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Introduction
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INTRODUCTION TO RESEARCH

Introduction to Research

The ambition of every human being is to attain the desired wealth and luxury in their material life. To attain this wealth, they are engaged in various activities. They constantly work hard mentally and physically. Due to the continual drive of physical and mental energy, the human anatomy aligns, realigns which leads to illness and diseases. In order to overcome, the status of illness in both physical and mental forms, they need a system of cure. This system which evolved during various tenures is collectively labeled as health care industry.

The Health care industry or Health profession treats patients who are injured, sick, disabled, or infirm. The delivery of modern health care depends on the expanding interdisciplinary team of trained Professionals. For the purpose of finance and management, the healthcare sector is typically divided into several groups and sectors. The Global Industry Classification Standard and the Industry Classification Benchmark divide the industry into two main groups: (1) Health care equipment and services and (2) Pharmaceuticals, Biotechnology and related Life Sciences. Health care equipment and services comprise companies that provide medical equipments, medical supplies, and health care, like hospitals, home health care providers, and nursing homes. Health care providers or health professional is an organization or person who delivers proper health care in a systematic and professional way to any individual those are in need of health care services.

Today the health care industry is considered as one of the largest industry throughout the world. It includes thousands and thousands of hospitals, institutions which will provide primary, secondary and tertiary level of care. In order to deliver this care, these health care industries require health care workers. Majority of these health care workers are nurses. They are providing care to each and every patient in every aspect of treatment. It is seen that, throughout the past decades the health care workers, especially nurses have manually adjusted their personal activities to provide care to the patients.
There are many ways of providing health care in the modern world. The most common way is face-to-face delivery, where care provider and patient see each other 'in the flesh'. It occurs in general medicine in most countries. However, health care is not always face-to-face; with modern telecommunications technology, the absence of human interaction in health care is becoming more popular. But the importance of face-to-face health care can never be underestimated in the cases of major illness.

The hospital business is growing up to 30% approximately annually. In this industry the customer care / front office and nursing staff are the most critical. These are the people directly accessible to customers visiting the hospital with various complaints. The nursing staffs, customer care or the front office are the most critical and important factors in their premium services. A hospital should treat its employees especially its nurses in the same way as it treats its patients because if the employees are not satisfied with their jobs, they will leave them. The stress related factors out of work pressure, personal and family reasons also stimulate the nurses to look for new avenues.

Stress is normal. Stress is generally related to work, family, decisions, future and so on. Stress is both physical and mental. It is caused by major life events such as illness, a change in responsibilities or expectations at work, job promotions, loss, or changes. The stress and stressors are induced due to feeling out of control, feeling direction-less, guilt over procrastination or failing to keep commitments and more commitments than one can manage. Changes initiate or institute, uncertainty and high expectations of self. Eustress is a type of short-term stress that provides immediate strength. It arises at points of increased physical activity, enthusiasm, and creativity. It is a positive stress that arises when motivation and inspirations are needed.

Distress is a negative stress brought about by constant readjustments or alterations in a routine. It creates feelings of discomfort and unfamiliarity. There are two types of distress. Acute stress is an intense stress that arrives and disappears quickly. Chronic stress is a prolonged stress that exists for weeks, months, or even years. Someone who is constantly relocating or changing jobs may experience distress. Hyperstress occurs when an individual is pushed beyond what he or she can handle. It
results from being overloaded or overworked. When someone is hyper stressed, even little things can trigger a strong emotional response. These are the categories of stress normally experienced by individuals especially nurses at work places.

Service is a continuum which is intangible in nature. Among the various service operations in real life, hospital service is a prominent one because it is a pure service which requires patience cum client support. The people employed in hospital sector have a mission to serve the disabled. Among the various responsibility centres in hospital profession ranging from doctors, nurses, lab technicians, patient care, reception, administration, accounts and housekeeping, the occupation of nurses plays a significant role that leads to the success of the service in hospital sector. Nursing is a kind of care taking service which involves round-the-clock responsibility with more attention and patience. Only the individuals having the qualities of courtesy, courage and conviction can meet the job profile of nursing. Especially, in a country like India the nursing jobs in various hospitals are occupied by women employees. According to a recent statistics disclosed by Indian Medical Association, 65% of nursing occupation in India is filled and continuously balanced by women nurses.

