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Job-Related Pressure among Private Hospital Nurses.

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A B S T R A C T

When an individuals perceive that responsibilities of their job as stressful or above their skills, they experience work stress. A high level of stress can have a detrimental effect on a worker's performance and behaviour at work. "A complete research or inquiry, particularly through the search of new knowledge in any field of study." To determine the stress level of healthcare nurses. To examine how workplace stress affects employees' performance in the healthcare industry. To identify job satisfaction, job stress, and role overload at the hospital. To evaluate the conflict between job and family, hospital organisation commitment. It is a research experiment. Descriptive surveys are employed to collect details and factual data that explain an existing situation. A structured questionnaire survey has been conducted in a few hospitals in Trichy district. To choose hospital nurses in Trichy district, a statistical random selection method was adopted. Three sections make up the final survey. The demographic questions in the first section pertain to area, gender, family kinds, marital status, age, educational background, income, bank experience, and overall career experience. The second section contains seven components of questions that determine the hospital in Trichy district, respondents' choices, and promotional tools. The second section contains a 5-point statement that is based on the traits and ranges from strongly agreeing (5 points) to strongly disagreeing (1 point).

Keywords: Work stress, Hospital Workers, Job Satisfaction, Job Performance.

1. INTRODUCTION:

Concept of stress was first introduced in the life sciences (Selye Hans.,1936). It was derived from the Latin word ‘stringer’; it meant the experience of physical hardship, starvation, torture and pain. Selye Hans, 1936 defined stress as “the non-specific response of body to any demand placed upon it”. (Dr. Surabhi sharma)

There has been a lot of theoretical and research focus on workplace stress. When a person perceives the responsibilities of their job as stressful or above their capabilities, they experience work stress. High levels of stress can have a negative impact on a worker's performance and behaviour at work. The Conservation of Resources Explanation (COR), a general theory of stress, is based on the idea that people want to protect, replenish, and improve their resources, and that when they are unable to do so, they become stressed. In other words, stress happens when people view their resources as unstable, threatened, or lost, or when they are unable to get or maintain their resources using the means at their disposal. (Aharon Tziner).

A person's overall health, including cognitive, psychological, physiological, and behavioural elements, is impacted by job stress. Chronic stress damages brain tissue, including the hippocampus, which may be followed with problems with cognitive functioning. (Young-Mi Park).

Depending on how we react to the stressors in our lives, stress can either be bad or positive. It seems that the majority of us primarily consider the negative aspects of stress. Negative stress is actually stress that is uncontrollable. The negative effects of extreme stress can show up as signs and symptoms in the body and mind. Khan (Rahul Kumar).

BURNOUT.

Employee burnout is a progressive psychological reaction to ongoing work stress that includes feelings of decreased self-worth, depersonalization, and emotional tiredness. Burnout is an occupational illness that affects doctors' health and the standard of care they provide. Medical misconduct is linked to emotional discomfort, absenteeism, a decline in personal effectiveness, and a higher risk of health issues..(Aharon Tziner)

WORK DISSATISFACTION.

Employment satisfaction is defined as one's cognitive (evaluative), affective (or emotional), and behavioural reactions to one's job, as measured by one's assessment of the job's features or attributes, emotional reactions to workplace events, and behaviour-related intents. Individuals who are confronted with continuous resource depletion perceive few or no opportunities to alter this situation. Thus, it is understandable that individuals feel dissatisfied with their work, which is a mentally exhausting situation. Furthermore, individuals have the option of leaving their current job, the source of their suffering, to escape this unpleasant situation (i.e., they develop turnover intentions)..(Aharon Tziner)

THE FOLLOWING 10 ROLE STRESSES WERE:

