Chapter - VI
Findings, Suggestions and Conclusion
CHAPTER - VI

SUMMARY OF FINDINGS

6.1. Introduction to research

Occupational stress is the essence to be met at any workplace by the employees in present day working condition. But the magnitude of occupational stress, its influencing factors and consequences encountered on the dimensions of personal, psychological, social, environmental, work related and family aspects significantly differ among the individuals. Occupational stress and its impetus on individuals vary in terms of their organizational match up, working environment, working culture and conditions. The nature of job, status of individual at work places, experience on the job avenues are also notable dimensions for occupational stress. Based on this outlook the present study was conducted with necessary objectives and hypotheses. The quantifiable data collected through structured questionnaire among the women employees working in hospital sector at Kanchipuram District has been analyzed with necessary and apt statistical tools. The statistical inferences obtained through this study helped the research to consolidate the findings in terms of theoretical and analytical dimensions. The summary of findings is listed below.

6.2. Findings from Theoretical Dimension

6.2.1. It is found from the theoretical background of the study that hospital sector is one among the high level of stress encountering sector for the employees.

6.2.2. It is found from the theoretical background that comparing to other industrial sector, the employment of women in hospital sector is highly significant.

6.2.3. It is found that the enrollment and exit of women employees in hospital sector is reasonable high compare to male employees.

6.2.4. The theoretical dimension of present study also proven that the working condition, working environment and work culture in hospital sector is
differing while compare to other sector. It is also found that the women employees working in hospital sector encounter frequent incompatibility for matching their personal background to the work pattern.

6.2.5. The theoretical background of the present study also reveals that the level of income differs among the work groups in hospital sector. It is also found that the correlation of personal factor towards occupational stress is high in this sector.

6.2.6. While compare to other service sectors, the influence of work related aspects towards occupational stress is high in hospital sector.

6.2.7. From the literature reviews of present study, it is found that the working nature, work culture, influence of different formats of emerging hospitals continuously changes in present day hospital industry.

6.2.8. The literature reviews also reveals that patient and employees interaction, meeting patients demand, retention of patient interaction with hospitals demands new form of work skills among the employees in hospital sectors.

6.2.9. The incompatibility of personal profile, family role, psychological understanding, economical security, job mismatching are influencing aspects for occupational stress among the women employees especially in the field of nursing in present day hospital sectors.

6.2.10. From the theoretical background of present study, it also reveals that the influence of present day technological advancement at work places in hospital sector demand new avenues of work style from women employees. It also induces a form of occupational stress among the women employees especially women nurses.

6.2.11. The role of job satisfaction, personal satisfaction, organizational climate for innovative work system and its needs also escalate occupational stress among the women nurses in hospital sectors.
6.2.12. The theoretical boundaries of the present study also reveals that the outcome of occupational stress on personal, social, family, work and environmental dimensions of women nurses differ in hospital sectors.

6.2.13. It is found that the underlining factors for personal, work, family, economy and environmental dimensions significantly vary towards the inducement of occupational stress.

6.2.14. The opinion of women nurses about the bases for occupational stress, impact on personal, social, family, economical and environmental aspects significantly differ at continuous dimension among women nurses. It is found from the theoretical dimension that continuous cross sectional studies in the same sector proven the differences.

6.2.15. The theoretical background of present study also reveal that the modus operandi of managing occupational stress by women nurses in hospital sector in terms of personal, physical, emotional, social, work place support related avenues employ different attributes based on the individual interest and preferences.

6.2.16. The study also reveals from the theoretical aspects that the influence of occupational stress on women nurses’ performance, personal alignment, and health related aspects significantly vary. It is also proven in different forms of studies conducted at different time intervals.

In order to test and verify the theoretical findings done at various levels, the present study has collected the primary data sources and the same has been analyzed. The outcome of analysis has been narrated in the analytical findings.
6.3. **Findings from Analytical Interpretation**

**Demographic Profile of Respondents**

6.3.1. Regarding the age category of women nurses in hospital sector, it is found that 28 percent of women nurse are in the age group of less than 25 and only 4.4 percent are above the age group of 50. Since the sector induct moderate age group in recent years, the role of maturity and age play significant role.

