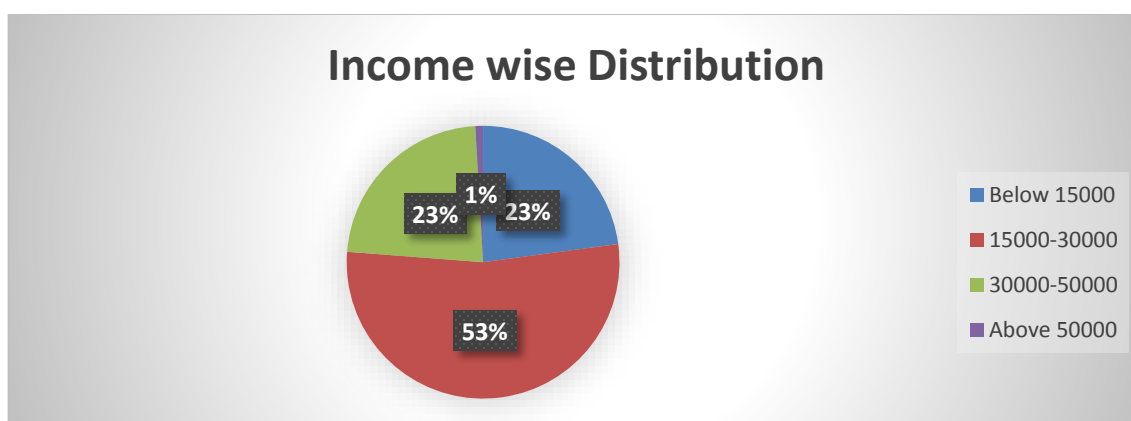
The Above data shows that majority of the respondents are between the Age from 41-50.

TABLE 5.3: INCOME WISE DISTRIBUTION

INCOME	NO OF RESPONDENTS	PERCENTAGE
BELOW 15000	30	23
15000-30000	70	53
30000-50000	30	23
ABOVE 50000	20	1
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.3: INCOME WISE DISTRIBUTION



INTERPRETATION:

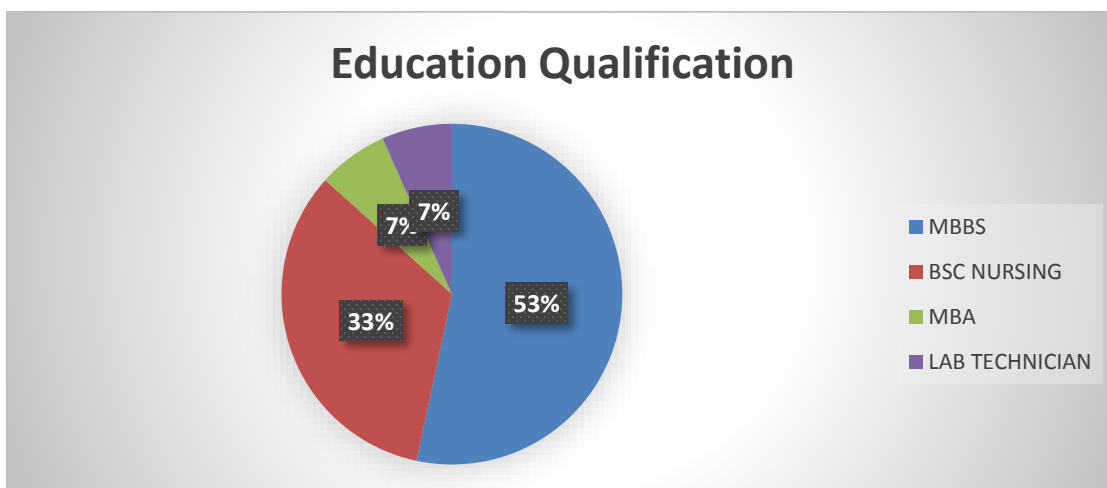
From the above data is cleared that the majority of the respondents earn the income in between 15000-30000.