1. Inter Role Distance(IRD),

2. Role Stagnation(RS),

3. Role Expectation Conflict(REC),

4. Role Erosion(RE),

5. Role Overload(RO),

6, Role Isolation(RI),

7. Personal Inadequacy(PI),

8. Self-Role Distance(SRD),

9. Role Ambiguity(RA),

10. Resource Inadequacy(RI)

2. REVIEW OF LITRATURE:

1. **Nandita Kshetrimayum, Darshana Bennadi, Sibyl Siluvai-(2022):** An involved and reciprocal interaction between the individual and their surroundings can be used to characterise stress. Nursing is a profession where a variety of factors might cause stress. A person's mental and physical well-being may suffer from occupational stress, which has a direct and indirect impact on the caliber and productivity of their work. As a result, an effort has been undertaken to measure stress and perceived stress among staff nurses in Mysore, India. Using a multistage sample technique, a descriptive cross-sectional research of 500 staff nurses from eight hospitals in Mysore City, India, was carried out. The study was conducted for five months, and the response rate was 100%. A systematic questionnaire was used to assess stress, and the Perceived Stress Scale (PSS) and Expanded Nursing Stress Scale (ENSS) were used (ENSS). The participants in a cross-sectional study were 500 staff nurses. 467 (93.4%) of the participants had a diploma, while 454 (90.8%) of the nurses worked the day shift. Nearly 277 (55.4%) people reported feeling somewhat stressed, and 249 (49.8%) reported feeling moderately stressed at work. Between ENSS and PSS, there is a strong positive association (r = 0.144, P 0.001). Among the staff nurses of Mysore City, a link between felt stress and occupational stress was discovered. This demonstrates that people who are anxious generally also worry about their jobs.

2. **S. Rasikala, Shobha Butala –(2022):** The work stress faced by healthcare professionals is currently a major global concern. The primary objective of this research was to explore the levels of stress among doctors, nurses, and support personnel in corporate and government hospitals in various locations due to the psychosocial and showed various of their profession. The cross-sectional survey of medical professionals (n=1200) was conducted in four separate government and corporate hospitals in big and small cities throughout India. The method for gathering data was a self-administered questionnaire, which included a number of topics on psychosomatic symptoms, self-perceived health, sociodemographic information, job satisfaction, health risk, and emotional load. The results indicate that, when compared to nurses and other support workers employed by corporate hospitals, government hospital doctors experience high levels of stress, which are very significant (p 0.01). The health care workers in Tiruvarur's government hospitals also experience significantly (p 0.01) high levels of stress due to their geographic location. As compared to other medical professionals, the findings imply that doctors working at government hospitals experience higher levels of stress. The author came to the conclusion that social support and the psychosocial work environment should be enhanced in healthcare facilities as a result of the high stress levels among doctors.

3. **Dongsheng Zhu , Jinyu Wang , Yurui Zhao, Lu Yang-(2022):** This research aims to understand the present state of occupational stress and its effects on the health of medical staff and to offer a conceptual framework for decreasing occupational and improving staff health. Using a general questionnaire, an effort-reward imbalance questionnaire, and a self-rated health measurement scale, the occupational stress and health problem of healthcare workers in 14 hospitals in Lanzhou were researched. The analysis included 2169 individuals in total, and 59.4% of the health workers reported experiencing occupational stress. According to the survey's findings, medical professionals who are 40 to 50 years old, have a master's degree or higher, hold a senior professional title, have been employed for 10 to 20 years, and work more than 48 hours per week are more likely to experience occupational stress than other groups. The results of the health study found that, in compared to other groups, medical professionals with working years of 10–20 years and working hours of more than 48 h per week had lower ratings for physical, mental, and social health. The results suggest that working years and working hours per week have an impact on social, psychological, and physical health in addition to occupational stress levels.

4. **Vijay Dalal-(2021):** Stress has become a widespread factor in healthcare departments, particularly for doctors, who deal with a huge number of patients with a range of diseases and work overload. Therefore, it's crucial to develop efficient coping mechanisms for doctors to lower stress. The presence of occupational stress among doctors is explored in the current article, along with researchers' findings and recommendations for lowering stress levels. According to this study, all professional stressors, in particular a heavy workload, financial strains, and family obligations, should be addressed by word restructuring and improved physician job satisfaction.

