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INTRODUCTION

REVIEW OF LITERATURE

NEED/IMPORTANCE OF THE STUDY

STATEMENT OF THE PROBLEM

OBJECTIVES

HYPOTHESES

RESEARCH METHODOLOGY

RESULTS & DISCUSSION

FINDINGS

RECOMMENDATIONS/SUGGESTIONS

CONCLUSIONS

SCOPE FOR FURTHER RESEARCH

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A COMPARATIVE STUDY ABOUT THE MANAGING OF STRESS BY WOMEN NURSES BOTH AT PRIVATE AND GOVERNMENT HOSPITALS AT KANCHIPURAM DISTRICT

T. THIRUMALESWARI
ASST. PROFESSOR & RESEARCH SCHOLAR
FACULTY OF MANAGEMENT STUDIES
SCSVMV UNIVERSITY
ENATHUR

DR. C. B. RAGOTHAMAN
PROFESSOR & HEAD
DEPARTMENT OF MANAGEMENT STUDIES
RAJALAKSHMI ENGINEERING COLLEGE
THANDALAM

ABSTRACT

The Global economy and in fast pace of employment demands quality work in cost effective fashion, in addition to that the wealth of any family and its attainment of welfare need multi monetary contributions. In this connection, the minimum dual employment demands women to take various occupations. But when women assume occupation, needs them to manage family, social and workplace issues and adding to that they have to deliver to the satisfaction level of management and public. Service sector is the ever-demanding industry which needs employee centric approach to manage customer. Hospital industry is an unique avenue which project the life of human in various dimensions and need countless support of employees. Hospital sector needs the contribution of manpower towards employment that to majority from women. In recent years, the competition in the sector both from private and government demands to offer delightful service at workplaces, so obviously women employees in the occupation of nurses need to offer rentless services and that leads to social, physical, family and work related issues to them. Among the various issues faced by women nurses "Stress" is the prominent issue which have an impact on women nurses profile and to do their core delivery of human service. In order to understand the stress related issues, way and means employed to over come by them, this particular research paper was designed and carried out.

KEYWORDS

Stress, work culture, human service and human values, core service.

INTRODUCTION

Stress is one of the problems faced by human beings. It has both positive and negative impact on individual. The positive stress called eustress is required to certain level to help an individual to perform their work without which the individual will not work properly. The negative stress called distress has negative impact on the individual which restricts them in performing their work. The ancient philosophical and religious texts provide information about stress which has two approaches: the first approach begins with the nature of human existence and moves systematically to its dysfunctioning (i.e.) stress is generated under certain circumstances, the second approach identifies the problem and the principles of dealing with it are woven around the problem and its resolution.

Women nowadays prove themselves in all areas equal to men. Women in hospital sector need to treat the patients with love and care. The person who takes care of patients are nurses. Hospital industry which is a service-oriented industry is doing its best for its patients. It is not an easy task to treat the patients especially the non co-operative patients which requires more patience and that the nurses should keep a note of all the patients for whom they are in charge, so that they know the status of each patient. Women nurses always treat the patient with a smile which not only soothes their body but also their wounded heart. Even during night shifts, the women nurses need to be alert and keep monitoring the patient who requires special care.

Behind the beautiful smile on the faces of the women nurses, the sorrows in their lives are being buried. Generally women come across many issues at workplace, home and from the society which causes stress. This stress may disturb their career, family life, happiness, roles played in different places and so on. Generally some amount of stress is required but when these cross the limit the women nurses are not in a position to perform their task correctly. When stresses become high they are not able to give correct medicines to the patients at required time. During night shifts they need to manage their stress so as to take care of the patients, especially for critical cases.

STATEMENT OF RESEARCH PROBLEM

Stress is a common problem faced by everyone whether a child or an elderly person. The level and type of stress vary according to their age and position occupied by the person. Stress level also varies with gender. Women face more stress than men. In case of working women they face still more stress than their male counterparts. Women in service sector like hospital industry come across many people and so the stress level is higher for them. When the stress level increases they are not able to deliver their duties correctly and there are chances of committing mistakes. This stress level also varies with women nurses working in government and private hospitals. It is the responsibility of the management to identify the women nurses under stress and help them to overcome it by giving de-stress training so as to improve their performance level and also make them to provide a safety health services to patients.