6.3.2. It is found the educational background of women nurses in the study location, 49.4 percent have diploma qualification and only 4.5 percent have post graduation background. It is found that the qualification of specialized hospital courses help the nurses to equip themselves on technical aspects.

6.3.3. It is found that 59.4 percent of women nurses are married and that encounter them to have family issues and its influence on occupational stress.

6.3.4. Regarding the designation background of women nurses, 39.4 percent of them are staff nurses and 24.5 percent are matrons. Since the level of staff nurses are reasonably high, the work nature encountered by them in terms of frequent patient interaction influence on occupational stress.

6.3.5. It is found the monthly income of women nurses that 42.5 percent are earning less than Rs.15,000 and which may cause economic insecurity for them and leads to the part of occupational stress.

6.3.6. Regarding the nature of family of women nurses in the selected study location, 51.1 percent live in joint family and 48.9 percent in nuclear family. The constitution of family system as nuclear may borne additional responsibilities that may lead to work life imbalances for women nurses. It is also found that 68.2 percent of respondent have 4 to 7 members in their family and nearly 12 percent have more than 7 family members. Regarding the caring responsibilities it is found that almost 39.9 percent have one to two children.
6.3.7. It is found that 41.6 percent of women nurses belong to urban background and 21.9 percent belong to rural base of residential location.

6.3.8. Regarding the type of organization of women nurses, 43.2 percent employed in private hospitals and 24.2 percent in government hospitals. The employment avenues for women nurses are higher in private hospitals than other forms like government, public health.

6.3.9. It is found that 32.5 percent of women nurses have 6 to 10 years of work experience and 32.3 percent have 11 to 15 years of experience. It is also found that only 1.7 percent have 16 to 20 experience. 20.9 percent have less than 5 years of experience and it may be a reason for encountering occupational stress due to lack of experience in the category of less than 5.

6.3.10. Regarding the changes due to occupational stress among women nurses, 37.8 percent find attitude changes, 33.7 percent observe personality changes and 4.8 percent feel change in the level of motivation. It is found that the major changes due to occupational stress among women nurses are psychological aspects.

6.3.11. The managing methods of occupational stress by women nurses in terms of personal, organizational and psychological level are determined. In terms of personal level mind diversion and physical exercises are employed by women nurses to manage occupational stress. Regarding organizational level, medical claims and workshop/training has been employed by women nurses. In connection to psychological level, personality grooming and self motivation are employed by them to manage occupational stress.

6.3.12. It is found that in the category of ANM 6.9 percent chose for growth in career and 4.3 percent chose with service mind. Regarding staff nurse, 11.6 percent chose for service attitude and 209.9 chose for ambition. 7.8 percent of head nurse chose with service mind and 7.1 percent for ambition and where as at matron level 10 percent chose nursing career for ambition. Majority of nurses chose the career for ambition.
6.3.13. Regarding the motivation to choose the nursing career based on educational background among women nurses, out of 27.6 percent who chose for self interest, 8.6 percent of them are graduates. It is found that 40.4 percent chose for family reasons and in which 24 percent are diploma holders. 21.6 percent selected due to the influence of friends and relatives in which 9.3 percent are degree holders. Out of 10.5 who opted due to influence of present work forces, 5.7 percent are diploma holders.

6.3.14. It is found that the influence of age on type of stress encountered by women nurses, regarding the physical stress, 7.1 percent are in the age group of less than 25 years, the age group of 31 to 35 encounter major psychological stress and again the age group less than 25 encounter both physical and psychological stress.

6.3.15. Regarding the realization of occupational stress symptoms based on age group, it is found that in the age group of less than 25 face occupational stress due to inconvenient working hours and 4.5 percent of same age group due to dead line work pressure where as it is only 0.7 percent in the age group of above 50. In the age group of 41 to 50 the symptoms are due to heavy complaints and the same is nil among the groups of 26 to 35. Regarding the cause due to remembering family affairs it is 6.9 percent in the age group of 26 to 30 and shift system have major influence in the age group of less than 25 and 26 to 30.