TABLE 5.4: EDUCATION QUALIFICATION

QUALIFICATION	NO OF RESPONDENTS	PERCENTAGE
MBBS	80	53
BSC. NURSING	50	33
MBA	10	7
LAB TECHICIAN	10	7
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.4: EDUCATION QUALIFICATION



INTERPRETATION:

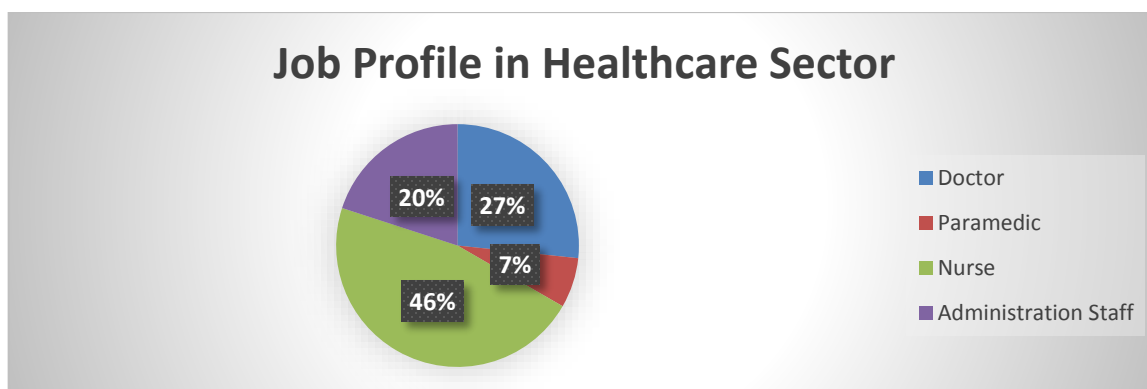
From the above table data it is clear that the highest qualification is MBBS.

TABLE 5.5 : WHAT IS YOUR JOB PROFILE IN HEALTHCARE SECTOR

JOB PROFILE	NO OF RESPONDENTS	PERCENTAGE
DOCTOR	40	27
PARAMEDIC	10	7
NURSE	70	46
ADMINISTRATION STAFF	30	20
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.5 : JOB PROFILE IN HEALTHCARE SECTOR



INTERPRETATION:

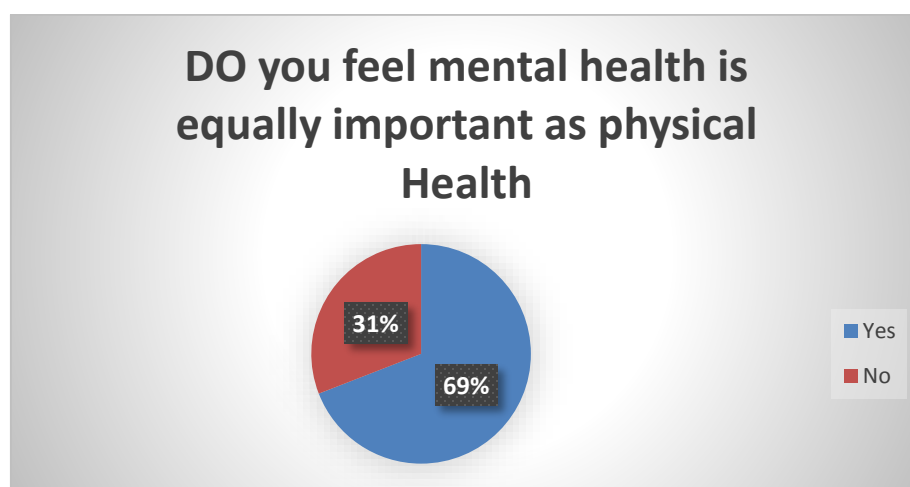
From the above figure it is clear that the majority of the respondents are Nurse.

TABLE 5.6: DO YOU FEEL MENTAL HEALTH IS EQUALLY IMPORTANT TO PHYSICAL HEALTH

DO YOU FEEL MENTAL HEALTH IS EQUALLY IMPORTANT AS PHYSICAL HEALTH	NO OF RESPONDENTS	PERCENTAGE
YES	90	69
NO	60	31
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.6 : MENTAL HEALTH IS EQUALLY IMPORTANT TO PHYSICAL HEALTH



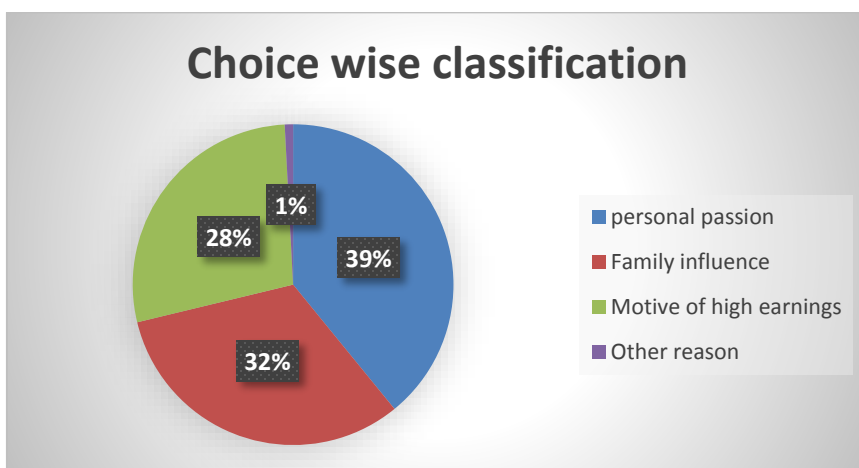
INTERPRETATION: From the above data is cleared that majority of respondents feels that mental health is equal to physical health.