Normally women nurses give more attention to their responsibilities. They give extra care to the patients while compared to male nurses. Women nurses are considered to be devoted to their jobs with overloaded responsibilities. Due to physical, social and environmental changes, their duties and responsibilities induce unexpected occupational stress related to their job. It causes physical and mental damages in them. Stress and distress related aspects among women nurses bring individual and family problems. Both private and government hospitals offer various training and counseling programmes to women nurses in order to manage and reduce the level of occupational stress. In order to understand the consequences of job related stress towards the social life balance of women nurses in various hospitals irrespective of its size of operations, the researcher decided to organize a study in the title of “A Study on the consequences of Job Related Occupational Stress of Women Nurses at Various Hospitals at Kanchipuram District”.
1.1. **Statement of the Problem**

Health is the prominent aspect which is given due importance by every individual. The awareness of health care among individuals is increasing both in family and work places. In addition to that, the work place demand makes the individuals update their health condition. It is considered as a performance component in modern day organizations. In this aspect, the individuals, irrespective of genders give priority to health management.

The demand for health care management among the modern day people pave the way for the growth of health care industry. Especially the importance given by people in India towards health care has been growing in recent years. The special care on different health aspects has elevated the industry to the top most priority. For this reason, the health care sector in India is dominated by government, private and foreign equity and tie ups. The emergence of hospital sector to such importance in health care, fetches funds and advanced technologies in this industry. Even though the material and infrastructure developments have taken place, the service sector depends on manpower only.

Health care sector comprises of various functional areas like hospitals, medicare and ancillary services. But amongst, hospitals are the core sector for the health management. Hospitals offer pure services which are intangible and non-inventorised. These services can be effectively delivered only by the support of manpower especially nurses.

Nursing is the form of noble service which helps the ill by offering not only medicine, but also kind care and courtesy. It is a round-the-clock service that should be delivered with care and smile. It is the service which cannot be compared with other forms of services. It involves deep concentration, simultaneous presence and effective managing of human anatomy. Since the nursing services need a comprehensive human understanding before, during and after delivering the services, women are preferred more than men in this particular occupation. It is because women always possess the nature of patience, service attitude and empathy while compared to men.
In addition to that, nursing is the kind of professional occupation that needs to manage the human beings and address their complaints. Due to the fierce competition that prevails in the hospital sector, especially due to the participation of private and foreign investments, the nurses are expected to focus on delivering more sophisticated services. In addition to that, the structure of service delivery processes are also changed in terms of approach, attitude, time, reporting, dealing with technology and accountable HR practices.

Due to these changes in the working pattern and environment of work, the female nurses working in multiple categories of Government, Private and Foreign Hospitals, face a lot occupational pressure. These aspects are again coupled with the personal, social, family and environmental related issues among the nurses. The female nurses also encounter issues on the basis of workplace attitude, care process and gender discrimination. All these together contribute stress among them.

But the consequences of occupational stress among the female nurses add to the disadvantages in terms of their personal, health, social, family and work related avenues. In addition to that, it is a fact that the causes of occupational stress among the female nurses have impact on various aspects. It is also observed that the attitude of female nurses about the occupational stress and its impact on their outcomes at various levels significantly differs. In this aspect, the continuity of research is required to study the occupational stress among the female nurses in hospitals.

