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Impact of occupational stress among the nurses in Tamil Nadu

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Abstract

Healthier employees operating under manageable levels of stress will be happier and more positive, helping to maintain a strong, healthy workplace culture that's conducive to creativity and productivity. The paper examined that the occupational stress among nurses in Tamil Nadu. Descriptive research method was suitable method for this study. Frequency and chi-square test was applied. It is found that the occupational stress is association with and Age of the nurses. Second, the occupational stress is association with Marital Status of the nurses. Third, the occupational stress is association with living place of the nurses. Fourth, the occupational stress is having association with Experience level of the nurses.

Keywords: occupational stress, age, marital status, nurses, Tamil Nadu

1. Introduction

Hans Selye defines stress as, "the non-specific response of the body to any demand made upon it". Cooper, C.L. and J. Marshall (1976) [19] define job stress as, "a condition arising from the interaction of people and their jobs and characterized by changes within people that force them to deviate from their normal functioning." Thus stress is an adaptive response to an external situation that results in physical, psychological and behavioural deviations for organisational participants. Whilst organisations are increasingly aware of the scale of stress-related problems in the workplace and their harmful consequences, minimal efforts have been invested in trying to prevent it effectively at source. A number of strategies can be used by employers, managers and union officials with a view to providing employees with a working environment which does not place excessive demands on their abilities. Note that theoretical stress prevention models differ with respect to a number of parameters. For example, DeFrank and Cooper (1987) [1] suggest that interventions to reduce stress in the workplace may target the individual, the organisation or the interface between the individual and the organisation. Individual actions seek to increase the physical and psychological capacity of the individual to enable him to adapt to the stressful situation. In turn, organisational interventions aim to reduce stress on a macro level, e.g. by modifying certain aspects of the organisational structure, revising personnel selection processes and policies such as to adapt the working environment to employees' needs. Finally, actions which are taken on a more local level (i.e. within a team or a department) tend to put the emphasis on the interface between the individual and the organisation, e.g. by clarifying roles or by increasing staff involvement and autonomy.

Jyothi Budhreja (2008) [6] proposes a model which classifies interventions according to their level, namely the primary level (i.e. reducing sources of stress), the secondary level (i.e. improving stress management by the individual) and the tertiary level (i.e. rehabilitation and treatment). Primary prevention aims to eliminate or control risk factors which exist in the working environment by acting directly on these factors. Primary prevention aims to act on the causes of stress (psychosocial risks in the work environment). Reducing and preventing psychosocial risks in the workplace implies an action on the causes of stress rather than on its consequences. As far as secondary prevention programmes are concerned, they aim to help employees manage by improving or modifying their strategies for adapting to the sources of stress (i.e. time management, cognitive restructuring, etc) or by relieving the symptoms associated with stress (i.e. relaxation, physical exercise, therapy, etc). As for tertiary level

actions, these are concerned with treatment, rehabilitation, procedures for returning to work and monitoring of individuals who are suffering or have suffered from mental health problems in the workplace (Cooper & Cartwright, 1997) ^[2].

The frontiers of knowledge on the concept of stress and its effects are expanding in all directions. There exists a multiplicity of theories and invalidated explanations to the term stress. But there is general acceptance of the concept of stress as a description of the individual's reactions to the environmental demands and influences which are potential stressors. Stressors combine to pressure an individual until stress develops.

Objective of the study

- To find out the level of organisational stress among Nurses
- To analyze the association between occupational stresses based on demographical characteristic

Hypothesis

Ho: There is no significant association between occupational stresses based on demographical profile

The following workplace factors (job stressors) can result in stress

- Job or task demands (work overload, lack of task control, role ambiguity)
- Organizational factors (poor interpersonal relations, unfair management practices)
- Financial and economic factors
- Conflict between work and family roles and responsibilities
- Training and career development issues (lack of opportunity for growth or promotion)
- Poor organizational climate (lack of management commitment to core values, conflicting communication styles, etc.)