6.3.16. It is revealed about the factors affecting job stress due to marital status, less concentration is the factor among married respondents, incomplete job among the single and non sharing among the married women nurses. Regarding married category, non cooperation and lack of interest are the factors influencing job stress. Regarding the other categories like widow, divorced and separated non cooperation is the major reason for the factors influencing job stress.

6.3.17. Regarding the strategies adopted to minimize individual stress among the women nurses based on their age, time management is adopted by 5.5
percent of women nurses in the age category of 31 to 35 years. Family commitment is enhanced 3.8 percent by the respondents among the age group of 36 to 40 years, scheduling job by 3.6 percent of age group between the age group of 41 to 45 and relationship maintenance by 19 percent of women nurses in the age group of less than 25 years.

6.3.18. The strategies employed by women nurses to manage individual stress based on their designation, it is found that time management is employed by ANM, family connectivity and scheduling the job by staff nurses and maintaining relationship by matron or nursing superintendent and head nurses.

6.3.19. Regarding the strategies employed to manage individual stress by women nurses based on experience, time management is used by the experience group between 6 to 10 years, family connectivity by the experience category of 11 to 15 years, scheduling the job by the category of less than 5 and 6 to 10 and where as maintaining relationship by the experience groups of 6 to 15.

6.3.20. It is found about the sources employed by women nurses to manage occupational stress based on the types of organization. Periodical training is employed by private hospitals, regular counseling by private, government and public health care's and which is less in percentage, less working hours by private hospitals and peer group sharing by private and almost in government hospitals.

6.3.21. Regarding the causes of occupational stress, from the application of garret ranking it is found that survival is the major cause, psychological background and economic factors are the others and where as work related factors are lesser one among the women nurses. It is found that work affinity is high among women nurses.

6.3.22. It is found the consequences of occupational stress based on garret ranking, poor concentration are major one and mental pressures are least one.
6.3.23. By applying ANOVA test at 5 percent level of significance, it is found that the opinion about career development, working environment, support from family towards job, attitude of superiors in work, job autonomy, scope for learning in the jobs and occupational stress significantly differ among the women nurses based on their designation.

6.3.24. Regarding the satisfaction level about freedom of performance based on marital status, by applying ANOVA test at 5 percent level of significance it is found a significant difference among the respondents.

6.3.25. It is found a significant difference about the frequent patient interaction on job stress based on the designation of women nurses at 5 percent level of significance with the application of ANOVA test.

6.3.26. Regarding the impact of occupational stress based on the designation of women nurses do not significantly differ about the impact variation with respect to the application of ANOVA test at 5 percent level of significance.

6.3.27. It is found the insignificance about the impact of personal factors based on marital status among the women nurses with respect to age, marital status and lifestyle with the application of ANOVA test at 5 percent level of significance.

6.3.28. Regarding the job related aspects and its impact on occupational stress based on type of organization, by applying ANOVA test at 5 percent level of significance, nature of job, working condition, work pressure, work time, responsibility and occupational status do not significantly differ among the women nurses.

6.3.29. It is found that the aspects like income, benefits out of welfare and extra earnings related to economic aspects and its impact on occupational stress do not significantly differ among the respondents based on their educational background with the application of ANOVA test at 5 percent level of significance.
6.3.30. Regarding the impact of family on occupational stress, it is found that family issues and place of residence have significant impact on occupational stress. It is revealed by applying independent sample T-test at 5 percent level of significance based on family.

6.3.31. It is found the impact of psychological aspects on occupational stress, the impact due to personality, perception, attitude and accountability significantly differ based on marital status with the application of ANOVA at 5 percent level of significance.

6.3.32. The perception about occupational stress in terms of unavoidable in the present job, support of organization to manage occupational stress significantly differ among the women nurses based on their marital status with the application of ANOVA at 5 percent level of significance.

6.3.33. It is found that impact of patient’s intervention and family support towards occupational stress among the women nurses significantly differ based on their designation with the application of ANOVA at 5 percent level of significance.