5. **Syarifah Nurul Ain, Chua Sze Hung, Aida Nurbaini Arbain-(2020):** Physicians are known to experience significant levels of work stress, which increases their risk of developing depression, anxiety, and stress. The prevalence of depression, anxiety, and stress among registered doctors working in 24 public hospitals in Sabah, Malaysia, as well as its related risk factors, are not yet known. From September to October of 2018, a convenient sampling technique was used to perform this cross-sectional investigation. The 21-item Depression Anxiety Stress Scale (DASS-21) data was anonymously gathered through an online link. The majority of the 314 doctors were female (62.1%), had a mean age of 29 (SD 2.72), were not Sabahan (82.8%), were Malay (46.8%), were not married (78.3%), and were medical officers (93.6%). The prevalence of severe/extremely severe anxiety symptoms was 27.4%, depression (22.9%), and stress (18.5%). Doctors who thought they were agitated, anxious, or sad were more likely to experience those symptoms. Females and Chinese people were twice as likely as men to report having anxious symptoms. While working in the same hospital for a longer period of time had a significant but small protective effect against anxiety and stress symptoms, being married had a protective effect against depressed symptoms. The issue of mental health among doctors is significant, and it must be treated adequately for the sake of their lives, patients, and the country.

6. **Fang-Li Kuo, Pei-Hsuan Yang, Hsin-Tien Hsu-(2020):** This study looked into how hospital employees felt work stress during Taiwan's unique coronavirus (COVID-19) epidemic, as well as the factors that may have contributed to it. At one medical centre and two regional hospitals in southern Taiwan, a web-based survey was carried out with the participation of doctors, nurses, medical examiners, and administrators. The survey includes questions about the hospital staff's demographics and a scale to measure stress among medical professionals tending to patients with highly contagious diseases. 752 valid questionnaires in all were gathered. Compared to employees in the other three professional categories, hospital workers reported a moderate amount of stress, with nurses reporting the highest level of stress. The five variables that were associated with the highest levels of stress were "rough and cracked hands due to frequent hand washing and disinfectant use," "inconvenience using the restroom at work," "restrictions on eating and drinking at work," "fear of transmitting the disease to relatives and friends," and "fear of being infected with COVID-19." The participants' top stressor was discomfort brought on by protective equipment, which was followed by the difficulty of providing for patients. Work stress was more prevalent among participants with little children than without among those who reported severe stress (n = 129). The current findings might be used as a guide for monitoring the workload of hospital workers in the future and might help with assistance and intervention.

7. **Lucia Jerg-Bretzke , Kerstin Limbrecht-Ecklundt , Steffen Walter –(2020):** Hospitals and universities are said to have stressful working environments. Hospital occupational stress has been the subject of numerous domestic and international studies. There is little academic studies in colleges and universities, therefore, that deal with psycho-social stressors and their possible effects. The effects and linkages of the work-family conflict factor, in particular, are not currently studied in this context. Our study's objective was to evaluate information on psychosocial stress in relation to the harmony of work and family. Data were collected through a cross-sectional study of university staff (N = 844; 55% female; 41% male; 42.3% scientists; 14.3% doctors; 19.4% administrators; and 19.3% service personnel). Participants responded to questions on surveys about their personal information, employment history, and personal circumstances. We employed the short-form Maslach Burnout Inventory (MBI), the Work-Family and Family-Work Conflict Scales, the Effort-Reward Inventory and Over Commitment Scale (ERI, OC), the Patient Health Questionnaire (PHQ-4), and questions about their subjective health for this. Utilizing SPSS 22, statistical analysis were carried out. Burnout was shown to be predicted by WFC, while emotional tiredness, excess work, and over commitment were found to be predicted by WFC and FWC. The results of our research indicate that there are problems with the balance between work and personal life in the academic, collegiate, and scientific domains. Indicators showing work-family conflicts (inter-role conflicts) have an effect on mental and physical health were also discovered. To improve the work-life balance and workers' emotional and physical health, these work-family conflicts should be the focus of prevention and intervention efforts.

