CHAPTER V
FINDINGS, SUGGESTIONS AND CONCLUSION

5.1 INTRODUCTION

The word stress is commonly used in everyday language, but it is often ill defined or misunderstood. Some argue that an over-usage of the word means stress is trivialized and has lost its recognition as significant cause of ill health. Healthcare work often requires coping with some of the most stressful situations found in any workplace. Healthcare workers must deal with life-threatening injuries and illnesses complicated by overwork, understaffing, tight schedules, paperwork, intricate or malfunctioning equipment, complex hierarchies of authority and skills, dependent and demanding patients, and patient deaths; all of these contribute to stress. Stress has been associated with loss of appetite, ulcers, mental disorder, migraines, difficulty in sleeping, emotional instability, disruption of social and family life, and the increased use of cigarettes, alcohol, and drugs. Stress can also affect worker attitudes and behavior. Some frequently reported consequences of stress among hospital workers are difficulties in communicating with very ill patients, maintaining pleasant relations with coworkers, and judging the seriousness of a potential emergency.

Healthcare workers suffer from work-related or occupational stress often resulting from high expectations coupled with insufficient time, skills and/or social support at work. This can lead to severe distress, burnout or physical illness, and finally to a decrease in quality of life and service provision. The costs of stress and burnout are high due to increased absenteeism and turnover.
5.2 STATEMENT OF THE PROBLEM

The number of hospitals in the past few years has increased owing to the poor living conditions of the people due to various reasons like pollution, overcrowd, busy schedule of work, desire to earn more, unhealthy and adulterated food habits, ambitions, needs and so on. Hence both the number of hospitals and health care employees have increased.

In the era of globalization, there is a sea change witnessed in all the endeavour of the organization. The organizations are developed with multiple infrastructural facilities with modern tech-savvy including hospital industry. Simultaneously, the patients are entered with more complex diseases with high level of expectations in the hospitals.

In order to retain the image of the hospitals, the top authorities of the hospitals give more workload and high pressure for speedy recovery of the patients and they charge with heavy bills based on the augmented services. These work pressure creates more strain and repression among the doctors, nurses and the supportive staff. It reflects in their work progress especially inability to concentrate in the job, inactivity and deliberate forgetfulness.

They are even prone to make crucial decisions like attempting and committing suicides due to their incapability to balance their work life situations. Job stress is a recognized problem in healthcare workers and doctors are considered to be at particular risk of stress and stress related psychosocial problems.

Based on the above issues, the following questions were probed:

- To what extent the healthcare employees are suffering from occupational stress?
Which are the factors causing occupational stress to healthcare employees?

What are the effects of occupational stress on the healthcare employees?

What measures are adopted for the reduction or prevention of occupational stress especially, for doctors and nurses belonging to the healthcare industry?

5.3 OBJECTIVES OF THE STUDY

The present study is undertaken with the following objectives:

- To study the occupational stress in general and in particular healthcare industry
- To ascertain the causes of occupational stress of healthcare employees.
- To analyze the consequences of occupational stress of healthcare employees.
- To examine the coping strategies followed by the healthcare employees to combat occupational stress.
- To suggest suitable measures to overcome occupational stress among healthcare employees.

5.4 SCOPE OF THE STUDY

This study is an overall effort to measure the occupational stress of healthcare employees and is mainly aimed to know whether the various demographic attributes of the healthcare employees particularly Doctors and Nurses viz, Age, Gender, Marital Status, Type of family, Dependents,
Occupation of the spouse, Designation, Specialization, Length of service and Income per month have an effect on their stress level.

Simultaneously, the researcher focuses on the innumerable consequences faced by the healthcare employees. Hence, the problems are analyzed on various operational areas viz, personal factors, nature of job, superior- subordinate relationship and time pressure.

5.5 MAJOR FINDINGS OF THE STUDY

From the analyses made in this study regarding the causes and consequences of occupational stress experienced by healthcare employees in Salem District and coping strategies followed by them, the following major findings have been obtained:

5.5.1 LEVEL OF STRESS

- The average stress level was high (31.58) among the respondents under the age group of 25 to 35 years while the level of stress was low (30.70) among the respondents under the age group of 35 – 45 years. It implies that the level of stress was high among the younger respondents than the elder ones.

- An examination of relationship between age group of the respondents and level of stress revealed that there was a significant association between them. It denotes that the level of stress vary significantly according to the age group of the respondents, while the age of the respondents increases, the level of stress decreases.

- Female respondents were more prone to the occupational stress than the male counterparts as indicated by the average level of stress. However, the relationship between gender of the respondents and level of stress was not found to be significant.
It is understood from the analysis that the average level of stress experienced by married respondents (31.60) was greater than that of single respondents (30.38). It is also realized that the marital status of the respondents and level of stress were significantly related.

The healthcare employees whose spouses were also working in healthcare sector had lesser occupational stress than the healthcare employees whose spouses were not working in healthcare sector. It reveals that when the spouses were also working in healthcare sector, they could understand the occupational stress of the respondents. There exists a significant relationship between occupation of the spouse and level of stress experienced by the respondents.