6.3.34. Regarding the impact of occupational stress due to feeling of tiredness, gender discrimination and level of self motivation significantly differ based on marital status of women nurses. It is also found that the impact due to concentration of work, work place relationship, commitment of work and efficiency in completing the work do not significantly differ based on nature of organization.

6.3.35. It is found that the impact due to status in society on occupational stress significantly differ among women nurses based on their designation. It is also found the impact of occupational stress due to temporary disablement, mild diseases, major health hazards and ruts out due to health dimension significantly differ among women nurses based on their marital status.
6.3.36. It is found that the changes of communication methodology among the women nurses due to the impact of occupational stress significantly differ based on their designation with the application of ANOVA test at 5 percent level of significance.

6.3.37. Regarding the respondents contribution at work place due to occupational stress do not significantly differ based on their type of organization.

6.3.38. The outcome of occupational stress on impact of knowledge, skill development, personal development and career scope significantly differ based on the nature of family with the application of independent sample T-test at 5 percent level of significance.

6.3.39. The opinion about the support extended by hospitals through counseling do not significantly differ among the women nurses based on their designation and type of organization.

6.3.40. It is found that the impact of job related aspects like freedom of performance and delegation significantly differ among the women nurses based on their designation.
6.4 SUGGESTIONS

6.4.1. Introduction to research

The study on “A Study on the Consequences of Job Related Occupational Stress of Women Nurses at various Hospitals at Kanchipuram District” after its careful investigation through proper data collection from the respondents categories of women nurses working in Government, Private and other Hospitals in Kanchipuram District arrived with the findings of theoretical and analytical backgrounds. The nutshell of findings covered the aspects of historical background and current trend of hospital industry, employment avenues for women nurses, their attitude about the work culture, work opportunity and work related issues. In addition to that, the analytical background of the findings described the socio economic background of women nurses, their career background, opinion about their working environment, work place autonomy, causes of occupational stress, influencing factors, impact of occupational stress on their personal, social, family and organization life and finally strategies employed by women nurses to manage occupational stress. The overview of findings helped the researcher to offer the following suggestions. The suggestions are given out of the present study towards women nurses, their family and their respective organizations.

6.4.2. Suggestions to Women Nurses (Respondents Community)

1. The attitude of tenure stability (Loyalty towards Career) should be increased among the new generation category of women nurses working in both private and Government hospitals.

2. The due importance should be given by women nurses on healthcare aspects in order to reduce work related stress.

3. The family members’ interaction and sharing of work place issues with them help to cope up with occupational stress among women nurses.
4. Special care should be given by women nurses during the time of attending training programmes in order to learn better way of managing work places.

5. The psychological changes are required among women nurses especially in terms of personality grooming, perceptual and attitudinal moderations.

6. The individual value estimation should be identified by women nurses especially that will help them to manage work related issues and generate self compatibility during the time of managing stress.

7. The participative and collaborative approach towards work and work places are needed among women nurses to manage occupational stress.

8. The due importance should be given by nurses for physical exercises and mental alignment in order to cope up with occupational stress.

9. The climate of positive sharing at work places among women nurses help them to reduce work place and family issues.

10. The feeling of pride being an occupant of nursing community helps them to attain the social image and that will help to establish the character of self management.

11. The spouse counseling help the women nurses to make their counterpart to understand their work place issues and gain exposure. It helps them to share their emotional feelings. It reduces the level of work stress.

12. The emotional intelligence should be enhanced by women nurses to manage occupational stress.

13. The consequences of overwhelming stress and issues of burnout as a self, part of family and part of organization should be self realized by women nurses.
6.4.3. Suggestions to Families

14. The understanding of workplace issues encountered by women nurses should be realized by family members and proper moral support should be extended.

15. The frequent interaction and emotional sharing should be followed by family members.

16. The climate of personal faith and individual care should be expressed by the family members towards women nurses.

17. The periodical family gathering and special trips help them to overcome the workplace stress-related issues.

18. Special appreciation as a token of reward should be given to women nurses by their family members periodically. The mentioning of women nurses' special role as a woman in family as well as society help them to forget consequences of job stress encountering.