8. **Yufang Zhan, Shuang Ma, Xiangdong Jian, Yingjuan Cao-(2020):** The coronavirus disease 2019 (COVID-19) pandemic continues to pose an unexpected hazard and challenge to public health around the world. Nurses are required to take on a greater workload at the clinical center of this epidemic due to a lack of human resources. In addition, nurses are at a significant risk because of their proximity to COVID-19 patients at work. As a result, they are under more stress at work. to investigate the existing environment and factors that affect job stress among clinical first-line nurses battling COVID-19. 110 nurses who worked in a hospital in Wuhan and were on the clinical front lines of the COVID-19 epidemic participated in a questionnaire survey using a convenience sampling technique. The characteristics of work environment and resources, as well as workload and time pressure, were ranked first and second, respectively, in the job stress scores of clinical nurses on the front lines of the COVID-19 outbreak (91.42 26.09). According to the findings of a multiple stepwise regression analysis, the number of night shifts worked each week, the number of years of service, the number of working hours per day, and the degree of academic qualification were the primary influences on the job stress levels of nursing staff. The COVID-19 epidemic's clinical frontline nurses were found to be under moderate levels of work-related stress. Nursing leaders and hospital administrators must be aware of the effects of job stress on frontline nurses while implementing positive and effective methods to eliminate the cause of nursing work pressures in order to stabilise their nursing teams and promote their work in the battle against this disease.

9. **Samma Faiz Rasool , Mansi Wang, Yanping Zhang-(2020):** This research aims to investigate the connections between workplace violence, job stress, and long-term work performance. This study used a variety of workplace violence factors, including abuse, physically attacking, ostracism, and stalking. A questionnaire survey with 48 items and a 5-point Likert scale was employed (1, strongly disagree, to 5, strongly agree). Data was gathered from 15 hospitals in the Pakistani cities of Karachi, Lahore, and Islamabad. The doctors, nurses, and paramedical staff who worked in this field made up the study's target group. 500 surveys were given out to the primary audience. A total of 345 valid questionnaires were received, giving a 69% response rate. The direct and indirect effects were investigated using partial least squares structural

equation modelling. The results of this research demonstrate that workplace violence has a negative effect on long-term work performance in both direct and indirect interactions. The study's findings are as follows: First, harassment lowers employee morale, which actually resulted in workers performing at a lower level. Second, mobbing at work lowers productivity, raises stress, anxiety, sadness, and irritation levels, as well as increases in low job engagement, absences from work, and work damage. Third, workplace exclusion lowers organizational and worker motivation, which lowers productivity. Harassment has a negative impact on employee performance because it tarnishes the reputation of the employer and creates anger among employees and peers. Fourth, among employees who are feeling stress at work, occupational stress is considered as a stigma. We can infer that workers will be most productive if they are content and healthy. Organizations must create a culture that allows employees to perform at their peak.

10. **Yuanyuan Mo, Lan Deng, Liyan Zhang -(2020**): To research further into work stress faced by Chinese nurses helping Wuhan fight the 2019 Coronavirus Disease (COVID-19) infection and to explore the factors which may influence it. The public's health has been threatened by the COVID-19 outbreak. Infection control, isolation, containment, and public health have all been areas in which nurses have long been important players. The amount of information on the work stress experienced by these nurses is, however, scarce. cross-sectional research. 180 anti-epidemic nurses from Guangxi answered an online questionnaire. The Self-rating Anxiety Scale (SAS) and the Stress Overload Scale (SOS), both in Chinese, were employed as data gathering instruments. To study the connected influencing factors, descriptive single factor correlation and multiple regression analyses were used. This nurse group's SOS (39.91 12.92) and SAS (32.19 7.56) scores had a positive correlation (r = 0.676, p .05). Only children, the number of hours worked per week, and anxiety were found to be the primary influences on nursing stress in multiple regression analysis (p =.000,.048, and.000, respectively). Nurses fighting COVID-19 were under a lot of stress. Relevance to Nursing Management Nurse supervisors should take note of the work-related stress and other variables that may be affecting nurses who are battling the COVID-19 infection and provide them with solutions to help them maintain their mental health.