Kanchipuram District is one among the growing industrial cum tourist destinations in Tamilnadu, which is near to the State Capital, Chennai. Due to its industrial conglomeration, the particular location is preferred by world renowned industries, manufacturing sectors, service premises. Due to industrialization process, the employment avenues are also increased. The working class of Chennai also prefers this destination for residing. In addition to that the tourism landmark of Kanchipuram also attracts people from different parts of the world and our country. Due to this aspect, the population density and floating crowd is becoming higher in Kanchipuram District. The development of population in this District also promulgated the awareness of healthcare. The government initiated the necessary steps to establish
large number of hospitals, health care centres both in urban and rural places in Kanchipuram District. In addition to that, the world renowned hospitals are also circumscribed in this location. It made this location a saturated health care avenue which comprises of hospitals from government, private and other forms. Due to this level of increment in hospital sectors, the employment of nurses is also increased mainly of female nurses while compared to male nurses. But the female nurses mainly face the issues of occupational stress and that has also brought various other issues among them. In order to understand these aspects, the women nurses working in the government, private, corporate supported and primary level have been chosen to understand their opinion and outcome of encountering occupational stress, sources of encountering stress, impact of occupational stress on their performance and the ways and means of managing and employing strategies towards facing occupational stress, the present study has been designed and carried out.

1.2. Gap Analysis

Nursing is a noble service targeted towards the protection and welfare of human beings. It is the service rendered for the peacefulness of human community. The nature and dynamism of hospital sector demands non-compensatory work culture in the service sphere. During the last ten decades, only people with the generous mind and attitude of work for socio development preferred the sector. In this case, the profession of nursing is preferred by those women who had the real passion to serve for human civilization with divinity of mind. It is the profession where the physical contribution, perseverance and patience are highly important rather than welfare, material benefits, comfortable job nature and work culture. Hence only those women who did not care for criticism and condescension opted for nursing profession.

But in recent periods, the changes in social structure, family system, educational choices and occupation preferences, motivated all category of women to prefer nursing career as a profession rather than as a service. The recent changes in the working format of hospital industry due to the participation of Government and non-government stakeholders; the service of hospital sector has been recoined with commercial viability. The importance of human welfare and protection is also viewed
with standardized quality of service and satisfaction. It is the sector that tries to provide service with ambience, facility and patient retention.

Moreover the work culture and work design of nursing profession has been reframed with job measurement and performance appraisal. The perception of nursing individual especially women nurses have also changed in terms of welfare measure, management care, workplace, workplace commitment, relationship management, compensation structure and plan. The perception of women nurses about work related attributes like time factor, job design, authorities and responsibilities, shift system, job related benefits also changed in recent era due to the changes among the individuals related to their personal, family, environmental and psychological attributes. The perception of individual in terms of work place convenience, benefits, health aspects are also being changed. The work system specially work nature, work related communication, customer satisfaction, complaint management, workplace negotiation, implication of decision roles and work family conflict also causes occupational stress among women nurses.

In addition to that, the way of sourcing and managing occupational stress, impact encountered due to stress in terms of personal, psychological and health related dimensions have also varied significantly among women nurses. The support of organization towards managing stress, the support of family and environmental aspects in managing and sourcing occupational stress related outcomes among women nurses need to be studied through apt research tools and methods.

1.3. Need and Importance of the Study

Stress is the source of inducement for the effectiveness and underperformance among the employees at work places. Being human, employees cannot avoid stress at work places. The individuals at work places undergo different quantum of stress based on their occupational status, types of jobs performed and their individual make up. The employees’ level of stress affects their personal backgrounds, family situations and also their work place activities. The occupational stress encountered by employees in manufacturing sectors has less direct impact on their customers whereas in service sectors the stress has a direct impact on their customers. Especially in service sector hospitals, the level of stress faced by the employees and the work disturbances due to
its outcomes have direct impact on the patient management and the effectiveness of treatment offered to them along with maintaining work life balance.

Unfortunately in hospital sectors, the encountering of stress in unavoidable and inevitable. It is high among the nurses compared to other categories. The occupational stress among the nurses is mainly attributed to the nature of their jobs, timing of work, duration of work process and the attitude of the superiors. Even though stress is unavoidable among the nurses, they are expected to manage them. But in recent day changes in the structure of hospitals, the work of women nurses has been realigned. It causes occupational stress that has impact on their behavioural, attitudinal and environmental patterns.

