A STUDY ON JOB STRESS MANAGEMENT AMONG GOVERNMENT HOSPITALS EMPLOYEES IN CHENNAI

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ABSTRACT

Human resource management is a strategic way of effective management of people at work. By way of HRM, the employees of an organization are given the best they deserve. In other words, HRM is explained as evaluation of employee's performance in an organization. Stress is a term which has become quite familiar in the past two decades in the day-to-day living of a human. The reason for the stress is not the external events and the dynamics of the environment. The original reason is due to the reaction of person to the external environment.

KEYWORDS: *Human Resource Management; Stress; Attributes and Causes of Stress and Problems*

INTRODUCTION

Stress has become a pervading feature of people's life in the modern world. The modern world which is said to be a world of achievements is also a world of stress. Stress is everywhere, whether it is in the family, business organization, enterprise, institute or any other social or economic activity. Right from birth till death, an individual is invariably exposed to various stressful situations.

Despite tremendous advancements in science and technology, and remarkable growth of economy and sources of luxury, people all over the world seem to experience stress in various spheres of their lives. Consistently, psychosomatic and psychological disorders are increasing, the feelings of frustration and dissatisfaction with life in general reflect the stress being experienced by people.

In the past also, the societies were not entirely free from stress. However, the causes of stress in those societies were episodic in nature, low in severity and frequency. But during the last two decades, the span of psychosocial stress has drastically increased. The basic reason is the change in physical and socio-cultural environment of the contemporary societies and life style of the people. Peoples' life has become more demanding, complicated, mechanical and dependent running by the clock. Ever increasing needs and aspirations, high competition, pressures of meeting deadlines, uncertainty of future and weak social support system have made the life of people stressful in modern societies.

The term 'Stress' is discussed not only in day-to-day conversations, not only but also in the media has become an issue to attract widespread media attention. Different People have different views about stress, as it is stress experienced from a variety of Sources. Dr. Selye Hans said **"Without stress, there would be no life"** Olpin, Micheal and Helson Margie (2010, 2007).

CONCEPT OF FRAMEWORK

Ancient Indian Concept of Stress

A number of concepts were developed by ancient Indian Scholars related to the phenomenon of stress, even though the concept of stress in modern sense is not easily found in traditional texts of Indian culture and tradition. It is interesting to note that the body-mind relationship, a characteristic of modern stress studies is emphasized in SAyurvedic Indian System of medicine.

Rao S.K.R. (1983) has traced the origin of stress in ancient Indian thought. It mentions three types of stress namely, personal, situational and environmental. Personal stresses can again be of two types, namely physiological and psychological. "Physiological stresses are born out of imbalances between physiologic constituents. Psychological stresses are caused by various emotional states of mind. Situational Stresses are caused by 'unwholesome interpersonal transactions', which may include conflicts, aggression and competition etc. "Environmental stresses are occasioned by natural calamities". The stress operates through different modes of stressors. The model proposed in Yoga Sutra is a comprehensive one that incorporates cognitive structuring, affective or emotional stages and adaptive reactions. It presents the concept of "Kriya Yoga'' which aims at reducing number and intensity of the stressors and facilitates conservation of mental energy devoid of tension defined as Samadhi Bhavana. The system of Yoga is analytical and helps the individual in understanding his/her own stresses by leading him/her to the root causes of these stresses.

Positive Role of Stress: A New Perspective

The present day researchers and practitioners visualize the phenomenon of stress in a new perspective. As Kets de Vries (1979) had noted, each individual needs a moderate amount of stress to be alert and capable of functioning effectively in an organization. Organizational excellence and individual success are achieved through well-managed stresses.

Indian Scholars (Pestonjee, 1987a, Mathew, 1985) in their conceptual papers agreed with this connotation. Pestonjee and Singh (1987) while studying stress and job satisfaction noted that managers and system analysts in private organizations scored higher on both stress and satisfaction as compared to their counterparts in public organizations.

Mathew (1985) in his conceptual paper on role stress of a creative manager studied the relationship between creativity and stressors. He noted that creativity and innovation in organizations have a top priority. Therefore, stressors are associated with creative activities. Interaction among various subsystems of organizations such as person, task, role, behaviour setting, physical and Social environment are seen as causal factors of stress. A teacher's role in management institute is similar to that of a manager in an organization. Management teachers are also associated with many creative teaching learning activities. It may be well at this point to review the concept and theory of stress and examine the stress potential with reference to the creative and non-creative roles of a management faculty member through the execution of teaching-learning activities.