NEED AND IMPORTANCE OF THE STUDY

Health care is one of the prominent needs to be addressed by any human being. But in earlier days the public in India both in urban and rural places least to prefer to go for hospitals for any kind of treatment except the situation of major requirements. But today due to the mass health awareness camp promoted by government and private agencies, insisted the importance of taking treatments through formal channels like government and private hospitals. Because of these reasons the number of patients visiting hospitals for any kind of treatment has been increased. This made both private and government including leading corporates like TATA, ITC, BIRLA, APOLLO to establish both hospitals and health care centres. In addition to that to attract more patients for quality services, the hospitals also recruited optimum level of nurses. These nurses are expected to offer quality round the clock services to patients, obviously leads to stress. But reduction of stress among nurses either by themselves or by institutions help the health services can be delivered in better way.

Kanchipuram is the District in TamilNadu renowned for its tourism and industrial cluster, which have highest level of population density in TamilNadu. It is the district that successfully promotes health awareness camps both from government and private. The number of hospitals and employment of nurses are also high in this district while compared to other districts in TamilNadu. These reasons made the researcher to choose the present topic and study unit.

REVIEW OF LITERATURE

1. Wilmar B.Schaufeli⁽²⁰⁰⁷⁾ in his study evaluates the effects of a burnout workshop that was conducted for community nurses. High reactive nurses experience more burnout than low reactive nurses. Moreover, the workshop has a differential effect depending on the nurses' level of reactivity; symptoms of exhaustion and psychological strain which decrease in low reactive nurses. On the other hand, high reactive and accordingly less stress resistant nurses remain at the same symptom level.
2. M Estry-Behar^{et al (2009)} in his article indicates that relations between working conditions and mental health status of female hospital workers. Job stress and insufficiency in training and discussion did not vary according to the shift; the night shift was characterized by a significantly lower mental load and the afternoon shift by a high level of strain due to schedule. Higher the mental load, the insufficiency in training, or the strain due to schedule, the higher the job stress index was. Fatigue and sleep impairment were significantly more frequent when the number of children at home was higher. Job stress, mental load, and strain due to schedule appeared as the most important occupational factors in mental health, sleep impairment being mostly affected by the shift.
3. Pratibha P. Kane⁽²⁰⁰⁹⁾ in her study revealed that the existence and extent of work stress in nurses in a hospital setting, identifying the major sources of stress, and finding the incidence of psychosomatic illness related to stress. Psychosomatic illnesses are disorders that involve both the body and the mind. These illnesses are mental or emotional in origin and have physical symptoms. The pressures of overtime and long working hours create a work personal life imbalance, which begins to affect the health of the employees. Other factors such as long commuting hours and chaotic traffic conditions adding to their stress affect the employees' efficiency and effectiveness. This can have a negative influence on their physical and emotional health and lead to psychosomatic disorders.
4. Eleni Moustaka^{et al (2010)} investigated that the aim of this systematic review was the examination of the sources and consequences of occupational stress on nurses' adequacy, productivity, and efficiency. A number of aspects of working life have been linked to stress. Aspects of the work itself can be stressful, namely work overload and role-based factors such as lack of power, role ambiguity, and role conflict. The review demonstrated that a great deal is known about the sources of stress at work, about how to measure it and about the impact on a range of outcome indicators.

OBJECTIVES

1. To study the demographic profile of the nurses in government and private hospitals in Kanchipuram District.
2. To compare the level of stress experienced by the women nurses working at both government and private hospitals at Kanchipuram district.
3. To identify the factors that leads to stress by women nurses both in government and private hospitals.
4. To evaluate the impact of stress on the performance of women nurses.
5. To identify the stress management techniques adopted by women nurses in government and private hospitals and the supports extended by management for stress reduction activities.