11. **Chen-Yi Lee, Ju-Hui Wu, Je-Kang Du-(2019):** There is limited information available on workplace stress and burnout among Taiwanese dental professionals. Therefore, the purpose of this study was to investigate occupational burnout and job stress in a medical center's dental staff. The dental staff of a Taiwanese healthcare facility was included in this cross-sectional survey study. They were required to complete anonymous identity questionnaires. Workplace stress was measured using the Questionnaire on Medical Workers' Stress (QMWS), and occupational burnout was measured using the Malachi Burnout Inventory-Human Service Survey (MBI-HSS). A total of 108 valid surveys were collected, with a response rate of 79.9%. Independent t-tests, one-way analysis of variance, Pearson's correlation, and stepwise linear regression were all employed to analyze the data. According to the overall QMWS score, visiting workers noticed much more stress than post-graduate year residents. Dental assistants performed similarly to high burnout groups on the MBI-HSS, whereas visiting staff and moderate burnout groups also performed similarly. Stepwise regression analyses showed that the QMWS score was a significant predictor of emotional exhaustion, the presence of a teaching position was a significant predictor of personal accomplishment, and jobs as a dental assistant and the QMWS score were significantly predictive of depersonalization. Dental staff members frequently experienced work stress and burnout; this may have an impact on patient safety and should be valued. To support the mental health of dental personnel, a stress management programmer is advised along with changes to the workplace environment, performance evaluation, and promotion processes.

12. **Gunhild Bjaalid, Espen Olsen, Kjersti Melberg, Aslaug Mikkelsen-(2019):** The aim of this study was to determine whether institutional stress and job performance are connected in hospital employees and whether motivational resources entirely or partially moderate the relationship between institutional stress and job performance. Four public hospitals in Norway received a self-completion survey, with a response rate of 40% (N = 9,162). On two sets of hospital personnel with (N = 795) and without (N = 8,367) managerial duties, structural equation modelling was done. For hospital personnel without managerial duties, institutional stress was closely associated with work performance. In the group of employees without managerial duties, the motivational resources of autonomy, competence development, and social support somewhat mediated the link between institutional stress and job performance. The association between institutional stress and job performance was fully mediated in the leader group by the motivational resources. Leader social support had no real affect on either group's job performance.

13. **Edris Kakemam, Pouran Raeissi, Samira Raoofi-(2019):** Nursing can be a demanding and stressful occupation. To determine the prevalence of nurses' occupational stress and associated risk factors. Cross-sectional survey. 5422 nurses in Iran were surveyed and demographic information and occupational stress assessed (2895 of returned surveys analyzed). Mean score for overall occupational stress was 3.48 indicating a stress level between moderate and high, with 78.4% of respondents reporting that their job was stressful. Nurses reported issues with shift work, staffing, pay, workplace discrimination, management, policy and excessive workloads. Risk factors in the multivariate analysis for higher occupational stress were; female gender (p = .002), being married (p = .008), lower educational levels (p < .001), increased work hours (p < .001), and working in emergency (p = .025), general wards (p = .012), and teaching hospitals (p < .001).The high prevalence of occupational stress demonstrates the extent of the issue, despite recent reforms. The risk factors identified allow for more targeted interventions.

14. **Lolyta Aditya Puteri, Muhammad Irfan Syaebani-(2019):** In comparison to other occupations in other industries, those in the health industry are more likely to experience higher levels of stress. Workplace stress has negative impacts on fatigue, absenteeism, employee turnover, and customer satisfaction. For health professionals in particular, it will result in improper diagnosis and treatment. By using 181 employees of a hospital in Depok city as a case study, the study seeks to determine the sources of stress in the hospital among three divisions: health professionals, medical support, and general support. Three indicators—job stress, job pressure, and a lack of organizational assistance

to the choice of the job stress survey (JSS) as the tool for measuring employee work stress. The job stress survey shows the level of stress, its frequency, and its index for each of those three factors. Analysis of variance (ANOVA) is used in the quantitative study design to examine the variations in stress levels between the three divisions. Based on the results, it can be concluded that there are three divisions with different levels of stress. On two indications, such as job pressure and a lack of organisational support, the difference in stress frequency and stress index, however, is not very significant. Professional medical personnel encounter the highest level of stress out of the three divisions. The research's implications are discussed.