TABLE 5.7 :CHOICE WISE CLASSIFICATION OF RESPONDENTS

CHOICE WISE CLASSIFICATION	NO OF RESPONDENTS	PERCENTAGE
PERSONAL INFLUENCE	56	39
FAMILY INFLUENCE	46	32
MOTIVE TO HIGH EARNING	40	28
OTHER REASON	10	1
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.7: CHOICE WISE CLASSIFICATION



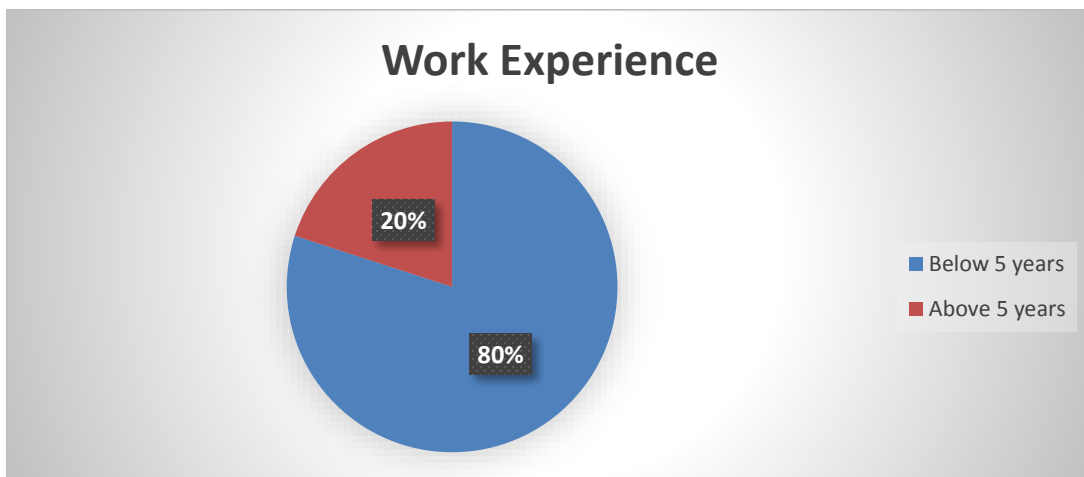
INTERPRETATION: From the above data is clear that the majority of the respondents come to work because of personal passion.

TABLE 5.8 : EXPERIENCE WISE DISTRIBUTION :

WORK EXPERIENCE	NO OF RESPONDENTS	PERCENTAGE
BELOW 5 YEARS	120	80
ABOVE 5 YEAR	30	20
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.8: EXPERIENCE WISE DISTRIBUTION



INTERPRETATION:

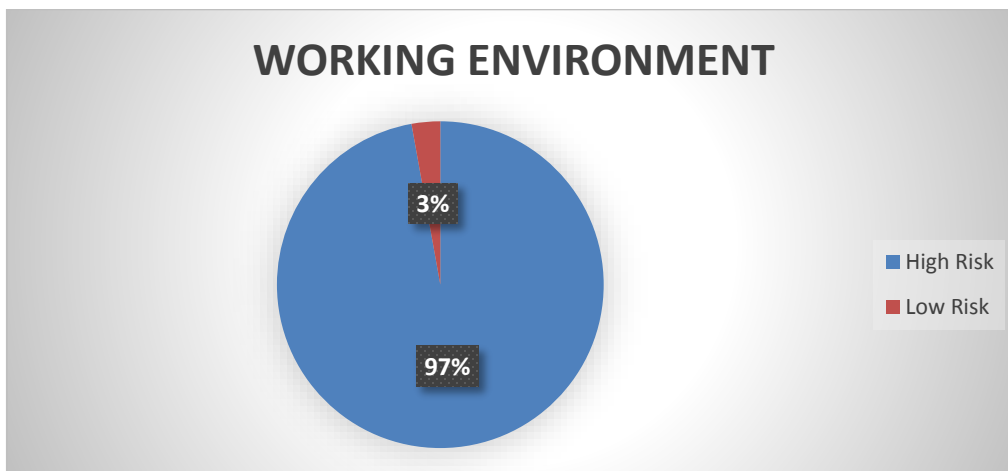
From the above Figure it is clear that majority of the respondents are having Work experience Below 5 years.