SCOPE

The research study reveals that the women nurses experiences stress, the level of stress faced by them in both private and government hospitals. It also covers the various reasons for stress, the role of management in de-stressing the stress of women nurses and the ways women nurses manage to overcome stress by using de-stressing techniques. It also identifies the problems faced due to stress by the women nurses both at workplace and at home.

RESEARCH METHODOLOGY

S.No.	Tools	Description
1	Research Design	Descriptive
2	Population	Women nurses working in both private and Government hospitals in Kanchipuram District.
3	Population Source List	Obtained from concerned hospital payroll database.
4	Sampling Unit	Women nurses working in the level of senior, junior, contract and daily wage basis both in private and government hospitals.
5	Sampling Method	Multistage sampling. The hospitals in Kanchipuram District have been clustered into private and government and from both categories women nurses were included as samples based on senior, junior, contract and daily wages (stratified), from each strata the respondents were selected based on random sampling method.
6	Sample Size	170.
7	Sources of Data	Both primary and secondary. Primary data obtained from women nurses working in private and Government hospitals by personal interview. Secondary data obtained from research publications, books, previous research thesis and hospitals related journals and websites.
8	Nature of Questionnaire	Structured questionnaire with suitable scaling.
9	Types of Questions	Open-ended, closed-ended, dichotomous, multiple choice and Likert scale.
10	Method of Data Collection	Personal interview with respondents, pre-testing of questionnaire. Pre-testing was carried out with selected respondents, doctors, academicians (through judgmental basis). The questions related to management of stress were included. The content validity and reliability was tested. It was found to be 70% so the constructed questionnaire has been taken for data collection.
11	Statistical Tools Used	Percentage analysis, cross table, weighted average.

LIMITATIONS

1. The respondents have been busy with their work schedule and many of them were reluctant to respond.
2. Many numbers of hospitals have not been interested to extend their permission during initial stages.
3. The respondents have not been able to continuously respond due to their emergency so it took much time to collect data from each respondent.
4. The response may not be generalised for further studies in future. Since the collected responses are opinion based.

ANALYSIS AND INTERPRETATIONS

1. DEMOGRAPHIC PROFILE OF THE RESPONDENTS

TABLE 1: DEMOGRAPHIC PROFILE OF THE RESPONDENTS

S.No.	Parameters		No. of Respondents	Percentage to Total
1	Age of the Respondents	18-25 years	59	34.7
		26-30 years	2	1.2
		31-40 years	2	1.2
		41-50 years	50	29.4
		Above 50 years	57	33.5
2	Marital Status	Married	155	91.2
		Unmarried	15	8.8
3	Designation	Junior Nurse	61	35.9
		Senior Nurse	109	64.1
4	Nature of Job	Permanent	155	91.2
		Temporary	15	8.8
5	Educational Qualification	HSC	14	10.0
		Diploma	47	27.6
		Degree in nursing	17	8.8
		PG in nursing	49	28.8
		Others	43	25.3
6	Income (Rupees)	Below 10000	13	7.6
		10001-15000	48	28.2
		15001-20000	2	1.2
		20001-25000	50	29.4
		Above 25000	57	33.5
7	Experience (years)	Less than 5 years	59	34.7
		6-10 years	3	1.8
		11-15 years	1	0.6
		16-20 years	50	29.4
		Above 20 years	57	33.5