The method of managing the occupational stress by the women nurses differ at different circumstances based on their age, marital status, background, educational pattern, nature of family, experience in the field, support of family, superiors, co-workers, peer group, working condition, environment, culture of work, types of hospitals in which one is employed, nature and responsibilities in the job. In addition to that causes faced due to occupational stress and the way of accepting and managing them also differ among the women nurses. In order to understand these aspects, the present study is needed.

1.4. Reason to choose the Study Unit

- Hospital sector employs higher proportion of women than men.
- It is the sector where the workforce diversity has been increased among women.
- The socio economic profile of women nurses have been reformed in recent years.
- The penetration of technology and the managerial implication have changed over the years.
- The attitude and work culture of women nurses has changed in recent years.
• The preference of women nurses to work in different forms of hospital sector has increased in recent period.

1.6 Objectives of the Study

• To identify the factors that causes stress among women nurses in the different categories of hospitals in Kanchipuram District.

• To understand the consequences of stress and that affects both the personal and professional life of women nurses.

• To identify the health related issues encountered by women nurses due to occupational stress.

• To know the occupational stress management strategies adopted by women nurses at personal, family and organizational levels.

• To study the socio economic profile of women nurses working in different categories of hospitals in Kanchipuram District.

• To understand their opinion of choosing nursing career.

• To study the support extended by respective organization, family and social network to manage the occupational stress of women nurses.

1.7 Hypotheses

1. There is no significant difference among the respondents about optimization of their career, job content and satisfaction about freedom of performance and career wisdom based on their marital status and designation.

2. There is no significant difference about frequent patient interaction and its influence on job stress among the women nurses based on their designation.
3. The impact of occupational stress due to personal, job related, economic, family related and psychological aspects do not differ significantly based on designation, marital status, type of organization, education and nature of family.

4. The respondents perception about the occupational stress related aspects do not differ significantly based on the marital status and designation.

5. The factors influencing the occupational stress and its impact do not differ significantly based on the marital status, types of organization and designation.

6. The changes in communication pattern and contribution to the job due to occupational stress do not significantly differ among the women nurses based on their designation and type of organization.

7. The level of occupational stress among the respondents does not significantly differ based on the nature of their family.

8. The opinion about the support of organizational counseling help to manage occupational stress by the respondents does not significantly differ based on designation and type of organization.

9. There is no significant difference about the job related factors towards occupational stress based on designation.

*** The framed hypotheses have been tested at 5 percent level of significance

1.8. Scope of the Study

The study on “A Study on the Consequences of Job Related Occupational Stress of Women Nurses at various Hospitals at Kanchipuram District,” covers the aspects of socio economic background of women nurses in government, private and corporate hospitals in Kanchipuram District. It deals with the opinion of women nurses about the reasons for occupational stress, its impact on their occupation, family
and social aspects. It also specifically understands and addresses the consequences of occupational stress on health related aspects. It also covers the methods of managing occupational stress as an individual; part of family and as an entity in organization. It also focuses about the impact of occupational stress on their job roles, peer relation, client management. The final part of study covers the support received by the women nurses at family, social and organizational levels to manage the occupational stress.

1.9 Research Methodology

1.9.i Research Design

The research design of present study is descriptive and causal in nature since the study identifies the opinion of women nurses about their occupational stress and also source the impact of occupational stress on their job related activities.

1.9.ii Study Area

The study has been carried out among the women nurses in hospitals at Kanchipuram District.

1.9.iii Period of the Study

The study period ranges over the years 2010 to 2014.

The review part of the study covers period from 1935 to 2013.

The primary data collection was carried out between the period from 2011 to 2013.

1.9.iv Study Population

The study population is women nurses working in Government, Private and other forms of Hospitals in Kanchipuram District.

1.9.v Population Source List
The population sources list for the present study has been obtained from the District Medical Office, private hospitals and rural hospital centers.

1.9.vi. Sampling Unit

The sampling units was so chosen as to cover women nurses belonging to different cadres and designations in government, private and other forms of hospitals in the study location.

1.9.vii. Sample Size

The original sample size for the present study was determined through proportion during the time of pilot study as 437 but later due to the poor response among the 16 selected samples and non reach ability, the sample size for the present study has been limited to 421.