TABLE 5.9 : HOW IS YOUR WORKING ENVIRONMENT

WORKING ENVIRONMENT	NO OF RESPONDENTS	PERCENTAGE
HIGH RISK	110	97
LOW RISK	40	3
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.9: WORKING ENVIRONMENT



INTERPRETATION:

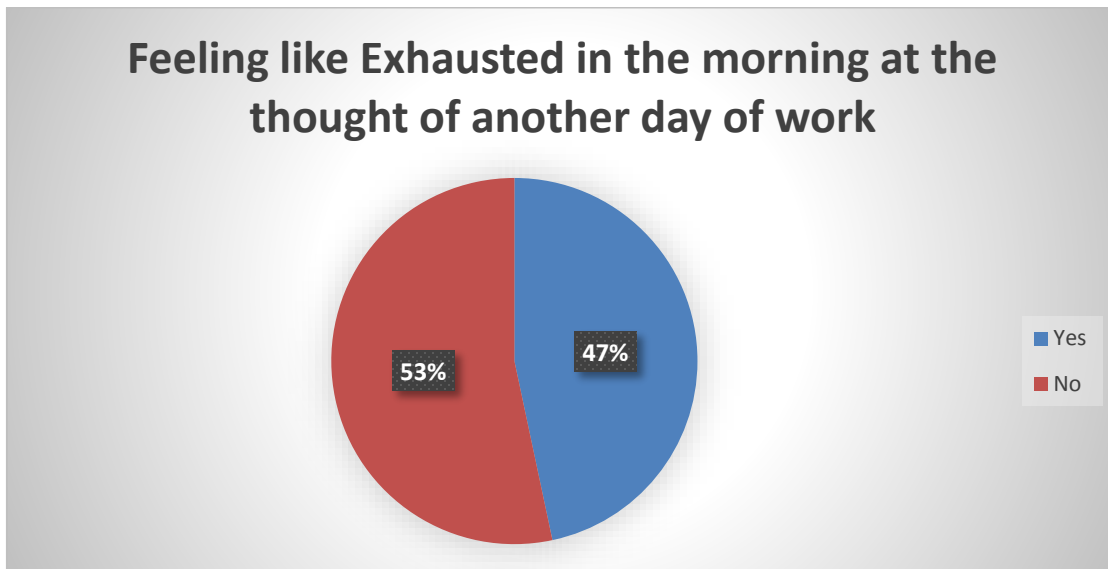
From the above data is clear that the majority of the respondents are working under High risk.

TABLE 5.10 :ARE YOU EXHAUSTED IN THE MORNING AT THE THOUGHT OF ANOTHER DAY OF WORK

FEELING LIKE EXHAUSTED IN THE MORNING AT THE THOUGHT OF ANOTHER DAY OF WORK	NO OF RESPONDENTS	PERCENTAGE
YES	70	47
NO	80	53
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.10: FEELING LIKE EXHAUSTED IN THE MORNING AT THE THOUGHT OF ANOTHER DAY OF WORK



INTERPRETATION:

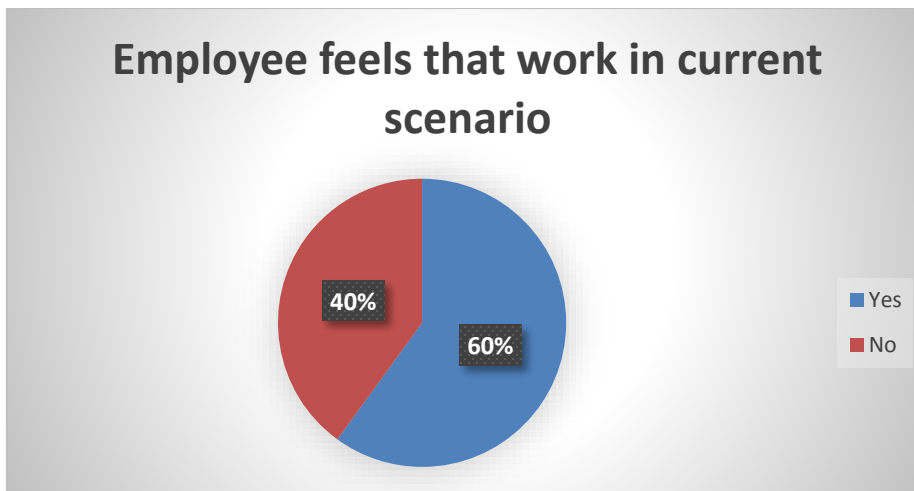
The above figure shows that the majority of the respondents are not feeling exhausted in the morning at the thought of another day of work.