The concept of stress was first introduced in life sciences by Selye Hans in his pioneering work in 1936. This concept is borrowed from natural sciences and is derived from the Latin word "Stringere'' which means to draw tight. In psychophysiology, stress refers to some stimulus resulting in a delectable strain that cannot be accommodated by the organism, and ultimately results in impaired health or behaviour. In common parlance, however, the terms 'Stress' and 'Strain' are used synonymously in a nonscientific manner. The popularity of this concept was established in the

physiological field where it was first introduced, but the use of stress terminology continues to flourish in psychology and social sciences.

The term stress and research on its causes, consequences and management have reached the peak of popularity in modern times. The reactions to intense psychological and behavioural stress have become major concerns of psychological, psychiatric, medical and managerial investigations. However, the potential of the term stress for understanding and explaining individuals' behaviour and pathologies has not yet been fully realised by stress researchers. The first point of the dealer is to hold a client as he is the most eminent individual in agribusiness. For any business to win with its purchasers, they need to set up a working relationship that understands the customer (C. Vethirajan. et al (2014).The term 'stress' is used to connote a variety of meanings both by the common man and the psychologists. Yet, it appears that the essential features of stress experience have not received the attention they deserve. What has hampered the adequate use of the concept of stress is the fact that different investigators have employed different referents and meanings for the term stress and thus, have developed different models for it.

REVIEW OF LITERATURE

Jaime and Dianne (2011) examined the relationships of stressors, appraisal and coping with psychological wellbeing in 75 local humanitarian personnel from a local non-governmental organization from Medellin, Colombia. Participants answered a pen and paper Spanish version of the Stress Profile. Wellbeing was related to adaptive patterns of appraisal, coping, satisfaction with social support, and cognitive hardiness. Stressors were related to dissatisfaction with social support and decreased cognitive hardiness. Stressors were not associated with decreased psychological wellbeing, appraisal or coping. They suggest that humanitarian workers in field and administrative roles do not necessarily experience high stress and low wellbeing but support from family members and work colleagues is important. **Ali (2014)** identified the status of occupational stress among a sample of hospital employees in Iran. It further intended to reveal the harmful effects of occupational stress on employees' health and well-being. The study used a cross-sectional research design. A validated questionnaire was used to collect data from hospital employees. Job-related, working environment, interpersonal and organisational factors were related to occupational stress. One-fourth of employees rated their occupational stress high. The major sources of occupational stress were inadequate pay, inequality at work, too much work, staff shortage, poor recognition and promotion, time pressure, job insecurity and lack of management support. High levels of occupational stress have been linked to an increased risk of physical injuries, cardiovascular disease, high blood pressure, depression and increases in negative personal behaviours such as anger, anxiety and irritability. Occupational stress was positively associated with employees' turnover intentions. **Ganeshan M K et al. (2020),** in his research paper explained about skills, employment stress, and present situation of employment, present status of skill, ministry or department take initiatives of employment, education, job creation, challenges elaborates the research studies. **Su-Fen *et al*. (2015)** investigated the relationships among role stressors, social support, and employee deviance. Specifically, this study explored the relationships of role stressors (i.e. role conflict, role ambiguity, and role overload) to interpersonal and organisational employee deviance. Furthermore, this study examined the moderating role of social support (from supervisors and coworkers) on the above relationships. Data were collected from 326 paired samples of sales and customer service employees as well as their immediate supervisors in Taiwan. Role conflict had a positive relationship with both organisational and interpersonal deviance. Role ambiguity was positively, while role overload was negatively related to organisational deviance, respectively. Role ambiguity was more strongly related to organisational than to interpersonal