Even though the healthcare employees who were living under nuclear family system had higher average level of stress (31.26) than that of joint family members, the relationship between type of family of the respondents and level of stress was not significant.

The average stress level was found to be high (31.90) among the healthcare employees who had 2 or less dependents. It reveals that when the dependents are more, the stress is reduced and the average level of stress would be less. It is backed by the significant relationship between number of dependents of the respondents and their level of stress.

It is found from the analysis that nurses experienced more stress than the doctors as indicated by the higher average level of stress experienced by the nurses (31.53). There was a significant relationship between designation of the respondents and their level of occupational stress.
ENT respondents experienced more occupational stress than the other respondents. From the analysis, it is concluded that there is a significant relationship between specialization of the respondents and their level of occupational stress.

The respondents with a service of 15 to 20 years experienced more occupational stress than the other respondents. It is concluded that there is a significant relationship between length of service of the respondents and their level of occupational stress.

The respondents with an income of less than Rs.10000 per month experienced more occupational stress than the other respondents. From the analysis, it is concluded that there is a significant relationship between income per month of the respondents and their level of occupational stress.

5.5.2 CAUSES OF STRESS

From the analysis, it is concluded that there was no significant relationship between age group of the respondents and causes of stress. There was a significant relationship between gender of the respondents and causes of stress.

It is divulged that there was a significant relationship between marital status of the respondents and causes of stress. There was no significant relationship between type of family of the respondents and causes of stress.

The relationship between number of dependents of the respondents and causes of stress was significant. While the occupation of the spouse of the respondents had no significant relationship with the causes of
stress, designation of the respondents was significantly related with the causes of stress.

- It is also understood that the relationship between specialization and causes of stress was not significant also the relationship between length of service and causes of stress was insignificant.

- It is concluded that out of eight personal factors, the three factors such as, I am stressed when I am unable to cure patients, I make decisions and then think of correction afterwards and I experience difficulties due to lack of concentration and impaired memory are highly causing stress to healthcare employees.

- From the analysis of occupational factors – nature of job, it is concluded that out of eight factors, the factors such as, My job has lot of responsibility due to increasing patient demands, The quantity of work interferes with the quality of work, I feel that I am loosing generalized skills as my job becomes more specialized, I feel stressed when I am unable to analyze complicated situations are highly causing stress to healthcare employees.

- From the analysis of occupational factors – superior-subordinate relationship and inter-personal relationship, it is concluded that out of nine factors, the factors such as, I have difficulties with administrative staff, I tend to have frequent arguments with my superiors, and my job has lot of responsibilities but I don't have much authority are highly causing stress to healthcare employees.

- From the analysis of occupational stress – time pressure, it is concluded that out of seven factors, the factors such as, I consider that the time factor is the main cause of mental stress and I am stressed
when I work after taskful sleepless night are highly causing stress to healthcare employees.

EFFECTS/CONSEQUENCES OF STRESS

- The relationship between age group of the respondents and effects of stress was not significant while there was no significant relationship between gender of the respondents and effects of stress.

- Occupation of the spouse of the respondents and effects of stress were not significantly related as indicated by the Wilks’ Lambda. There could be no significant relationship between type of family of the respondents and effects of occupational stress.

- The relationship between number of dependents of the respondents and effects of their job stress was found to be insignificant.

- It is also noted that there was an insignificant relationship between designation of the respondents and effects of their occupational stress. The specializations of the respondents and effects of stress were found to be insignificantly related while the relationship between length of service and effects of stress was significant at 5 per cent level of significance.

- There was a significant relationship between income per month and effects of stress at 1 per cent level of significance.

PREVENTION MEASURES

- It is divulged from the analysis that both the doctors and nurses have the similar attitude to prevent stress by ignoring the problems. However, they react differently to prevent stress by getting persons changed.
While the doctors wanted to look at the brighter side of the things for prevention of occupational stress, the nurses practiced otherwise.

The measures adopted by doctors to prevent occupational stress by getting professional help from the workers were found to be different from that of nurses.

It is found that the attitudes of doctors and nurses towards prevention of stress by asking advice from relative, friend or any other person were different. While the doctors made an attempt to prevent stress by going on thinking and finding new ways to solve problems, the nurses could not think and act like the doctors in this regard.

**COPING MEASURES**

- It is observed that sleeping more than usual was not a common coping measure for doctors and nurses.

- There is a significant difference between doctors and nurses in coping of stress by letting off other means. It is concluded that there is a significant difference between doctors and nurses in coping of stress by concentrating on the next step.

- From the analysis, it is concluded that doctors and nurses followed different measures for coping with stress by praying to suppress stress.

- There is no significant difference between doctors and nurses in coping of stress by doing meditation. From the analysis, it is concluded that there is a significant difference between doctors and nurses in coping of stress by developing hobbies or doing yoga or exercise.

- It is found that the doctors and nurses did not have similar attitude towards coping with stress by making a determination to do things
right next time. While the doctors went out for a walk in a calm environment for coping with stress nurses were able to follow this measure to cope with the occupational stress.

- It could be observed that the perceptions of doctors and nurses towards coping of stress by understanding strength and weakness were same or similar.