Source: Primary Data

DATA

From the table 1, it is inferred that 34.7 percentage of respondents come under age group of 18-25 years, 33.5 percentage of respondents come under age group above 50 years, 29.4 percentage of respondents come under the age group of 41-50 years, 1.2 percentage of respondents come under 26-30 years and 31-40 years of age. 91.2 percentage of respondents are married and 8.8 percentage are unmarried. 64.1 percentage of respondents belong to senior nurse cadre and 35.9 percentage belong to junior nurse cadre level. 91.2 percentage of respondents are permanent employees and 8.8 percentage are temporary employees. 28.8 percentage of respondents have completed PG in nursing, 27.6 percentage of respondents have completed diploma, others 25.3 percentage, 10 percentage have completed HSC and only 8.8 percentage have completed degree in nursing. 33.5 percentage of respondents draw salary above Rs.25000, 29.4 percentage draw salary between Rs.20001-25000, 28.2 percentage draw salary between Rs.10001-15000, 7.6 percentage draw salary below Rs.10000 and 1.2 percentage draw salary between Rs.15001-20000. 34.7 percentage of respondents have less than 5 years of experience, 33.5 percentage have above 20 years, 29.4 percentage have 16-20 years, 1.8 percentage have 6-10 years and only 0.6 percentage have experience between 11-15 years.

2. OPINION ABOUT THE WORKING CONDITION IN THE HOSPITALS BASED ON THE AGE OF RESPONDENTS

TABLE 2: OPINION ABOUT THE WORKING CONDITION IN THE HOSPITALS BASED ON THE AGE OF RESPONDENTS

Opinion about the Working Condition in the Hospitals based on the Age of Respondents							
Parameters		Age of the Respondent					Total
		18-25 years	26-30 years	31-40 years	41-50 years	above 50 years	
Working Conditions in the Hospital	Dissatisfied	0 (.0)	1 (.6)	1 (.6)	0 (.0)	0 (.0)	2 (1.2)
	Highly Dissatisfied	0 (.0)	0 (.0)	0 (.0)	16 (9.4)	43 (25.3)	59 (34.7)
	Highly Satisfied	0 (.0)	0 (.0)	0 (.0)	34 (20.0)	0 (.0)	34 (20.0)
	Neutral	13 (7.6)	1 (.6)	0 (.0)	0 (.0)	0 (.0)	14 (8.2)
	Satisfied	46 (27.1)	0 (.0)	1 (.6)	0 (.0)	14 (8.2)	61 (35.9)
Total		59 (34.7)	2 (1.2)	2 (1.2)	50 (29.4)	57 (33.5)	170 (100.0)

Source: Primary Data

From the table 2, it is inferred that 27.1 percentage of the employees coming under the age group of 18-25 years are satisfied with the working conditions in the hospital and 7.6 percentage are feeling neutral about the working conditions. 0.6 percentage of employees under the age group of 26-30 years are dissatisfied and feeling neutral. 0.6 percentage of each under the age group of 31-40 years are satisfied and dissatisfied. 20 percentage of employees under the age group of 41-50 years are highly satisfied and 9.4 percentage are highly dissatisfied. 25.3 percentage of the employees coming under the age group above 50 years are highly dissatisfied and 8.2 percentage are satisfied.

3. RESPONDENTS OPINION ABOUT FACTORS INFLUENCING STRESS BASED ON THEIR DESIGNATION

TABLE 3: RESPONDENTS OPINION ABOUT FACTORS INFLUENCING STRESS BASED ON THEIR DESIGNATION

Respondents Opinion about factors influencing stress based on their Designation				
Parameters		Designation		Total
		Junior Nurse	Senior Nurse	
Factors for Stress	All the above	1 (0.6)	0 (.0)	1 (.6)
	Family Issue	0 (.0)	44 (25.9)	44 (25.9)
	Management Activities	1 (0.6)	14 (8.2)	15 (8.8)
	Personal Reasons	0 (.0)	34 (20.0)	34 (20.0)
	Superior Attitude	46 (27.1)	16 (9.4)	62 (36.5)
	Working Condition	0 (.0)	1 (0.6)	1 (.6)
	Work Load	13 (7.6)	0 (.0)	13 (7.6)
Total		61 (35.9)	109 (64.1)	170 (100.0)

Source: Primary Data

From the table 3, it is inferred that among junior nurses, 27.1 percentage say that superior attitude is the main factor for their stress, 7.6 percentage accept work load and 0.6 percentage say management activities and all the mentioned reasons. Among senior nurses 25.9 percentage outlines family issue is the factor of their stress, 20 percentage agree personal reasons, 9.4 percentage highlights superior attitude, 8.2 opinion management activities and 0.6 percentage infers working conditions.