deviance. Coworker support had a significant moderating effect on the role overload – interpersonal deviance relationship. **Nedumaran G et al. (2020),** the research studied about impact on customer perceptions of green banking process with special reference in Rajapalayam Taluk and also studies list out technology reduce the pollution, power saving equipment and saving paper also studied. **Jennifer et al. (2016)** examined whether emotion-and problem-focussed employee coping styles affect the relationship between workplace incivility and job attitudes (job satisfaction, sense of community), and whether these effects vary by gender. Survey methodology was used to obtain self-report data from a sample of 314 working adults (90 percent Hispanic, 62 percent female) enrolled in courses at a public university. Targets of workplace incivility experienced lower job satisfaction and sense of community at work. Employees who typically used problem-focussed coping (PFC) to respond to work stressors experienced greater negative outcomes associated with incivility. Mixed results were found for employees who typically engaged in emotion-focussed coping (EFC) at work: frequent use of avoidant coping and religious coping buffered against the impact of incivility, however, support seeking coping styles strengthened the negative outcomes associated with incivility. These effects varied by gender. **G. Suguna (2017)** in her study, attempts to a study on work life balance dilemmas faced by nurses working in private hospitals. Work-life balance issues have assumed a lot of importance in recent times due to increasing in single parent families, dual career couples and issues of elder care which create complex situations for the nursing staff. The factors that sustain or impede a healthy work life relationship are multifaceted and likely to differ depending on an individual's life circumstances, values and priorities. **Funmilola Adenike Faremi (2019),** aims to analyse the assessment of occupational related stress among nurses in two selected hospitals in a city south western Nigeria. Results showed nurses are susceptible to occupational stress because of intense daily activity. Nurses are not ever thought as needing help but only as the care givers. **Ganeshan M K et al. (2020)** according to his research the changing environment of employee expectation, change in the work environment as well misunderstanding to the top call these driving forces lead to the implementation of e-HRM. Employees in working condition under stress situations as time work and manage life. **Dianna Theadora Kenny(2007)** the research of the psychlonfo database show various applications of stress management, such as health care, occupational settings, educational settings, community programmes, and critical incident stress management. **Vethirajan C (2017),** in his article entitled "Societal Needs and CSR Practices of Indian Companies – A Study with reference to companies in Chennai Region" Indian companies are performing extremely well in their respective fields, and they compete with foreign competitors. Many foreign companies adopt Indian companies' strategies to win over the competition. Apart from business success, societal orientation is important for any Indian company not only to satisfy societal needs but also to have a sustainable economic growth.

STATEMENT OF PROBLEM

Stress and work life balance in a health care industry has been a major worldwide problem for quite something now. Coping strategies and work life balance policies are increasing the job productivity and increased quality of work life in developing countries. The critical analysis of the literature on Stress and work life balance variables in selected Government hospitals illustrates the increasing job productivity and contentment. Questions have been raised about their increasing work pressure, physical and emotional overload, financial needs and recent technology, working conditions, pressure from the society, non-following rules, support from family, society and the organisation. It is noted that the different elements have only been studies at only stress. But this research intends to look beyond the outcomes of stress with work life balance. The review concludes that stress and work life balance mainly related to demand factors, society's factor, support factor and perceptions of work life balance.

OBJECTIVES OF THE STUDY

- To examine the level of stress among employees in Government hospitals in Chennai.

- To find out the causes for stress among the difference categories of employees.

- To analyses the effect of stress factors in the study area.

- To provide recommendation based on the findings

METHODOLOGY

This study both analytical and descriptive type of methodology. This study mainly based on both primary and secondary data.

A well-conceived questionnaire was used for the collection primary data. The secondary data was collected from research publications, standard journals and periodicals, books, websites, etc.

SAMPLE SIZE AND DESIGN

The research depends up to the data collected by the researchers itself as well as from other common source. The researcher data were collected by conducting a sample survey of employees working in Chennai. There are total are 671 employees of public hospital have been selected for the present study. This study was done by the method of stratified random sampling. This paper is also analysis of data collection by representing it in tabular form along with interpretations. The information of collected and evaluated for approaching actual outcomes of the study.

RESULTS AND DISCUSSIONS

Table 1

Distribution of Respondents with Respect to their Demographic Variables

Distribution of respondents, who are working in different government hospitals according to their demographic variables are presented in Table 1.

Table 1: Distribution of Respondents According to their Demographic Variables

Demographic Variable	Categories	No. of Respondents	Per cent
Age	Upto 35 years	176	26.23
	36 - 45 years	123	18.33
	Above 45 years	372	55.44
Educational Qualification	Diploma	111	16.54
	Graduate	336	50.07
	Post-Graduate	169	25.19
	School level	55	8.20
Designation	Doctor	184	27.42
	Nurses	250	37.26
	Technical Staffs	103	15.35
	Non-Technical	73	10.88
	Menials	61	9.09
Hospital	Rajiv Gandhi Govt. General Hospital	151	22.50
	Kilpauk Medical College Hospital	136	20.27
	Govt. Royapettah Hospital	118	17.59
	Multispeciality Govt. Hospital	120	17.88
	Govt. Stanley Hospital	146	21.76