15. **Bo Kyung Sohn, Su Mi Park, In-Jo Park-(2018):** According on whether or not a hospital employee was an interpersonal service worker (ISW), we split the staff into two categories (non-ISW). Then, we looked at how these groups differed in terms of emotional labour and job stress, as well as the mediating variables that affected their associations. Hospital employees who were not ISWs (n = 71) and ISWs (n = 353) both made up our participant group. We used the Emotional Labor Scale to assess the nature and characteristics of emotional labour, and the Korean Standard Occupational Stress Scale Short Form to assess workplace stress. The Beck Depression Inventory-II, Beck Anxiety Inventory, and State Anger Subscale of the State-Trait Anger Expression Inventory were also administered to identify the mediating factors of depressive symptoms, anxiety, and anger, respectively. In terms of duration, intensity, and amount of surface acting, the ISW group demonstrated more severe job stress than the non-ISW group. In contrast to deep acting, which did not significantly correlate with job stress, the ISW group found a strong positive link between surface acting and job stress. An analysis of continuous mediation patterns for ISWs revealed that surface acting was unrelated to anxiety and anger and strongly connected to increasing job stress, depression, and indirect depression. Compared to the non-ISW group, the ISW group demonstrated more surface acting and job stress. In the ISW group, occupational stress that involved surface acting was positively connected with work stress. Their relationship was influenced in part by depression.

16. **Renata Perfeito Ribeiro, Maria Helena Palucci Marziale, Julia Trevisan Martins-(2018):** To measure occupational stress among health care workers at a university hospital. a cross-sectional study was conducted with nurses and doctors at a university hospital in southern Brazil. Through the use of a description and Job Stress Scale questionnaire, data were gathered between August 2011 and August 2012. There was a descriptive and univariate analysis. Participants demonstrated strong demands, high levels of control over the task, and low levels of social support, all of which point to active work. Compared to physicians, nurses had less influence over their jobs (p=0.001) whereas doctors received more social support. In nursing assistants and technicians, lower social support was associated with more stress exposure (p=0.012). Workers who perceived a lack of social support were more susceptible to stress. Stress prevention measures, such as improving community support at work, must be practiced among healthcare staff.

17. **Rahul Kumar Singh and Madhu Jain-(2017):** One of the major health risks of the modern workplace is occupational stress. Similar stressful working situations have been linked to decreased efficacy, absenteeism, and higher rates of on- and off-the-job accidents. In order to see whether self-management techniques are effective in reducing the level of perceived stress among nursing staff, the current study was created. The sample consisted of 40 high-stress nursing staff (20 males and 20 female), with a mean age of 23.6, from S.M.S. hospital in Jaipur, Rajasthan. Both the Srivastava and Singh (1991) Psychosocial Stress Questionnaire and the Srivastava and Singh (1994) Occupational Stress Index have been used. To determine the significant differences in the mean score on felt stress following the introduction of the intervention programmed, a pre- and post-test design was used. The major effects of groups, gender, and treatment were found to be considerable, based on the results. Additionally, the combined effects of the groups and the intervention have been found to be statistically significant, indicating the experimental groups' significant improvement in terms of stress reduction compared to the control group between the pre- and post-tests.

18. **Tianan Yang , Yina Guo, Mingxu Ma, Yaxin Li, Huilin Tian-(2017):** Healthcare employees' performance is affected by presenteeism. In this study, presenteeism among healthcare employees was compared to workplace stress, affective commitment, and presenteeism. A sample of 1392 healthcare employees from 11 Class A tertiary hospitals in eastern, central, and western China were studied using structural equation modelling to look into the relationship between workplace stress, affective commitment, and presenteeism. The Sobel test was used to evaluate the mediating role of affective commitment on the relationship between occupational stress and presenteeism. Healthcare employees experienced high levels of job stress and moderate levels of presenteeism. Strong correlations between challenge stress and hindrance stress were found (r = 0.62; p 0.05). Presenteeism and affective commitment had a significant and direct negative correlation (= 0.27; p 0.001). Challenge stress had a substantial positive correlation with affective commitment but not presenteeism (= 0.15; p 0.001). Presenteeism was considerably positively connected with hindrance stress (= 0.26; p 0.001) but significantly negatively correlated with affective commitment (= 0.40; p 0.001). Important empirical data on presenteeism among healthcare workers is given by this study. Increases in emotional commitment and challenge stress as well as a reduction in hindrance stress can reduce presenteeism among Chinese healthcare employees.