19. Responsibility sharing attitude by the spouses help women nurses to enhance their confidence level at family and as well as at work places.

20. Special care should be extended by the family members towards the health aspect of women nurses.

21. The pleasing family environment helps the women nurses to effectively concentrate at work places.

6.4.4. Suggestions to Hospitals

22. The minimum working condition in terms of rest room, discussion room and relaxation room facilities should be given by hospitals to women nurses.

23. The job identity should be given for women nurses in terms of job and role clarity and responsibility.
24. The proper understanding of role clarity is needed among the women nurses especially in government hospitals.

25. The employee faith should be protected at hospitals especially at private hospitals which will increase the accountability of women nurses that in turn bring accountability and involvement at work.

26. The job place autonomy should be given for women nurses that will make them to act with identity at work places.

27. The work place harmony should be improved among the women nurses both in private and Government hospitals.

28. The suggestion schemes should be installed to share the feelings and complaints by women nurses.

29. The motivational programmes on special pay, allowances, compensation schemes, health insurance schemes may be constituted at hospitals.

30. The friendly approach by top level teams and collaborative work culture helps the women nurses to gain confidences.

31. The facilities for recreation centre, discussion board, mind play game centers, chat room, meditation and yoga centers may be established at hospitals.

32. Compulsory medical care and check up programmes may be organized for women nurses at free of cost.

33. Periodical counseling and openness in communication is needed among women nurses.

34. Flexible working hours with frequent job rotation help the women nurses to face work heterogeneity.

35. Opinion sharing programmes may be done on group basis among nurses with the help of mentoring activities during free hours.
36. The official tours may be organized for job sharing purposes for women nurses.

37. Short term training and day out programmes help them to manage occupational stress.

38. Paternity leave should be granted to spouse.

39. In private or Government sector the management should conduct regular professional updated classes including usage of modern bio-medical instruments.

40. If mandatory, they should be trained abroad by the management, on advanced treatment for various cropping diseases like – MERS, EBOLA and so on.
6.5. CONCLUSION

The growing importance of health care throughout the world being catered by different forms of hospitals and its allied sectors. The changes in environmental conditions, human consumption pattern, system of work and its culture, habituated pattern of consumption of food demands comprehensive health protection among the individuals. In addition to that, the growth of hospitals promoted by private and international participation away from the services of government and aided pattern elevated the need of enhanced health services where the patients are being treated as customers. The patient relationship management has become an imperative tool in present day hospital services. The emergence of substitution based medicine practices shift the loyalty of patients from one service to multiple services. The inclusion advanced equipments and medical technologies, the role of information and communication era in the field of medicine created an avenue of expectation among the patients in terms of quality and speedy services with absolute panacea for any kind of diseases. The attitude of value for money is also perceived by the beneficiaries even in the field of health care services.

This changing era of health care industry especially the hospitals need to provide comprehensive services in order to compete in the market and expedite the survival of fittest for its brands as well as venture. The service strategies needed to address with competitive environment insist of enhanced and potential services to patients by different forms of hospitals. One among the potential service needed for every beneficiary from any form of hospital is patient – employee interaction and understand the latent need of patients away from core service need. The present day hospital services expect the employees to execute the role of patience intensive and continuous problem solving attitude. The characters of patient intensive care management is especially needed from the employment category of nursing. The nursing services demand rent less service approach in present day hospital industry.

The role of nursing in traditional and modern hospital services is incomparable. The environmental cues in present services like technology front, patience knowledge system, data base management, comprehensive service approach need every nurse to
update their individual caliber according to work places. But the field of hospital services prefers to have more women enrollment in the pay roll of nursing job than their male counterpart. But unexpectedly, the work pressure of women nurses in addition to their family care, individual need requirement, physical and emotional constraints induce occupational stress among them. The influence of occupational stress leads to personal, physical, emotional, psychological and health related issues among women nurses. But the outcome of occupational stress not only affect the individual employees but it also affects the patients who are under different forms of treatment.