TABLE 6.11 DO YOU FEEL IT IS HARD TO WORK IN THE CURRENT SCENARIO

FEEL THAT IT IS HARD TO WORK IN THE CURRENT SCENARIO	NO OF RESPONDENTS	PERCENTAGE
YES	90	60
NO	60	40
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.11: EMPLOYEE FEELS THAT IT IS HARD TO WORK IN THE CURRENT SCENARIO



INTERPRETATION:

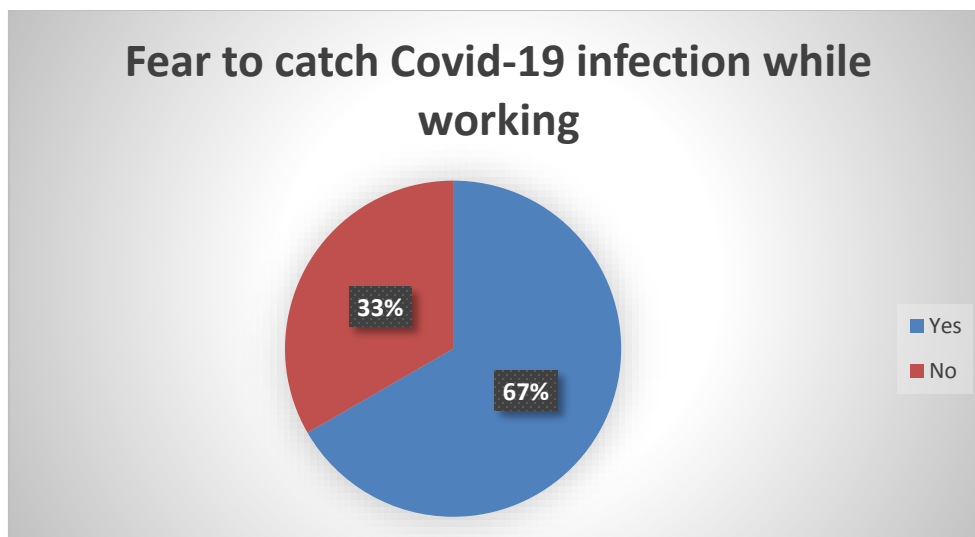
From the above figure it is clear that the majority of the respondents feels harder to work in the current scenario.

TABLE 5.12: DO YOU FEAR TO CATCH COVID -19 INFECTION WHILE WORKING IN THE CURRENT SCENARIO

FEAR TO CATCH COVID-19 INFECTION WHILE WORKING	NO OF RESPONDENTS	PERCENTAGE
YES	100	67
NO	50	33
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.12: FEAR TO CATCH COVID-19 INFECTION WHILE WORKING



INTERPRETATION:

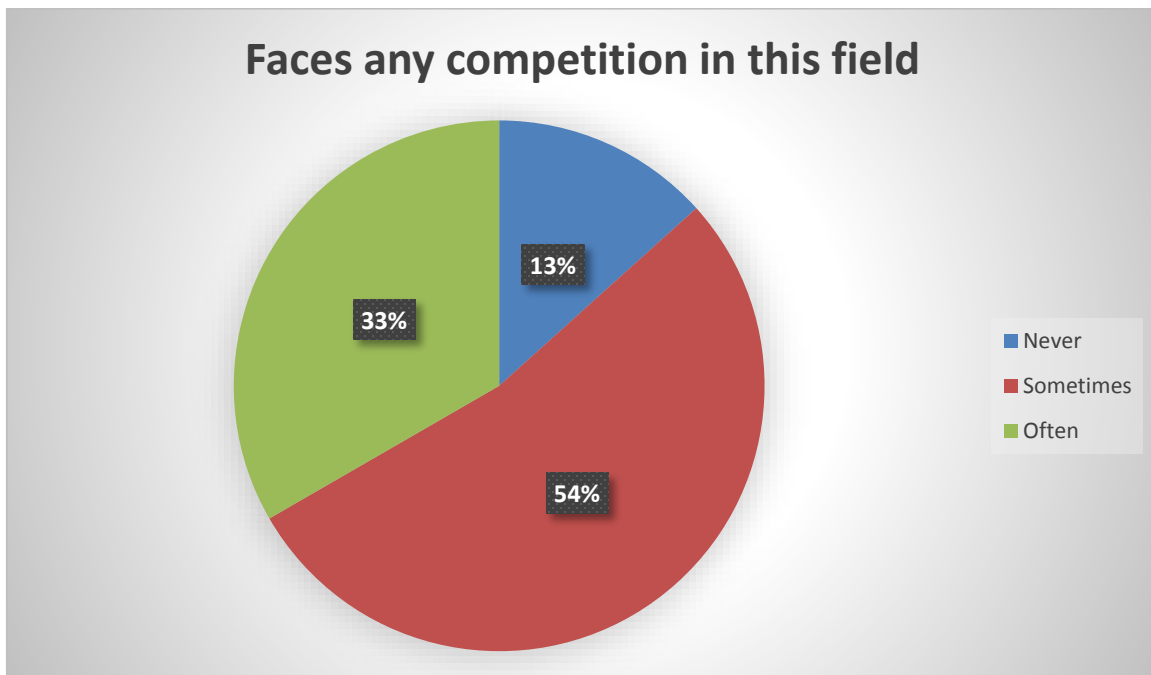
From the above figure it is clear that majority of the respondents have a fear to catch covid-19 infection.