Stressors common in health care settings include the following

- Inadequate staffing levels
- Long work hours
- Shift work
- Role ambiguity
- Exposure to infectious and hazardous substances

Stressors vary among health care occupations and even within occupations, depending on the task being performed. In general, studies of nurses have found the following factors to be linked with stress:

- Work overload
- Time pressure
- Lack of social support at work (especially from supervisors, head nurses, and higher management)
- Exposure to infectious diseases
- Needle stick injuries
- Exposure to work-related violence or threats
- Sleep deprivation³
- Role ambiguity and conflict
- Understaffing
- Career development issues
- Dealing with difficult or seriously ill patients

Among physicians, the following factors are associated with stress:

- Long hours
- Excessive workload
- Dealing with death and dying
- Interpersonal conflicts with other staff
- Patient expectations
- Threat of malpractice litigation

The quality of patient care provided by a hospital may also affect health care worker stress. Beliefs about whether the institution provides high quality care may influence the perceived stress of job pressures and workload because higher quality care maybe reflected in greater support and availability of resources, Jayashree, Rajendran (2009) ^[5].

Stress Management Intervention

Occupational stress interventions can focus either on organizational change or the worker. Worker-focused interventions often consist of stress management techniques such as the following:

- Training in coping strategies
- Progressive relaxation
- Biofeedback
- Cognitive-behavioral techniques
- Time management
- Interpersonal skills

Research problem

Financial compensation of workers for stress-related problems has also increased markedly in recent years (Grippa and Durbin, 1986) ^[15], as reflected most clearly in a dramatic rise in the occupational claims of employees seeking compensation for stress-induced psychological dysfunctions (Lowman, 1993) ^[16]. Since 1970, studies of stress in the workplace have increased more than 20 fold, whereas research on family stress has received considerably less attention. Consistent with these results, a study conducted by the St. Paul Fire and Marine Insurance Company (1992) ^[17] found that problems at work were more strongly associated with health complaints than were any other life stressor events, including family problems. Growing recognition of the adverse consequences of stress in the workplace for employee health and well-being is clearly reflected in an increasing number of studies of occupational stress published in the medical and psychological literature during the past quarter-century.

It is readily apparent that increased concerns about job stress have stimulated numerous studies that have helped to identify important sources of stress in the workplace (Quick *et al.*, 1997) ^[12]. It should be noted, however, that the theories that guided this research have differed from study to study, resulting in diverse goals of investigation, conceptual confusion and inconsistent and often conflicting research findings (Kasl, 1978; Schuler, 1980) ^[13, 14]. Kahn and Byosiere (1992) ^[8] have reviewed and evaluated the most influential models of occupational stress and summarized the empirical findings relating to these models. While some investigators have focused on the pressures of a particular job, others have been concerned primarily with the behavioral and health consequences of work-related stress (Schuler, 1991).

Research methodology

Research refers to the systematic investigation of the particular problem. It is a plan of action for a research project and explains in detail how data are collected, analyzed and presented so that it provides meaningful information.

Research type

Descriptive Research method is applied to find out the occupational stress among nurses in Tamilnadu.

Sampling

Simple random sampling is used to collect the data. Primary data is used to collect the data. Based on the pilot study, reliability analysis is applied to find out the reliability of the tool for this population.

Sample size

The required sample size is determined using scientific formula. Samples of 40 respondents are considered for this study. This study examines the relationship independent variables and dependent variable towards the outcome variable.

Statistical tools

Suitable statistical tools are applied. Further, chi-square and percentage analysis is computed.

Analysis and interpretation

Table 1: Level of occupational stress

occupational stress	Frequency	Percent
Low	4	12.5
Medium	29	72.5
High	7	15.0

Source: Primary data

Table 1 explains the nurses opinion towards their level of occupational stress. Occupational stress is classified in to low, medium, high level. 12.5% are having high level self confident and 72.5% are having medium level occupational stress, 15.0% is having low level occupational stress. It is found to be majority of student are having medium level of occupational stress. Ivancevich, *et al.*, (1990) [4] Occupational stress is an increasingly important occupational health problem and a significant cause of

economic loss. Occupational stress may produce both overt psychological and physiologic disabilities. The use of role concepts suggests that occupational stress is associated with individual, interpersonal and structural variables (Kutz and Kahn, 1978) [13].

Table 2: Association between level of occupational stress and living place

Occupational stress	work location		Total	Chi-square Value	p-value
	Rural	Urban			
Low	1	3	4	9.231(a)	0.010*
	2.5%	7.5%	10.0%		
Medium	0	29	29		
	.0%	72.5%	72.5%		
High	0	7	7		
	.0%	17.5%	17.5%		

Source: Primary data; *significant at one percent level

Ho: There is no significance association between level of occupational stress and living place of the nurses. The calculated chi-square value is found to be 9.231 and the P-value is 0.010, which is significant at one percent. Hence, the stated hypothesis is rejected. It is inferred that the nurses occupational stress is having association with living place of the nurses.