4. LEVEL OF SATISFACTION ABOUT SHIFT SYSTEM BASED ON NATURE OF JOB

TABLE 4: LEVEL OF SATISFACTION ABOUT SHIFT SYSTEM BASED ON NATURE OF JOB

Level of Satisfaction about Shift System based on Nature of Job				
Parameters		Nature of Job		Total
		Permanent	Temporary	
Shift System	Dissatisfied	60 (35.3)	13 (7.6)	73 (42.9)
	Highly Dissatisfied	17 (10.0)	2 (1.2)	19 (11.2)
	Highly Satisfied	1 (0.6)	0 (.0)	1 (.6)
	Neutral	43 (25.3)	0 (.0)	43 (25.3)
	Satisfied	34 (20.0)	0 (.0)	34 (20.0)
Total		155 (91.2)	15 (8.8)	170 (100.0)

Source: Primary Data

The above table 4 infers that 35.3 percentage of the permanent employees are dissatisfied with the shift system, 25.3 percentage are opinioned neutral, 20 percentage are satisfied, 10 percentage are highly dissatisfied and 0.6 percentage are highly satisfied. 7.6 percentage of the temporary employees are dissatisfied with the shift system and 1.2 percentage are highly dissatisfied.

5. OPINION ABOUT LEVEL OF STRESS BASED ON NATURE OF JOB

TABLE 5: OPINION ABOUT LEVEL OF STRESS BASED ON NATURE OF JOB

Opinion about level of Stress based on Nature of Job				
Parameters		Nature of Job		Total
		Permanent	Temporary	
Level of Work Stress	High	1 (0.6)	14 (8.2)	15 (8.8)
	Low	34 (20.0)	1 (0.6)	35 (20.6)
	Medium	120 (70.6)	0 (.0)	120 (70.6)
Total		155 (91.2)	15 (8.8)	170 (100.0)

Source: Primary Data

The above table 5 explains that 70.6 percentage of the permanent employees experience medium level of stress, 20 percentage experience low stress and 0.6 percentage experience high stress. 8.2 percentage of the temporary employees experience high level of stress and 0.6 percentage experience low stress.

6. OPINION ABOUT LEVEL OF PHYSICAL STRESS BASED ON NATURE OF JOB

TABLE 6: OPINION ABOUT LEVEL OF PHYSICAL STRESS BASED ON NATURE OF JOB

Opinion about Level of Physical Stress based on Nature of Job				
Parameters		Nature of Job		Total
		Permanent	Temporary	
Level of Physical Stress	High	94 (55.3)	0 (.0)	94 (55.3)
	Low	17 (10.0)	1 (0.6)	18 (10.6)
	Medium	44 (25.9)	14 (8.2)	58 (34.1)
Total		155 (91.2)	15 (8.8)	170 (100.0)

Source: Primary Data

The table 6 highlights that 55.3 percentage of the permanent employees experience high level of physical stress, 25.9 percentage experience medium stress and 10 percentage experience low stress. 8.2 percentage of the temporary employees experience medium level of physical stress and 0.6 percentage experience low stress.

7. OPINION ABOUT CONSEQUENCES OF STRESS BASED ON DESIGNATION

TABLE 7: OPINION ABOUT CONSEQUENCES OF STRESS BASED ON DESIGNATION

Opinion about Consequences of Stress based on Designation				
Parameters		Designation		Total
		Junior Nurse	Senior Nurse	
Consequences of Stress	Absent Mindedness / Lack of Concentration	1 (0.6)	1 (0.6)	2 (1.2)
	Conflicts in the family	0 (.0)	1 (0.6)	1 (.6)
	Decrease in the Performance Level	0 (.0)	34 (20.0)	34 (20.0)
	Frequent Absenteeism	1 (0.6)	0 (.0)	1 (.6)
	Improper Work Life Balance	13 (7.6)	16 (9.4)	29 (17.1)
	No proper Attention to the Patients	0 (.0)	57 (33.5)	57 (33.5)
	No proper Care for Children	46 (27.1)	0 (.0)	46 (27.1)
Total		61 (35.9)	109 (64.1)	170 (100.0)