19. **Dr. Surabhi sharma, Manish Kumar Sharma-(2017):** Over the recent decades, there have been significant developments in the health care industries. Changes in the health care sector have such a big impact on doctors in the medical profession and a significant part of the health care delivery system. As a result, they experience extreme stress in both their professional and personal lives. The purpose of this research was to assess the degree of stress among female doctors working in both public and private hospitals. 300 female doctors from both public and private hospitals made up the entire sample for this study. The information was gathered using a convenient sample technique and a self-made, standardized questionnaire. According to the findings, female doctors who work in private hospitals are under more stress than those who work in public hospitals.

20. **Yu-Chin Ma, Chiu-Yueh Yang, Chin-An Tseng-(2016):** The object of this study was to examine the predictors of work stress in Taiwanese nurses and to compare the levels of stress experienced by nursing staff in urban and rural locations. Purposive sampling was used to choose

271 nursing staff members from 2 mental teaching institutions for this cross-sectional study. This study made use of the Emotional Quotient Inventory (EQI) and the Nurse Stress Checklist. An analysis of major predictors of work stress was conducted using a hierarchical multivariate regression model. Nursing staff in metropolitan hospitals had less work stress than those in rural hospitals. Compared to the urban nursing staff who attended the EQ and stress programmes, the rural nursing staff had more job stress; and hospital types, employment patterns, years of work experience, and emotional intelligence were predictors of work stress. Overall, the findings show that administration managers must provide excellent career advancement opportunities (e.g., full-time work) or raise compensation to attract sufficient nursing staff. Additionally, managers might prevent the unjust treatment of part-time nursing staff by emphasising the basic pay and benefits of nursing staff in order to effectively reduce the stress that they endure.

21. **Aharon Tziner, Edna Rabenu, Ruth Radomski, Alexander Belkin-(2015):** Workplace stress has very serious impacts on both the individual and the organisation. This research examined at the connections between perceived workplace stress, burnout, job satisfaction, and plans to leave. We expected that burnout and job stress would be positively correlated, while satisfaction and turnover intentions and burnout and satisfaction would be negatively related. There were 124 hospital doctors in the sample. All of our theories were confirmed as expected. Beyond the assumed direct relationships, burnout partially mediated between job stress and work satisfaction, and work satisfaction partially mediated the association between burnout and turnover intentions, according to the results of structural equation modelling (SEM). The paper examines the theoretical aspects and suggests things for further study.

22. **Namrata Mohite, Mahadeo Shinde, Apeksha Gulavani-(2014):** The study's main objective was to evaluate the level of occupational stress that nurses work by tertiary care hospitals. among nurses, job stress is becoming a more real disorder. Stress has a cost in terms of one's well-being and health as well as costs to the company in order of turnover and absenteeism, both of which have an indirect effect on the quality of patient care. To measure occupational stress among employees working in tertiary care hospitals and determine if occupational stress and particular demographic factors among nurses are related. A study involving 100 staff nurses was done. The modified extended nurses stress scale was employed, and each questionnaire takes 15 to 30 minutes to complete. 49% of nurses in the majority reported feeling stress regularly as a result of treatment uncertainty. Although 48% of nurses at most mentioned feeling stress on a regular basis from working with patients. 59% of the time, stress is created by work. 68%, 24%, and 8% of nurses, respectively, cite inadequate emotional preparation as a frequent, regular, and highly frequent source of stress. Maximum 49% of those who had issues with the doctors indicated regular occurrence. 52% of nurses said that their supervisors regularly cause them to feel stressed. Maximum 50% of nurses reported feeling high stress as a result of death and dying. Conflict with peers was cited as a source of stress by 53% of nurses in three ways: sometimes, regularly, and highly. 48% of nurses experienced occasional, frequent, and severe stress as a result of prejudice. Age, sex, professional education, or year of experience did not significantly correlate with occupational stress. Nurses frequently experience stress, which could later have a negative effect on the workplace culture. Workload and supervisors are the two main causes of stress among most nurses, out of all the causes that have been taken into consideration.