Table 1: Contd.,

Monthly Income	Upto Rs.50,000	265	39.49
	Rs.50,001 to 75,000	225	33.53
	Rs.75,001 to 1,00,000	104	15.50
	Above Rs.1,00,000	77	11.48
Family Type	Nuclear	455	67.81
	Joint	216	32.19
Spouse Employment	Not employed	92	13.71
	Govt. Employee	120	17.88
	Private Employee	258	38.45
	Professional	201	29.96
Years of Experience	Upto 10 years	163	24.29
	11 - 20 years	204	30.40
	21 - 30 years	94	14.01
	Above 30 years	210	31.30
Total		**671**	**100.00**

In this study, the majority of the respondents (66.77 per cent) are female and the remaining 33.23 per cent of them are male. Age-wise the respondents are categorized into different groups namely, 'upto 35 years', '36 – 45 years' and 'above 45 years' and their distribution are 26.23 per cent, 18.33 per cent, 55.55 per cent, respectively. Educational qualification-wise, the distribution shows that half of them (50.07 per cent) are Graduates, one-fourth of them (25.19 per cent) are Post-Graduates, 17.54 per cent of them are diploma holders and only 8.20 per cent of them are School level educationally qualified respondents.

Based on the designation of the respondents, the distribution shows that 37.26 per cent of them are Nurses, 27.42 per cent of them are Doctors, 15.35 per cent of them are Technical Staff, 10.88 per cent of them are Non-Technical Staff and only 9.09 per cent of the representation is obtained from the Menial category.

Hospital-wise the distribution of respondents shows that 22.50 per cent of them from Rajiv Gandhi Government General Hospital, 20.27 per cent of them from Kilpauk Medical College Hospital, 21.76 per cent of them from Government Stanley Hospital, 17.88 per cent of them from Multi-speciality Government Hospital and 17.59 per cent of them from Government Royapettah Hospital.

Based on monthly income of the respondents' distribution, categorized into different groups such as: upto Rs.50,000, Rs.50,001 to 75,000, Rs.75,001 to 1 lakh and above One Lakh, and their distribution is found to be 39.49 per cent, 33.53 per cent, 15.50 per cent and 11.48 per cent, respectively.

In this study, the majority (67.81 per cent) of them are from Nuclear family type and 32.19 per cent of them are from Jointly family respondents. The respondents' spouse employment-wise, distribution shows that 13.71 per cent of them are not employed are home-makers, 17.88 per cent of them are government employees in different organizations, 38.45 per cent of them are private employees and 29.96 per cent of them are professionals.

Years of experience in the field of health services is obtained and the distribution shows that 31.30 per cent of them are above 30 years experienced, 30.40 per cent of them are experienced in the category 11-20 years, 14.01 per cent of them are experienced in fall in the category 21 – 30 years and upto 10 years experienced respondents are 24.29 per cent.

Table 2

Age and Institution Stress

The Table .2.and Figure …… represent the results of descriptive statistics (mean, standard deviation) and one-way analysis of variance for institution stress among the different age group respondents.

Table 2: Results of Mean, S.D. and One-Way Analysis of Variance for Institution Stress among the Different Group of Respondents According to their Age

Age	N	Mean	Std. Deviation	F-value	p-value
Upto 35 years	176	2.97	0.30		
36 - 45 years	123	3.01	0.37	308.097	0.00**
Above 45 years	372	2.19	0.47		
Total	**671**	**2.55**	**0.57**		

** - Significant at the 0.01 level

The mean scores of Institution Stress for different age groups (sample mean) are found to be 2.97 for 'upto 35 years', 3.01 for '36 to 45 years', 2.19 for above 45 years and 2.55 for overall mean score (population mean). It is known from the result that institution stress is found to be more for 'upto 35 years' and '36 to 45 years' age groups. The result of standard deviation shows that comparatively 'Above 45 years' age group deviate more among themselves in institution stress than other age groups.

Further to know group difference statistically, among the various age group respondents on institution stress, one-way analysis of variance test was applied and the obtained 'F' value is found to be 308.097 and the 'p'-value is 0.00. It is implied from the result that institution stress is found to be statistically significance difference at the 0.01 level.