- It is realized that there was no significant difference between doctors and nurses in coping of stress by working in a systematic and planned manner.

- From the analysis, it is concluded that there is a significant difference between doctors and nurses in coping of stress by setting up goals. There is a significant difference between doctors and nurses in coping of stress by avoiding long hours of work and overtime.

**ESCAPING MEASURES**

- The attempts made by doctors to escape from stress by getting transfer were found to be different from the attempt made by the nurses in their regard.

- There were no different measures adopted by doctors and nurses to escape from stress by getting VRS or deliberately forgetting the incident/event.

- It is found that the projection techniques adopted by doctors and nurses for escaping from stress were different from each other.

- It is needless to say that behaving aggressively could be one of the measures to be adopted for escaping from stress. However, these measures taken by doctors and nurses were found to be uncommon.
PROFESSIONAL RELATED VARIABLES AND COPING STRATEGIES

- It is observed that the occupation of the spouse had no significant relationship with the prevention measures and escaping measures while the relationship between occupation of the spouse of the respondents and coping measures was found to be significant.

- Designation of the respondents was found to be insignificantly related with the prevention measures and coping measures. The relationship between designation and escaping measures was also not significantly related.

- It is interesting to note that specialization of the respondents was significantly related with the prevention measures. The specialization of the respondents and coping measures was found to be significant. There was a significant relationship between specialization of the respondents and escaping measures.

- Length of service was not significantly related with the prevention measures. However, the relationship between length of service and coping measures was significant. The length of service was also significantly related to the escaping measures.

SUGGESTIONS

Based on the key findings of the study, the following suggestions have been put forth for preventing, coping with and escaping from Occupational stress of healthcare professionals in Salem district.

- Even though the healthcare profession is a noble profession and not time bound one, it is suggested that doctors and nurses shall try to avoid long hours of work and overtime to the possible extent.
The occupational stress of healthcare employees could be prevented by looking on the brighter side of the things.

It is better for healthcare professionals to make their workers competent, and to get professional help from them in order to prevent Occupational stress.

It is suggested that the young healthcare professionals shall be given yoga and meditation training in order to reduce their level of stress.

Stress management programme shall be conducted for married professionals in the healthcare sector.

Nurses shall be allotted work in accordance with their ability and skills. It would perhaps reduce their occupational stress.

In case if a doctor is unable to cure his patients, he shall discuss the matter with other senior doctors. The hospital shall appoint senior doctors as well along with the fresh medical graduates.

The doctors shall be advised to make decisions after having diagnosed the problems thoroughly.

Depending upon the increase in the number of patients, the doctors’ strength shall be also being increased with a view to reduce the stressful situations of the doctors and to provide better service to patients.

The hospitals should ensure a better cordial relationship between healthcare professionals and other administrative staff.

It is suggested that asking advice from relatives, friends or seniors could also be one of the measures of preventing Occupational stress.
The doctors and nurses shall keep going on thinking and finding new ways to solve problems leaving behind all the negative effects of job stress.

It is felt appropriate that once experienced by Occupational stress, the doctors and nurses should concentrate on the next step.

The doctors should be given appropriate authorities in order to fulfil their responsibility in a perfect manner.

Finally, the doctors and nurses should spend at least a minimum possible time with their family and friends, share their feelings and get moral and emotional support from them.

CONCLUSION

Stress is a real part of everybody’s life today. Everyone experiences stress in some way, shape or form. The silly reason is known to be a hugely stressful time, with financial stress often prominent. The problem is that people are living in a long-term stress response in today’s modern world. It is the way people manage their stress and their resilience to stress that is key. Today’s workforce is experiencing job burnout and stress in epidemic proportions. Workers at all levels feel stressed out, insecure, and misunderstood. Many people feel the demands of the workplace, combined with the demands of home, have become too much to handle. Healthcare employees are also not an exception to the occupational stress. Since they are involved in life saving and noble profession, the expectation from patients and their relatives are looking to be higher. The healthcare professionals have to fulfil these expectations and when they are not able to fulfil, they are under pressure or stress. Both personal factors and occupational factors such as nature of job, superior-subordinate relationship and interpersonal relationship and time pressure are contributing more to the occupational stress of
healthcare employees. Stress often is accompanied by an array of physical reactions. These symptoms can be characteristic of other physical or mental disorders. When stress and anxiety escalate without a means to cope with the stress, they often are linked to many troublesome psychological and physiological conditions. Oftentimes, psychological distress accompanies and/or produces these conditions.

**SCOPE FOR FURTHER STUDY**

The present study is an attempt to analyze the occupational stress of healthcare employees in Salem District which includes the analysis of level of stress, sources of stress, consequences of stress and coping measures followed by healthcare professionals in the study area. Further research may be conducted on stress management of employees engaged in the healthcare sector other than doctors and nurses. An extensive study shall be conducted on the stress and coping strategies of doctors with different specializations. A future study may be conducted on the effectiveness of stress management training programmes offered to healthcare professionals. A comparative study shall be conducted on the stress management of healthcare professionals and other professionals.