1.9.viii. Sampling Design

For the present study, stratified disproportionate random sampling has been used. The required sample for the study has been taken from the government and private hospitals. The nurses working in the hospitals have been taken from the existing designation levels like Nursing Superintendent, staff nurses and Auxiliary Nurse Maid.

1.9.ix. Sources of Data

The required data for the study has been obtained from the both Primary and Secondary sources.

1.9.x. Sources of Primary Data

The primary data required for the study has been obtained from the women nurses working in government, private and corporate hospitals from various designation levels with the help of a structured questionnaire.
1.9.xi. **Sources of Secondary Data**

The secondary data required for the present study have been obtained through earlier research works, journals, magazines, periodicals, books, manuals obtained from the hospital sources and web related sources. The obtained secondary sources were helpful for framing the research problem, conduct pilot research, construct and evaluate reviews related to study, framing of questionnaire with apt scales for designing of the profile to hospital industry and occupational stress of women nurses.

1.9.xii. **Nature of Questionnaire**

The questionnaire used for the collection of primary data from the women nurses in the selected study area was structured, pre tested and constructive in nature.

1.9.xiii. **Type of Questionnaire**

Structured and constructive questionnaire with pre tested scaling. The questionnaire used for the collection of primary data contains both open-ended and closed-ended questions. Under closed-ended the dichotomous, multiple choice and itemised ranking scaled questions have been used.

1.9.xiv. **Scaling Design**

The scaling used for the primary data collection have been graphical, Yes or No type, Likert pattern. The graphical rating scales have been used for verifying the opinion of respondents about their level of stress, sources and consequences related aspects. The Likert scale has been used for measuring the level of agreement and disagreement of respondents about the strategies employed to manage occupational related aspects. The yes or no type question has been used to check the opinion of the respondents facing occupational stress.

1.9.xv. **Test of Validity**

The questions used for the data collection in the constructive questionnaire have been pre tested for their content, criteria and consistency validity. In order to
check the validity aspect, the pre designed questionnaire was distributed among the respondents varying over doctor level, senior level nurses, and academic experts. Based on their opinions and suggestions, necessary suggestions were incorporated in the questionnaire part about the questions related to consequences of occupational stress and strategies employed by women nurses to manage occupational stress. The corrected questionnaires after pre testing have been used for further data collection.

1.9.xvi. Test of Reliability

The pilot tested questionnaire has been checked for its reliability aspect. The scaling constructed for measuring consequences of stress, factor influencing stress, opinion about the strategies employed under the category of ordinal and interval bases have been tested for its reliability. The judging group has been arbitrarily designed and the scaling reliability has been verified. By applying cronbach Alpha reliability testing, the scaling reliability has been tested as (0.7234 – 72.34%). Since the obtained reliable values were more than 50%, the strength of scales was found to be adequate, so further data collection has been carried out.

1.9.xvii. Tools Employed for Analysis

The socio economic profile of women nurses like age, educational qualification, marital status, designation, monthly income, nature of family, family size, nature of location, number of children, type of organization employed and total experience have been analysed with the help of simple percentage analysis.

The career profile of the respondents and their opinion about the purpose of choosing the career like reason, influence to choose, ability to optimize the career, career wisdom and opinion about their present organization and its working background have been analyzed with the help of cross table and ANOVA.

The satisfaction of respondents about their career output, delegation, job rotation and level of stress management have been analyzed with the help of ANOVA.
The opinion about the occupational stress in their present job, outcome of stress, factors influencing occupational stress, ability to minimize stress, scope for managing stress and intervention of patients on occupational stress have been analyzed with the help of cross tables and ANOVA.

The analysis of variance has been applied to verify and test the opinion of women nurses about the sources of occupational stress related to personal, job related, economic, family and psychological with the help of type of organization and nature of occupation.

The causes of occupational stress and its consequences have been analysed with the help of garret ranking.

The perception of women nurses about the occupational stress related to avoidable impact on patients; organizational support and work force harassment have been tested with the help of ANOVA.