Source: Primary Data

The table 7 inferred that 33.5 percentage of Senior nurses have no proper attention to patients because of stress, 20 percentage opinioned decrease in performance level, 9.4 percentage say improper work life balance and 0.6 percentage express absent mindedness/lack of concentration and conflicts in the family. 27.1 percentage of Junior nurses outlines no proper care is given to children because of stress, 7.6 percentage infers improper work life balance and 0.6 percentage disclose absent mindedness / lack of concentration and frequent absenteeism.

8. OPINION ABOUT EXPERIENCE OF TRAINING BASED ON NATURE OF HOSPITAL

TABLE 8: OPINION ABOUT EXPERIENCE OF TRAINING BASED ON NATURE OF HOSPITAL

Opinion about Experience of Training based on Nature of Hospital				
Parameters		Nature of Hospital		Total
		Government	Private	
Undergone Training	Yes	77 (45.3)	31 (18.2)	108 (63.5)
	No	48 (28.2)%	14 (8.2)	62 (36.5)
Total		125 (73.5)	45 (26.5)	170 (100.0)

Source: Primary Data

The table 8 shows that 45.3 percentage of the government hospital nurses have undergone destress training and 28.2 percentage say no. 18.2 percentage of the private employees have undergone destress training and 8.2 percentage say no.

9. OPINION ABOUT THE METHOD OF MANAGING DISTRESS BASED ON DESIGNATION

TABLE 9: OPINION ABOUT THE METHOD OF MANAGING DISTRESS BASED ON DESIGNATION

Opinion about the Method of Managing Distress based on Designation				
Parameters		Designation		Total
		Junior Nurse	Senior Nurse	
Destress Methods practised by you	Home-Remedy	1	0	1
		(0.6)	(.0)	(.6)
	Listening to Music	1	1	2
		(0.6)	(0.6)	(1.2)
	Meditation	0	59	59
		(.0)	(34.7)	(34.7)
	Others	46	0	46
		(27.1)	(.0)	(27.1)
	Sleeping	13	14	27
		(7.6)	(8.2)	(15.9)
	Yoga	0	35	35
		(.0)	(20.6)	(20.6)
Total		61	109	170
		(35.9)	(64.1)	(100.0)

Source: Primary Data

The table 9 inferred that among the junior nurses 27.1 percentage practice other destress methods, 7.6 percentage sleep and 0.6 percentage listen to music and follow home remedy. Among the senior nurses 34.7 percentage practice meditation, 20.6 percentage practice yoga, 8.2 percentage sleep and 0.6 percentage listen to music.

10. OPINION ABOUT LEVEL OF SATISFACTION ABOUT RELATIONSHIP AND WORKING ENVIRONMENT OF THE RESPONDENTS

TABLE 10: OPINION ABOUT LEVEL OF SATISFACTION ABOUT RELATIONSHIP AND WORKING ENVIRONMENT OF THE RESPONDENTS

Parameters	Highly satisfied	Satisfied	Neutral	Dissatisfied	Highly dissatisfied	Mean Score	Rank
Relationship with the colleagues	16	17	44	80	13	2.665	VIII
Relationship with the subordinates	60	1	14	48	47	2.876	VII
Relationship with the superiors	43	1	94	19	13	3.247	II
Relationship with the doctors	48	65	1	13	43	3.364	I
Relationship with the patients	80	1	14	17	58	3.164	IV
Relationship with the public	35	61	17	14	43	3.182	III
Working conditions in the hospital	34	61	14	2	59	3.053	V
Salary & promotions	34	17	60	16	43	2.9	VI
Shift system	1	34	43	73	19	2.559	IX

Source: Primary Data

The table 10 highlights respondents opinion about the factors that influence the level of satisfaction about work relationship and environment. Among the listed nine factors relevant to relationship, relationship with doctors, superiors, public, patients and working condition are the important attributes for satisfaction related to workplace relationship and working condition.