TABLE 5.13: DO YOU FACE A COMPETITION IN THIS FIELD

FACES ANY COMPETITION IN THIS FIELD	NO OF RESPONDENTS	PERCENTAGE
NEVER	20	13
SOMETIMES	80	54
OFTEN	50	33
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.13: FACES ANY COMPETITION IN THIS FIELD



INTERPRETATION:

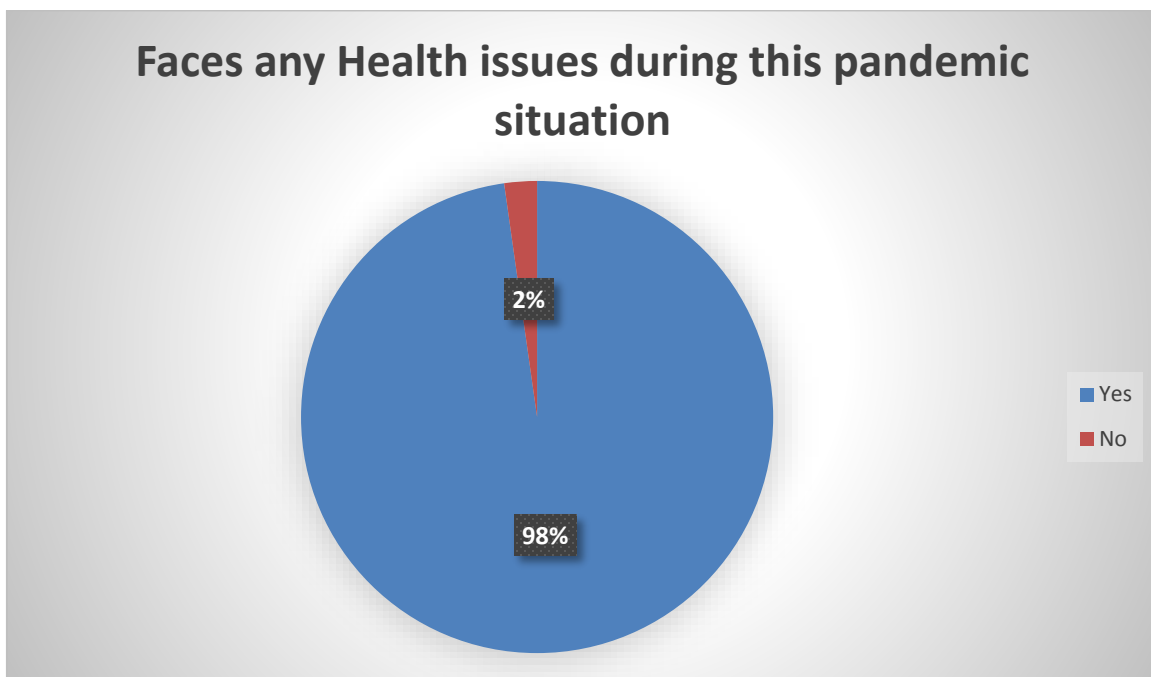
From the above figure it is clear that the majority of the respondents sometimes faces competition in this field

TABLE 5.14: DO YOU FACE ANY HEALTH ISSUES DURING THIS PANDEMIC SITUATION

FACE ANY HEALTH ISSUES DURING THIS PANDEMIC SITUATION	NO OF RESPONDENTS	PERCENTAGE
YES	140	98
NO	10	2
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.14: FACES ANY HEALTH ISSUES DURING THIS PANDEMIC SITUATION