The opinion about the impact of occupational stress in terms of personal, work related aspects, economic and social aspects and health related factors have been analyzed with the help of ANOVA.

The influences of occupational stress on psychological aspect, communication and organizational development have been analyzed with the help of ANOVA.

ANOVA has been employed in order to test the impact of occupational stress on personal development like knowledge sharing, skill development, work environment, career scope, performance management and competency level.

The managing of occupational stress in terms of personal, organizational and psychological aspects has been analyzed with the simple percentage analysis.
1.10 Limitations of the Study

1. For this study, the hospitals in Kanchipuram District have been covered.

2. The occupational stress of women nurses have been verified in this study.

3. The opinions about occupational stress and its causes have been tested in this study.

4. Attempts have not been made to explore the extraneous factors related to occupational stress.

5. The study has been circumscribed with respect to available government, private and other formats of hospitals in Kanchipuram District.

1.11 Concept Overview

1.11.i. Woman:

The term Woman is usually reserved for an adult, with the term girl being the usual term for a female child or adolescent. However, the term woman is also sometimes used to identify a female human, regardless of age.

1.11.ii. Occupation:

A person's usual or principal work or business, especially as a means of earning a living. An activity that serves as one's regular source of livelihood.

1.11.iii. Hospital:

A hospital is a health care institution providing the patients treatment by specialized staff and equipments. It is an institution that provides medical, surgical, or psychiatric care and treatment for the sick or the injured.
1.11.iv. Nurse:

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so that it may attain, maintain, or recover optimal health and quality of life. A person educated and trained to care for the sick or disabled is called a nurse.

1.11.v. Stress:

Stress is a person's response to a stressor such as an environmental condition or a stimulus. Stress is a way of the body and mind to react to challenges. Stress typically describes a negative condition or a positive condition that have an impact on a person's mental and physical well-being.

1.11.vi. Occupational stress:

Occupational stress is work-related stress. Occupational stress can occur when there is a discrepancy between the demands of the environment / workplace and an individual’s ability to carry out and complete these demands.

1.11.vii. Rust Out:

Rust out jobs are jobs where workers feel under-stimulated and bored. Stress produced from having too little to do.

1.11.viii. Burn out:

Burnout is a psychological term that refers to long-term exhaustion and diminished interest in work. An emotional condition marked by tiredness, loss of interest, or frustration that interferes with job performance. Burnout is usually regarded as the result of prolonged stress. The person suffering from burnout may lose concern or respect for other people and often has cynical, dehumanized perceptions of people, labeling them in a derogatory manner.
1.11. ix. Job:

A group of homogeneous tasks related by similarity of functions. A job consists of duties, responsibilities, and tasks (performance elements) that are (1) defined and specific, and (2) can be accomplished, quantified, measured, and rated.

1.11.x. Career:

Career describes an individual's journey through learning, work and other aspects of life. It is a person's "course or progress through life (or a distinct portion of life)". Career is also frequently understood to relate only to the working aspects of an individual's life e.g. as in career woman. A career is often composed of the jobs held, titles earned and work accomplished over a long period of time, rather than just referring to one position.

1.11.xi. Job Satisfaction:

Job satisfaction is how contented an individual is, with his or her job. Job satisfaction is the extent of pleasurable emotional feelings individuals have about their jobs overall, and is different from cognitive job satisfaction which is the extent of individuals’ satisfaction with particular facets of their jobs, such as pay, statutory benefits, working hours, and numerous other aspects of their jobs.

1.11.xii. Job flexibility:

Work practice (explained by the employer in employment policies and contracts) that allows the employees a certain degree of freedom in deciding how the work will be done and how they will coordinate their schedules with those of other employees.

1.11.xiii. Attitude:

An attitude is an expression of favor or disfavor toward a person, place, thing, or event—the most distinctive and indispensable concept in contemporary social psychology. Attitude can be formed from a person's past and present. Attitude is also measurable and changeable. It can influence the person's emotion and behavior as well.
1.11.xiv. Job Autonomy:

A degree or level of freedom and discretion allowed to an employee over his or her job. As a general rule, jobs with high degree of autonomy engender a sense of responsibility and greater job satisfaction in the employee(s). A degree or level of freedom and discretion allowed to an employee over his or her job.