11. OPINION ABOUT LEVEL OF DIFFERENT STRESS AND ITS INFLUENCES ON THE RESPONDENTS

TABLE 11: OPINION ABOUT LEVEL OF DIFFERENT STRESS AND ITS INFLUENCES ON THE RESPONDENTS

Parameters	High	Medium	Low	Mean Score	Rank
Work stress	15	120	35	1.882	II
Family stress	32	1	137	1.382	VI
Peer stress	1	98	71	1.588	V
Physical stress	94	58	18	2.447	I
Psychological stress	18	75	77	1.653	IV
Environmental stress	2	58	110	1.365	VII
Social stress	46	51	73	1.841	III

Source: Primary Data

The table 11 shows the opinion of the respondents about different stress and its influences. Among the various factors listed relevant to stress, physical stress, work stress, social stress, psychological stress, family stress and environmental stress are the important parameters which determines the type of stress and its influences on the respondents.

12. OPINION ABOUT IMPACT OF VARIOUS ATTRIBUTES ON WORK STRESS OF THE RESPONDENTS**TABLE 12: OPINION ABOUT IMPACT OF VARIOUS ATTRIBUTES ON WORK STRESS OF THE RESPONDENTS**

Parameters	Highly Agree	Agree	Neutral	Disagree	Highly Disagree	Mean score	Rank
Relationship with the colleagues	34	2	43	64	27	2.718	VIII
Relationship with the subordinates	43	14	17	16	80	2.553	IX
Relationship with the superiors	45	59	15	1	50	3.282	III
Relationship with the doctors	103	29	1	35	2	4.153	I
Relationship with the patients	43	1	76	15	35	3.012	V
Relationship with the public	43	2	60	17	48	2.853	VI
Working environment in the hospital	17	89	28	35	1	3.506	II
Salary & promotions	43	1	13	97	16	2.753	VII
Shift system	43	50	16	13	48	3.159	IV

Source: Primary Data

The table 12 outlines respondents opinion about impact of various attributes on work stress. Among the various factors listed relevant to relationship, relationship with doctors, working environment, superiors, shift system and patients are the important attributes which shows the impact on work stress of the respondents.

13. LEVEL OF SATISFACTION ABOUT THE IMPACT OF DESTRESS TRAINING PROGRAMMES**TABLE 13: LEVEL OF SATISFACTION ABOUT THE IMPACT OF DESTRESS TRAINING PROGRAMMES**

Parameters	Highly satisfied	Satisfied	Neutral	Dissatisfied	Highly dissatisfied	Mean Score	Rank
Work life balance	2	80	27	2	59	2.788	IV
Manage the performance level	17	28	80	1	44	2.841	III
Conflicts management	15	43	15	47	50	2.565	V
Children care	13	95	18	1	43	3.2	II
Absenteeism/ concentration	1	34	15	30	90	1.976	VI
Care to patients	104	51	13	1	1	4.506	I

Source: Primary Data

The table 13 shows respondents level of satisfaction about the impact of destress training programmes. Among the various factors listed, care to patients, children care, managing the performance level and work life balance are the important attributes for satisfaction related to the impact of destress training programmes.