Table 3: Association between level of occupational stress and Marital Status

occupational stress	Marital Status		Total	Chi-square Value	p-value
	Married	Unmarried			
Low	4	0	4	3.218(a)	0.001*
	10.0%	.0%	10.0%		
Medium	22	7	29		
	55.0%	17.5%	72.5%		
High	7	0	7		
	17.5%	.0%	17.5%		

Source: Primary data; *significant at one percent level

Ho: There is no significance association between level of occupational stress and Marital Status of the nurses. The calculated chi-square value is found to be 3.218 and the P-value is 0.001, which is significant at one percent. Hence, the above hypothesis is rejected. It is inferred that the nurses occupational stress is having association with Marital Status of the nurses

Table 4: Association between level of occupational stress and Age

occupational stress	Age				Total	Chi-square Value	p-value
	Upto 25	26-30	31-40	above50			
Low	0	4	0	0	4	20.529	0.009*
	.0%	10.0%	.0%	.0%	10.0%		
Medium	4	13	11	0	29		
	10.0%	32.5%	27.5%	.0%	72.5%		
High	0	2	2	3	7		
	.0%	5.0%	5.0%	7.5%	17.5%		

Source: Primary data; *significant at one percent level

Ho: There is no significance association between level of occupational stress and Age of the nurses.

The calculated chi-square value is found to be 20.529 and the P-value is 0.009, which is significant at one percent. Hence, the above hypothesis is rejected. It is inferred that

the nurses occupational stress is having association with and Age of the nurses.

Table 5: Association between of occupational stress and Experience level

occupational stress	Experience				Total	Chi-square Value	p-value
	< 5	6 -10	11-15	>20			
Low	4	0	0	0	4	21.362	0.002*
	10.0%	.0%	.0%	.0%	10.0%		
Medium	11	16	2	0	29		
	27.5%	40.0%	5.0%	.0%	72.5%		
High	2	2	0	3	7		
	5.0%	5.0%	.0%	7.5%	17.5%		

Source: primary data; *significant at one percent level

Ho: There is no significance association between level of occupational stress and Experience level of the nurses.

The calculated chi-square value is found to be 21.362 and the P-value is 0.002, which is significant at one percent. Hence, the above hypothesis is rejected. It is inferred that the nurses occupational stress is having association with and Experience level of the nurses.

Finding of the study

- It is found to be majority of student are having medium level of occupational stress.
- It is inferred that the nurses occupational stress is having association with living place of the nurses.
- It is inferred that the nurses occupational stress is having association with Marital Status of the nurses
- It is inferred that the nurses occupational stress is having association with and Age of the nurses.
- It is inferred that the nurses occupational stress is having association with and Experience level of the nurses.

Suggestion

- It is found that the occupational stress is having association with and Age of the nurses. It is revealed that the occupational stress is having association with Marital Status of the nurses.
- The result revealed that occupational stress is having association with living place of the nurses.
- The occupational stress is having association with Experience level of the nurses is to be found.

Conclusion

The paper is concluded that that the occupational stress influence the employees work efficiency among nurses in Tamilnadu. Stress is inevitable in our society. Researchers on stress make it clear that, to enter in to the complex area of stress, especially in to the area of occupational stress, is very difficult. Kahn *et al.*, (1964)^[9]; Kahn (1981)^[7] Kahn, R.L. and P. Byosiere (1992)^[8] Stress is an unavoidable consequence of modern living. During the past decade, the banking sector had under gone rapid and striking changes like policy changes due to globalisation and liberalisation, increased competition due to the entrance of more private (corporate) sector banks, downsizing, introduction of new technologies, etc. Due to these changes, the employees in the banking sector are experiencing a high level of stress. It is Suggest that can alleviate the stress of employees and leads to their better adjustment within the organisation. Selye (1974)^[10]; (1983)^[11] Undertake stress audit at all levels in the organization to identify stress area improving conditions of job and alleviating job stress. Encourage involvement of leaders and personnel at various levels in all

phases of strategic interventions to ensure successful and long-standing interventions.

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