Even though the women nurses employ different strategies to manage occupational stress at personal, family, work related and health oriented factors, the consequences are encountered by them as well the patients in different dimension. In order to address the problem, the present study has been conducted with the narrated objectives of studying the demographic profile of women nurses in present day hospital systems, attitude of choosing the career, opinion their work system, attitude about occupational stress its influences, opinion about the outcome of occupational stress on personal, family, health and organizational dimensions. The study also addressed the objective of strategies employed by women nurses to manage occupational stress.

In order to address the objectives and study problem relevant hypotheses have been framed and tested. In order to frame the hypotheses relevant to the study, the literature review, previous studies related to hospital industry and nursing profession were taken as the basic reference. The pilot study undertook among the women nurses in present study location also helped the researcher to structures the relevant hypotheses. The relational hypotheses focused on the aspect of autonomy and its influence on decision making at work place, impact of occupational stress based on selected demographic parameters, opinion and its significance related to the consequences of occupational stress and testing the significance of strategies employed to manage occupational stress by women nurses.
In order to test the hypotheses according the study objectives, the primary data source has been constructed with the help of structured pre tested questionnaire. The required data has been collected through comprehensive personal interview among the women nurses from private, government, public hospitals. The respondent for the present study has been identified by suitable sampling technique according the purpose of the study. The data through constructive collected questionnaire have been made in the avenues of personal profile of women nurses, occupational background, opinion about occupational stress, influences, its consequences and outcomes. The collected data has been analyzed for its statistical inferences through relevant analytical tools like percentage analysis, cohort table, independent sample T - test and ANOVA.

The findings have been derived through inferences in the aspect changes in the present profile of women nurses, opinion about the career, working place, reasons for occupational stress, impact of occupational stress on their personal, family, work place, psychological and health related dimensions. The findings have also derived for the consequences of occupational stress, strategies employed by women nurses to manage occupational stress. Based on the findings of the study, the relevant suggestions have been prescribed for women nurses to manage occupational stress, perceiving methodology of work stress, importance to realize their contribution in the field of hospital industry. The suggestions have also given for organizational level and governing bodies to support women nurses to reduce and manage occupational stress.
Scope for Future Research
SCOPE FOR FUTURE RESEARCH

The following research avenues can be made based on the present research study.

1. Research can be done in the aspect of causes for occupational stress among women nurses.

2. Research can be made in the aspect of sources of encountering occupational stress by women nurses.

3. Comparative study can be done in the aspect of occupational stress among the male and female nurses.

4. Studies can be pursued in the aspect of identifying factors for occupational stress in terms of persona, work related, family and environmental dimensions.

5. Comparative studies can be made for identifying the factors for occupational stress among male and female nurses.

6. Research can be made in the aspect of occupational stress among the nurses working in rural background hospitals.

7. The influence of demographic aspects on occupational stress can be continued as a part of research.

8. Comparative study on occupational stress among women nurses in private and government hospitals can be done.

9. The constitutional factors and its dimension among nurses in private and government hospitals can be undertaken.

10. The influence of technological advancement towards occupational stress can be done.

11. The influence of technological advancement towards occupational stress among male and female nurses can be made as comparative study.
12. The role of organizational culture on occupational stress of women and male nurses can be done.

13. The comparative study of work culture of government and private hospitals towards the influence of occupational stress can be made.

14. Innovative study on patience management and its influence of occupational stress among male and female nurses have been made.

15. The influence of occupational stress on health issues of nurses with reference to male and female can be done.

16. The impact of occupational stress on family management among nursing community can be done.

17. The studies of occupational stress on personality and attitudinal changes can be made.

18. The research work on the influence of foreign hospitals and its influence on the work pressure and culture dimension among Indian hospitals with special reference to occupational stress dimensions can be made.

19. The influence of occupational stress at work place relationship management among nurses can be done.

20. A comparative analysis on the occupational study and its consequences on nursing industry at macro level can be done with the help of available empirical data.