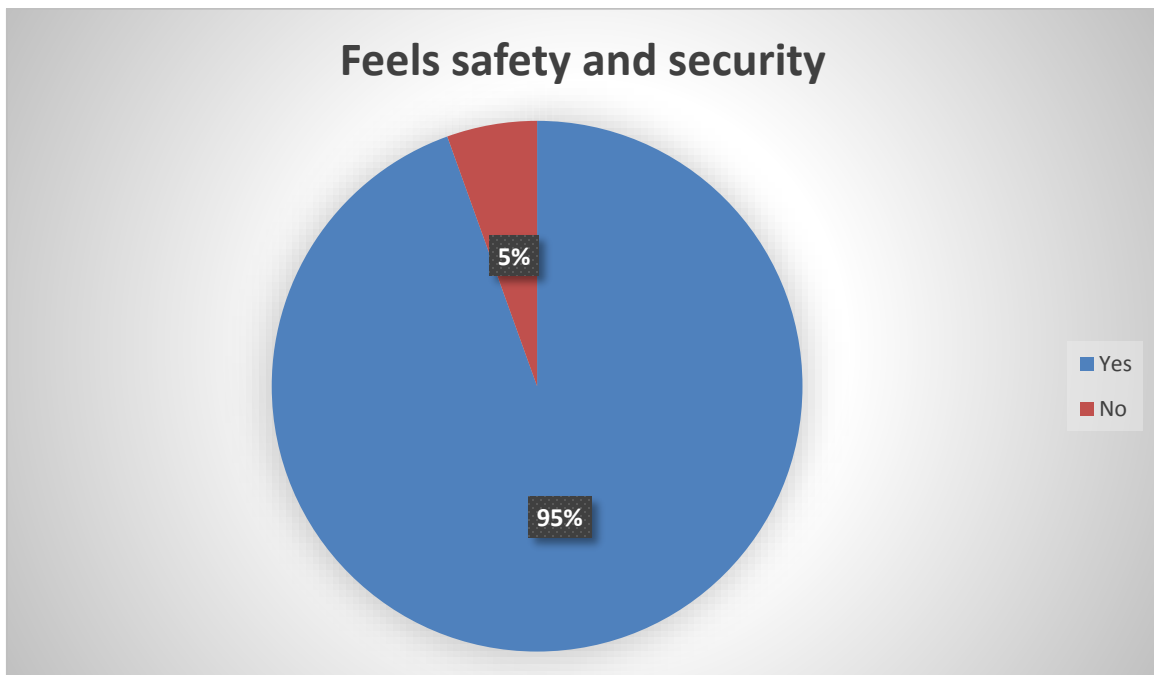
INTERPRETATION: From the above figure it is clear that the majority of the respondents faces Health issues.

TABLE 5.15 : DO YOU FEEL ANY SAFETY AND SECURITY

FEELS SAFETY AND SECURITY	NO OF RESPONDENTS	PERCENTage
YES	55	5
NO	95	95
TOTAL	150	100

SOURCE: PRIMARY SURVEY

FIGURE 5.15:FEELS SAFETY AND SECURITY



INTERPRETATION:

From the above it is clear that the majority of the respondents are not feeling safety and security.

6.1 CORRELATION TEST

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	Income per Month
Age	Pearson Correlation	1	.376**
	Sig. (2-tailed)		.000
	N	154	154
Income per Month	Pearson Correlation	.376**	1
	Sig. (2-tailed)	.000	
	N	154	154
**. 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.

6.2 ONE WAY ANOVA TEST

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.

Descriptives								
What is your job profile in Healthcare sector								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
1	42	2.19	1.254	.194	1.80	2.58	1	4
2	69	2.30	1.102	.133	2.04	2.57	1	4
3	31	2.48	1.151	.207	2.06	2.91	1	4
4	12	2.42	1.311	.379	1.58	3.25	1	4
Total	154	2.32	1.164	.094	2.13	2.50	1	4

ANOVA					
What is your job profile in Healthcare sector					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.666	3	.555	.405	.750
Within Groups	205.743	150	1.372		
Total	207.409	153			

6.3 POST HOC TEST

Homogeneous Subsets

What is your job profile in Healthcare sector		
Duncan ^{a,b}		
Age	N	Subset for alpha = 0.05
		1
1	42	2.19
2	69	2.30
4	12	2.42
3	31	2.48
Sig.		.418
Means for groups in homogeneous subsets are displayed.		
a. Uses Harmonic Mean Sample Size = 25.992.		
b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.		

Mean for groups in homogeneous subset are displayed

- a. Uses Harmonic Mean Sample Size = 7.368
- b. The group size are unequal. the harmonic Mean of the group size is used. Type I error levels are not guaranteed.