FINDINGS

- It has been found that from table 1, 34.7% of respondents come under the age group of 18-25 years, 91.2% of respondents are married, 64.1% of respondents belong to senior nurse cadre, 91.2% of respondents are permanent employees, 28.8% of respondents have completed PG in nursing, 33.5% of respondents draw salary above Rs.25000 and 34.7% of respondents have less than 5 years of experience.
- From table 2, it has been found that 27.1% of the employees coming under the age group of 18-25 years are satisfied with the working conditions in the hospital, 26-30 years 0.6% of employees are dissatisfied and feeling neutral, 31-40 years 0.6% of employees are dissatisfied and satisfied, 41-50 years 20% of employees are highly satisfied and 9.4% are highly dissatisfied and 25.3% of the employees coming under the age group above 50 years are highly dissatisfied and 8.2% are satisfied.
- From table 3, it has been found that among junior nurses 27.1% say that superior attitude is the main factor for their stress, 7.6% say work load and 0.6% say management activities and all the mentioned reasons, 25.9% of senior nurses say that family issue is the factor of their stress, 20% say personal reasons, 9.4% say superior attitude, 8.2% say management activities and 0.6% say working conditions. It has been found that from table 4, 35.3% of the permanent employees are dissatisfied with the shift system, 25.3% are feeling neutral, 20% are satisfied, 10% are highly dissatisfied and 0.6% is highly satisfied, 7.6% of the temporary employees are dissatisfied with the shift system and 1.2% are highly dissatisfied.
- From table 5, it has been found 70.6% of the permanent employees experience medium level of stress, 20% experience low stress and 0.6% experience high stress, 8.2% of the temporary employees experience high level of stress and 0.6% experience low stress. From table 6, it has been found 55.3% of the permanent employees experience high level of physical stress, 25.9% experience medium stress and 10% experience low stress, 8.2% of the temporary employees experience medium level of physical stress and 0.6% experience low stress. It has been found that from table 7, senior nurses outlines 33.5% have no proper attention to patients because of stress, 20% outlines decrease in performance level, 9.4% highlights improper work life balance and 0.6% say absent mindedness/lack of concentration and conflicts in the family, 27.1% of junior nurses say no proper care is given to children because of stress, 7.6% say improper work life balance and 0.6% say absent mindedness / lack of concentration and frequent absenteeism.
- It has been found that from table 8, 45.3% of the government employees have undergone destress training and 18.2% of the private employees have undergone destress training. It has been found that from table 9, among the junior nurses 27.1% practice other destress methods and 34.7% of senior nurses practice meditation.
- The table 10 highlights respondents opinion about the factors that influence the level of satisfaction about work relationship and environment. Among the listed nine factors relevant to relationship, relationship with doctors, superiors, public, patients and working condition are the important attributes for satisfaction related to workplace relationship and working condition.
- The table 11 shows the opinion of the respondents about different stress and its influences. Among the various factors listed relevant to stress, physical stress, work stress, social stress, psychological stress, family stress and environmental stress are the important parameters which determines the type of stress and its influences on the respondents.
- The table 12 outlines respondents opinion about impact of various attributes on work stress. Among the various factors listed relevant to relationship, relationship with doctors, working environment, superiors, shift system and patients are the important attributes which shows the impact on work stress of the respondents.
- The table 13 shows respondents level of satisfaction about the impact of destress training programmes. Among the various factors listed, care to patients, children care, managing the performance level and work life balance are the important attributes for satisfaction related to the impact of destress training programmes.

SUGGESTIONS

- ✓ Importance should be given for proper stress management activities.
- ✓ Work involvement may be enriched for the reduction and management of stress.
- ✓ Family consultation and sharing of work happenings with family members may help to reduce stress.
- ✓ Self work load management helps to manage stress.
- ✓ Frequent and periodic comprehensive stress counseling programmes may be organized with the help of external experts.

- ✓ Bio-feedback and opinion survey may be organized through suitable monitoring programmes.
- ✓ Flexible working hours may be strengthened.
- ✓ Work group interaction programmes and gatherings may be organized.

CONCLUSION

Stress is an inevitable and unavoidable instrument needed to be brought and managed in today's competitive work places. The level of stress and its amount of consequences vary within and between organizations based on the nature and type of work practices. Stress is a kind of conceding instrument which affects both employees and beneficiaries especially in service sector like health care and hospitals. The level and consequences of stress encountered by employees in health care sector have an impact in both positive and negative way for employees and patients. Health care is the typical sector which employs more women than men, women is the source affected by stress based on personal, social, family and psychological basis. The effective self and contributory management systems help the women employees to manage stress in health care sector.

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