Table 2.a: Results of Tukey Post HOC Test for Different Age Group of Respondents in their Institution Stress

Age	N	Subset for Alpha = 0.05	
		1	2
Above 45 years	372	2.1929	
Upto 35 years	176		2.9723
36 - 45 years	123		3.0086
Sig.		1.000	0.678

Means for groups in homogeneous subsets are displayed.

Uses Harmonic Mean Sample Size = 181.817

Table 3

Working Hospital and Institution Stress

The Table 4.3 and Figure represent the results of descriptive statistics (mean, standard deviation) and one-way analysis of variance for institution stress among the different group respondents according to their working hospital.

Table 3: Results of Mean, S.D. and One-Way Analysis of Variance for Institution Stress among the Different Group of Respondents According to their Working Hospital

Hospital	N	Mean	Std. Deviation	F-value	p-value
Rajiv Gandhi Govt. General Hospital	151	2.72	0.65		
Kilpauk Medical College Hospital	136	2.47	0.55		
Govt. Royapettah Hospital	118	2.41	0.58	6.018	0.000**
Multispeciality Govt. Hospital	120	2.56	0.57		
Govt. Stanley Hospital	146	2.54	0.43		
Total	**671**	**2.55**	**0.57**		

** - Significant at the 0.01 level

The mean scores of Institution Stress for different groups (sample mean) of respondents according to their working hospital are found to be 2.72 for 'Rajiv Gandhi Government General Hospital', 2.47 for Kilpauk Medical College Hospital', 2.41 for Government Royapettah Hospital, 2.56 for 'Multispeciality Government Hospital', 2.54 for Government Stanley Hospital and 2.55 for overall mean score (population mean). It is known from the result that institution stress is found to be more for 'Rajiv Gandhi Government General Hospital' and Multispeciality Government Hospital', they deviate more among themselves in institution stress than other groups according to their hospital working.

Further to know group difference statistically, among the various group respondents according to their hospital where working in institution stress, one-way analysis of variance test was applied and the obtained 'F' value is found to be 6.018 and the 'p'-value is 0.000. It is implied from the result that institution stress is found to be statistically significance difference at the 0.01 level.

Table 3.a: Results of Tukey Post HOC Test for Respondents who Work in Different Government Hospital and Their Institution Stress

Hospital	N	Subset for Alpha = 0.05	
		1	2
Govt. Royapettah Hospital	118	2.4133	
Kilpauk Medical College Hospital	136	2.4697	
Govt. Stanley Hospital	146	2.5372	2.5372
Multispeciality Govt. Hospital	120	2.5563	2.5563
Rajiv Gandhi Govt. General Hospital	151		2.7227
Sig.		0.233	0.056

Means for groups in homogeneous subsets are displayed

Uses Harmonic Mean Sample Size = 132.863.

Table 4

Physical Stress and Monthly Income

The Table 4 and Figure …… represent the results of descriptive statistics (mean, standard deviation) and one-way analysis of variance for physical stress among the different group respondents according to their Monthly Income.

Table 4: Results of Mean, S.D. and One-Way Analysis of Variance for Physical Stress among the Different Group of Respondents According to their Monthly Income

Monthly Income	N	Mean	Std. Deviation	F-value	p-value
Upto Rs.50,000	265	2.38	0.49		
Rs.50,001 to 75,000	225	2.84	0.56		
Rs.75,001 to 1,00,000	104	3.12	0.56	61.341	0.00**
Above Rs.1,00,000	77	2.43	0.63		
Total	**671**	**2.65**	**0.61**		

** - Significant at the 0.01 level

The mean scores of Physical Stress for different groups (sample mean) of respondents according to their monthly income are found to be 2.38 for 'Upto Rs.50,000' group, 2.84 for 'Rs.50,001 to 75,000' group, 3.12 for 'Rs.75,001 to 1,00,000' group, 2.43 for 'Above Rs.1,00,000' group and 2.65 for overall mean score (population mean). It is known from the result that physical stress is found to be more for Rs.75,001 to 1,00,000' group. The 'Above Rs.1,00,000' income group deviate more among themselves in physical stress than other groups according to their monthly income.

Further to know group difference statistically, among the various group respondents according to their monthly income in physical stress, one-way analysis of variance test was applied and the obtained 'F' value is found to be 61.341 and the 'p'-value is 0.000. It is implied from the result that physical stress is found to be statistically significance difference at the 0.01 level.