1.11.xv. Delegation:

Delegation (or passing down) is the partnership of authority and responsibility to another person (normally from a manager to a subordinate) to carry out specific activities. Delegation empowers a subordinate to make decisions, i.e. it is a shift of decision-making authority from one organizational level to a lower one.

1.11.xvi. Job rotation:

Job rotation is a management technique that assigns training to various jobs and departments over a period of a few years. Job rotation is also a control to detect errors and frauds. It reduces the risk of collusion between individuals in terms of their role and goal ambiguity. For example, often nurses’ duties are required at ambulance, operation theatres, wards and sometimes stretched to the second shift and sometimes they are forced to work as a paramedics.

1.11.xvii. Psychological stress:

In psychology, stress is a feeling of strain and pressure. Symptoms may include a sense of being overwhelmed, feelings of anxiety, overall irritability, insecurity, nervousness, social withdrawal, loss of appetite, depression, panic attacks, exhaustion, high or low blood pressure, skin eruptions or rashes, insomnia.

1.11.xviii. Family:

A family is a group of people affiliated by consanguinity, affinity or co-residence.
1.11.xix. Time management:

Time management is the act or process of planning and exercising conscious control over the amount of time spent on specific activities, especially to increase effectiveness, efficiency or productivity. Time management may be aided by a range of skills, tools, and techniques used to manage time when accomplishing specific tasks, projects and goals complying with a due date. A time management system is a designed combination of processes, tools, techniques, and methods.

1.11.xx. Work Pressure:

The pressure rating that indicates the maximum pressure a human should experience in service. Working pressure is often called maximum allowable working pressure (MAWP).

1.11.xxi. Personality:

Personality is the particular combination of emotional, attitudinal, and behavioral response patterns of an individual. The total sum of characteristics which are permanent in nature among humans that is expressed in different situations.

1.11.xxii. Perception:

The process by which people translate sensory impressions into a coherent and unified view of the world around them. Though necessarily based on incomplete and unverified (or unreliable) information, perception is equated with reality for most practical purposes and guides human behavior in general.

1.11.xxiii. Physical Illness:

Physical illness refers to a disease that interferes with a specific bodily function in the form of movement, sensation, coordination, or speech. A severe physical illness is thought to affect relationships, work, spiritual beliefs and how one socializes with other people.
1.11.xxiv. Conflict:

Conflict refers to some form of friction, disagreement, or discord arising within a group when the beliefs or actions of one or more members of the group are either resisted by, or unacceptable to one or more members of another group. Conflict can arise between members of the same group, known as intragroup conflict, or it can occur between members of two or more groups, and involve violence, interpersonal discord, and psychological tension, known as intergroup conflict.

1.11.xxv. Patient:

A patient is any recipient of health care services. The patient is most often ill or injured and in need of treatment by a physician, physician assistant, advanced practice registered nurse or other health care provider.

1.11.xxvi. Harassment:

Harassment covers a wide range of behaviors of an offensive nature. It is commonly understood as behavior intended to disturb or upset, and it is characteristically repetitive. In the legal sense, it is intentional behavior which is found threatening or disturbing.

1.11.xxvii. Self motivation:

Ability to do what needs to be done, without influence from other people or situations. People with self-motivation can find a reason and strength to complete a task, be it challenging, without giving up or needing another to encourage them.

1.11.xxviii. Commitment:

A commitment is an obligation to do something.
1.11.xxiv. Communication:

Communication is the activity of conveying information through the exchange of thoughts, messages, or information, as by speech, visuals, signals, writing, or behavior. It is the meaningful exchange of information between two or a group of persons. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or nonlinguistic forms, and may occur through spoken or other modes.

1.11.xxx. Negotiation:

A strategic discussion that resolves an issue in a way that both parties find acceptable. In a negotiation, each party tries to persuade the other to agree with his or her point of view. In advance of the negotiation, participants learn as much as possible about the other party's position and what the strengths and weaknesses of that position are, and are prepared to defend their positions and counter the arguments the other party will likely make, to defend their position.