INTERPRETATION:

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 VII

FINDINGS, SUGGESTIONS AND CONCLUSION

7.1 FINDINGS

- 66 % of the respondent have a Female response.
- 43% of the respondent have 41-50 age of the response.
- 53% of the employee getting 15000-30000 of income.
- 53% of the respondent in qualification is MBBS.
- 46% of them in Nurse field in healthcare sector.
- 69% of them feels mental health is equally important to physical health.
- 39% of the respondent have a personal Influence.
- 80% of the experience is Below 5 years.
- 97% of the employees choosen working environment is High risk.
- 53% of the respondent not feeling exhausted in the morning at the thought of another day of work.
- 60% majority of the respondents feels harder to work in the current scenario.
- 67% majority of the respondents have a fear to catch covid-19 infection.
- 53% majority of the respondents sometimes faces competition in this field
- 98% majority of the respondents faces Health issues.
- 95% respondents are not feeling safety and security.

7.2 SUGGESTIONS

- It is found from our study that the employees in this hospital are facing some sort of stress.
- This was mainly due to the high level of stress and workload.
- An important suggestion that they have to make is that good employee friendly methods should be adopted by the hospital.
- The dialy impact of covid 19 on our lives continuous unabated.
- As innovations increase this influence will continue to grow in the coming years at an increasing rate.
- As technology advances, there is also increased stress that is associated with it called as “Technology Stress”.
- The stress brings extra pressure on people to adapt to new advancements.
- Annual stress scoring has to be done and stress management program like yoga, Meditation would prevent.
- Some relief giving schemes reduces risk of diseases due to stress.
- Healthy employees mean better performance by employee that in turn produce a healthy community.

7.3 CONCLUSIONS

Occupational stress is one which is related to one's job. It often seems from unexpected responsibilities and pressure that do not align with a person's knowledge, skills or expectations, inhibiting one's ability to cope. Occupational stress can increase when workers do not feel supported by supervisors or management. It feels as if they have little control over work processes. Because stress results from the complex interactions between a large system of interrelated variables, there are several psychological theories and models that address occupational stress. The findings from the study indicated that healthcare workers experience repetitive motion health symptoms involving the occurrence of many employees. Of particular importance, the investigation did not find any relationship between non-occupational stress. Causation of repetitive motion health symptoms. By adopting new strategical tools, some issues can be solved, as even in pandemic situations the employees are working their maximum. Their dedication towards work is too much. So that the management. The four-pillar policy framework outlined in this brief by the International Labour Organization (ILO) provides direction not just for countries as they proceed through the various stages of the crisis, but also for the international community at large. There must be a worldwide, human-centered, and solidarity-based response.

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QUESTIONNAIRE

1. Name
2. Gender wise classification
 - a) Male
 - b) Female
3. Age wise classification
 - a) 21-30
 - b) 31-40
 - c) 41-50
 - d) 51-60
4. Income wise classification
 - a) Below 15000
 - b) 15000-30000
 - c) 30000-50000
 - d) Above 50000
5. Education Qualification
 - a) MBBS
 - b) BSC Nursing
 - c) MBA
 - d) Lab Technician
6. What is your job profile in Healthcare sector
 - a) Doctor
 - b) Paramedic
 - c) Nurse
 - d) Administration Staff
7. Do you feel Mental health is equally important as physical health
 - a) Yes
 - b) No

8. Choice wise classification

- a) Personal passion
- b) Family influence
- c) Motive of High earnings
- d) Other reasons

9. Experience

- a) Below 5 years

Above 5 years5. Education Qualification

- a) MBBS
- b) BSC Nursing
- c) MBA
- d) Lab Technician

6. What is your job profile in Healthcare sector

- a) Doctor
- b) Paramedic
- c) Nurse
- d) Administration Staff

7. Do you feel Mental health in equally important as physical health

- a) Yes
- b) No

8. Choice wise classification

- a) Personal passion
- b) Family influence
- c) Motive of High earnings
- d) Other reasons

9. Experience

- a) Below 5 years

Above 5 yearsv

10.How is your working environment

- a) High risk

- b) Low risk
- 11. Are you exhausted in the morning at the thought of another day of work
 - a) Yes
 - b) No
- 12. Do you feel it is hard to work in the current scenario
 - a) Yes
 - b) No
- 13. Do you fear to catch covid – 19 Infection while working in the current scenario
 - a) Yes
 - b) No
- 14. Do you face a competition in the field
 - a) Never
 - b) Sometimes
 - c) Often
- 15. Do you face any health issue during the pandemic situation
 - a) Yes
 - b) No
- 16. Do you feel any safety and security during covid situation
 - a) Yes
 - b) No
- 17. Why did you choose to work in the health care sector?