Table 4.a: Results of Tukey Post HOC Test for Different Monthly Income Group of Respondents in their Physical Stress

Monthly Income	N	Subset for alpha = 0.05		
		1	2	3
Upto Rs.50,000	265	2.3792		
Above Rs.1,00,000	77	2.4261		
Rs.50,001 to 75,000	225		2.8353	
Rs.75,001 to 1,00,000	104			3.1178
Sig.		0.898	1.000	1.000

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 129.784

Table 5

Working Hospital and Family Stress

The Table 5 and Figure …… represent the results of descriptive statistics (mean, standard deviation) and one-way analysis of variance for family stress among the different group respondents according to their working hospital.

Table 5: Results of Mean, S.D. and One-Way Analysis of Variance for Family Stress among the Different Group of Respondents According to their Working Hospital

Hospital	N	Mean	Std. Deviation	F-value	p-value
Rajiv Gandhi Govt. General Hospital	151	2.72	0.65		
Kilpauk Medical College Hospital	136	2.47	0.55		
Govt. Royapettah Hospital	118	2.41	0.58	5.218	0.000**
Multispeciality Govt. Hospital	120	2.56	0.57		
Govt. Stanley Hospital	146	2.54	0.43		
Total	**671**	**2.55**	**0.57**		

** - Significant at the 0.01 level

The mean scores of Family Stress for different groups (sample mean) of respondents according to their working hospital are found to be 2.72 for 'Rajiv Gandhi Government General Hospital', 2.47 for Kilpauk Medical College Hospital', 2.41 for Government Royapettah Hospital, 2.56 for 'Multispeciality Government Hospital', 2.54 for Government Stanley Hospital and 2.55 for overall mean score (population mean). It is known from the result that family stress is found to be more for 'Rajiv Gandhi Government General Hospital' and Multispeciality Government Hospital', the Rajiv Gandhi Govt. General Hospital deviate more among themselves on family stress than other groups according to their hospital working.

Further to know group difference statistically, among the various group respondents according to their hospital where working in family stress, one-way analysis of variance test was applied and the obtained 'F' value is found to be 5.218 and the 'p'-value is 0.00. It is implied from the result that family stress is found to be statistically significance difference at the 0.01 level.

Table 5.a: Results of Tukey Post HOC Test for Respondents Who Work in Different Government Hospital and their Family Stress

Hospital	N	Subset for alpha = 0.05	
		1	2
Kilpauk Medical College Hospital	136	2.3392	
Govt. Royapettah Hospital	118	2.3919	
Govt. Stanley Hospital	146	2.4906	2.4906
Multispeciality Govt. Hospital	120	2.5089	2.5089
Rajiv Gandhi Govt. General Hospital	151		2.6142
Sig.		0.093	0.365

Means for groups in homogeneous subsets are displayed
a. Uses Harmonic Mean Sample Size = 132.863.

Table 6

Spouse Employment and Family Stress

The Table 6 and Figure …… represent the results of descriptive statistics (mean, standard deviation) and one-way analysis of variance for family stress among the different group respondents according to their Spouse Employment.

Table 6: Results of Mean, S.D. and One-Way Analysis of Variance for Family Stress among the Different Group of Respondents According to their Spouse Employment

Spouse Employment	N	Mean	Std. Deviation	F-value	p-value
Not Employed	92	2.41	0.48		
Govt. Employee	120	2.39	0.65		
Private Employee	258	2.52	0.51	2.041	0.107[NS]
Professional	201	2.49	0.60		
Total	**671**	**2.47**	**0.56**		

NS – Not Significant

The mean scores of Family Stress for different groups (sample mean) of respondents according to their spouse employment are found to be 2.41 for 'Spouse not employed' group, 2.39 for 'Spouse as government employee', 2.52 for 'Spouse as private sector employee' group, 2.49 for 'Spouse as Professional Employee' group and 2.47 for overall mean score (population mean). It is known from the result that family stress is found to be more for 'Spouse as Private Employee' group. The 'spouse as Government employee' group deviate more among themselves in family stress than other groups according to their spouse employment.

Further to know group difference statistically, among the various group respondents according to their spouse employment in family stress, one-way analysis of variance test was applied and the obtained 'F' value is found to be 2.041 and the 'p'-value is 0.107. It is implied from the result that family stress is found to be statistically not significance difference.

Table 7

Designation and Occupational Stress

The Table 7 and Figure …… represent the results of descriptive statistics (mean, standard deviation) and one-way analysis of variance for occupational stress among the different group respondents according to their designation.