1.11.xxxi. Disease:

A disease is an abnormal condition that affects the body of an organism. It is often construed as a medical condition associated with specific symptoms and signs. It may be caused by factors originally from an external source, such as infectious disease, or it may be caused by internal dysfunctions, such as autoimmune diseases.

1.11.xxxii. Disablement:

It is the deprivation of capability or effectiveness, especially to impair the physical abilities to make unable or unfit; weaken or destroy the capability.

1.11.xxxiii. Organizational Development:

Organization development (OD) is a deliberately planned, organization-wide effort to increase an organization's effectiveness and/or efficiency. The primary purpose of OD is to develop the organization, not to train or develop the staff. OD is
action oriented. It starts with a careful organization-wide analysis of the current situation and of the future requirements, and employs techniques of behavioral sciences such as behavior modeling, sensitivity training, and transactional analysis.

1.11.xxxiv. **Skill:**

It is an art, trade, or technique, particularly one requiring use of the hands or body. A developed talent or ability. Proficiency, facility, or dexterity that is acquired or developed through training or experience.

1.11.xxxv. **Knowledge sharing:**

Knowledge sharing is an activity through which knowledge (i.e., information, skills, or expertise) is exchanged among people, friends, families, communities or organizations.

1.11.xxxvi. **Sabbatical leave:**

Sabbatical leave is defined as a prolonged absence from work in the career of an academic employee granted for the purposes approved for professional development. Sabbatical leave is defined as a time period in which a person does not report to his regular job but who remains employed with that organisation.

1.11.xxxvii. **Medi claim:**

Mediclaim is a type of insurance coverage that pays for medical and surgical expenses that are incurred by the insured.

1.11.xxxviii. **Agitation:**

A state of anxiety or nervous excitement, also called psychomotor agitation; psychological and physical restlessness, manifested by pacing, hand-wringing, or other activity, sometimes occurring as a symptom of severe depression, schizophrenia, or other mental disorder.
1.11.xxxix. Exercises:

Exercise is physical activity that is planned, structured, and repetitive for the purpose of conditioning any part of the body. Exercise is used to improve health, maintain fitness and is important as a means of physical rehabilitation.

1.11.xxxx. Therapies:

Therapy means "curing, healing" and is the attempted remediation of a health problem, usually following a diagnosis. In the medical field, it is synonymous with the word "treatment". Among psychologists, the term may refer specifically to psychotherapy or "talk therapy".

1.11.xxxxi. Counseling:

Counseling is a process that enables a person to sort out issues and reach decisions affecting their life. Often counseling is sought out at times of change or crisis; it need not be so, however, as counseling can also help us at any time of our life.

1.12 Chapter Plan

Chapter –I is about the introduction to research to the thesis. It covers the aspects of statement of the problem under study, need and importance of the study, objectives, hypotheses, scope, research methodology, limitations and the concepts overview.

The reviews related to the present study covered for the period of 1935 to 2013 in the descriptions have been covered the in the Chapter – II.

Chapter – III covers the aspects related to introduction to research to hospital sector, origin, hospital categories, growth of hospital industry in India, occupations in hospital profession, statistical data relevant to hospital in different operational mode and conclusion relevant to the topic. It also covers the introduction to research related
to nursing job, statistical data about nursing jobs in various categories of hospitals in India, about women nurses, problems faced by women nurses in hospitals.

The occupational stress and its relevant concepts, occupational stress of women nurses, causes and impact have been covered in the Chapter – IV.

Chapter- V covers the analysis and interpretation of collected primary data. The collected data have been analysed and interpreted with the application of selected apt statistical tools.

The summary of findings both from theoretical and analytical points of view with suitable justifications, suggestions, conclusion and scope for future studies have been covered in the Chapter-VI.

The references, model format of questionnaire and other study related documents have been placed in the last part of the annexure.
References


5. Saunders, “Research Methods for Business Students”, Pearson Education