Table 7: Results of Mean, S.D. and One-Way Analysis of Variance for Occupational Stress among the Different Group of Respondents According to their Designation

Designation	N	Mean	Std. Deviation	F-value	p-value
Doctor	184	2.66	0.41		
Nurses	250	2.89	0.43		
Technical Staffs	103	2.21	0.26	128.628	0.00**
Non-Technical	73	2.05	0.28		
Menial	61	2.12	0.26		
Total	**671**	**2.56**	**0.50**		

** - Significant at the 0.01 level

The mean scores of Occupational Stress for different groups (sample mean) of respondents according to their designation are found to be 2.66 for 'Doctors', 2.89 for 'Nurses', 2.21 for 'Technical Staffs', 2.05 for 'Non-Technical Staffs', 2.12 for 'Menial' and 2.56 for overall mean score (population mean). It is known from the result that occupational stress is found to be more for 'Nurses' and 'Doctors' than other groups. The result of standard deviation shows that comparatively higher for the 'Nurses' group, they deviate more among themselves in occupational stress than other groups according to their designation.

Further to know group difference statistically, among the various group respondents according to their designation in occupational stress, one-way analysis of variance test was applied and the obtained 'F' value is found to be 128.628 and the 'p'-value is 0.00. It is implied from the result that occupational stress is found to be statistically significance difference at the 0.01 level.

Table 7.a: Results of Tukey Post HOC Test for Different Designation Group of Respondents in their Occupational Stress

Designation	N	Subset for alpha = 0.05			
		1	2	3	4
Non-Technical	73	2.0515			
Mineal	61	2.1246	2.1246		
Technical Staffs	103		2.2144		
Doctor	184			2.6628	
Nurses	250				2.8948
Sig.		0.637	0.433	1.000	1.000

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 101.553.

FINDINGS OF THE STUDY

Based on the designation of the respondents, the distribution shows that 37.26 per cent of them are Nurses, 27.42 per cent of them are Doctors, 15.35 per cent of them are Technical Staff, 10.88 per cent of them are Non-Technical Staff and only 9.09 per cent of the representation is obtained from the Menial category.

Hospital-wise the distribution of respondents shows that 22.50 per cent of them from Rajiv Gandhi Government General Hospital, 20.27 per cent of them from Kilpauk Medical College Hospital, 21.76 per cent of them from Government Stanley Hospital, 17.88 per cent of them from Multi-specialty Government Hospital and 17.59 per cent of them from Government Royapettah Hospital.

Based on monthly income of the respondents' distribution, categorized into different groups such as: up to Rs.50,000, Rs.50,001 to 75,000, Rs.75,001 to 1 lakh and above One Lakh, and their distribution is found to be 39.49 per cent, 33.53 per cent, 15.50 per cent and 11.48 per cent, respectively.

In this study, the majority (67.81 per cent) of them is from Nuclear family type and 32.19 per cent of them are from Jointly family respondents. The respondents' spouse employment-wise, distribution shows that 13.71 per cent of them are not employed are home-makers, 17.88 per cent of them are government employees in different organizations, 38.45 per cent of them are private employees and 29.96 per cent of them are professionals.

Years of experience in the field of health services is obtained and the distribution shows that 31.30 per cent of them are above 30 years experienced, 30.40 per cent of them are experienced in the category 11-20 years, 14.01 per cent of them are experienced in fall in the category 21 – 30 years and upto 10 years experienced respondents are 24.29 per cent. The study also found that the employees took breaks, did some physical activities, meditation for relaxation as some other ways of strategy for managing their professional stress levels. The hypotheses analysed that there is no link between the age span and psychological stressors that they underwent. The physical stress level and years of work done were interlinked effectively by statistical means in view of their experience status. But there is no relationship between the emotional and psychological aspect with that of their experience status.

SUGGESTIONS

Based on the above results suggested that government hospital needs to closely monitor towards the level of all factors regarding their demographic, demand factors, stress, society and support factors and other benefits will improve their quality of work life and minimise the stress level which in turn will give contentment their personal and professional life.

CONCLUSIONS

From the above discussion, it is reasonable to conclude that government hospitals in Chennai, should address the stress and Work Life Balance related issues and to support the employee health care providers to manage their work life balance which would add to the performance of these staff members. The results also indicated that government hospital health care providers the work life balance and a minimal stress is a challengeable one. Their need to be a periodical review in terms of their work and personal life satisfaction, otherwise, they would be subjected to severe stress.

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