23. **Apeksha Gulavani , Mahadeo Shinde-(2014):** The problem of job-related stress and job dissatisfaction is becoming more and more frequent among nurses. The cost of stress and job satisfaction to an individual's health and well-being as well as to an organization‟s of absenteeism and turnover significantly impacts the standard of patient care. to measure the relationship between occupational stress and job satisfaction among nurses working in tertiary care institutions and to determine whether there is a connection at all. A descriptive study design and exploratory research methodology were employed; the study sample of 100 nurses was chosen using the convenient sampling procedure. Maximum 88% of nurses worked as staff nurses; 54% were in the 21–30 age range; 86% of them were females; 57% were married; and maximum 45% were children. maximum Maximum 60% of nurses had RGNM-level professional training, 51% had less than five years of experience, and 68% were members of nuclear families, with maximum 35% having four or more children. The majority of nurses said stress is usually reported in relation to treatment uncertainty (49%), patient and family interactions (48%), workload (59%), disagreements with doctors (49%), death and dying (50%), and disagreements with supervisors (52%). Whereas, according to nurses, inadequate emotional preparedness (68%), discrimination (48%), and peer conflict (53%) are occasionally stress-inducing factors. Only an average number of participants expressed satisfaction with their pay (63%) and independence (54%). Participants reported high levels of satisfaction with an almost all supporting factors, including ability usage (83%) achievement (77%), activity (60%) advancement (59%) authority (79%) coworkers (79%) creativity (67%) security (65%) social service (89%) social status (75%) moral value (75%) recognition (68%), responsibility (72%), variety (71%) and working conditions (79%) However, they only reported an average degree of job satisfaction in the areas of pay (63%) and independence (54%). There was no significant relationship identified between occupational stress, job satisfaction, and age, gender, professional education, or year of experience. The performance of the nurses can be improved with the use of specific strategies to lessen stress related with commonly recurring causes and efforts to boost job satisfaction associated with pay and freedom.

24. **Young-Mi Park, Souk Young Kim-(2013):** The purpose of this study was to determine how patient safety events among hospital nurses in Korea were affected by job stress and cognitive failure. 279 nurses who had worked for at least six months in five general hospitals in Korea were included in the study. Self-administered questionnaires created to quantify job stress, cognitive decline, and patient safety issues were used to gather data. According to the study, 27.9% of the participants had faced patient safety problems within the previous six months. The odds ratio (OR) for incidents was found to be 6.85 for shift work, 2.92 for cognitive problems, 0.97 for low job autonomy, and 1.02 for insecure employment. Workplace stress, cognitive problems, and shift work each had an impact on patient safety events. There are a lot of preventive steps that must be taken, as well as strategies to lessen workplace stress and workers' cognitive problems. Decreased work instability and a clear definition of the purview and authority for responsibilities directly related to patient safety are further requirements.

25. **Dola Saha, Rajesh Kumar Sinha, Kankshi Bhavsar-(2011):** A person's job has a major role in their actual routine. A job has numerous facets. An individual may be content with one or more aspects of their work but dissatisfied with other aspects of their position. To assess the sources of job stress (stressful aspects of work) among the staff of a super specialty hospital and to provide strategies for reducing the degree of job stress. 381 employees of a specialty hospital participated in a descriptive study utilizing a structured interview method form with 21 sources of stress. The hospital workers were asked to rate each item on a scale of 0 (not at all), 1 (a little), 2 (quite a bit), and 3 (a lot) (a lot). Additionally, a stress level was measured everywhere. Underpayment (76%), an excessive workload (70.3%), a lack of employees (48.6%), and participation in patients' emotional discomfort (46.7%) were determined to be the main sources of stress. The hospital's workers was under moderate stress as a result of the main stressors, thus correct procedures should be done to reduce them. This could be achieved by managing workload, restructuring the job, and providing occupational health education.

3. RESEARCH METHODOLOGY:

A search for knowledge is referred to as research in everyday speech. It is often referred as a scientific and methodical search for relevant data on a certain subject. Data research is a form of scholarly inquiry. Research is defined as "A diligent investigation or inquiry especially through search for fresh fact in any sort of knowledge" in the Advance Learner's Wordbook of Current English.

3.1. RESEARCH QUESTIONS:

1. What are the differences between role under load and role overload in terms of health outcomes?
2. Do overload and under load conditions fall under the purview of the demand-control model of work stress or only overload conditions?

3.2. THE OBJECTIVES OF THIS STUDY:

- To find out workers of hospital stress level.
- To analysis the occupational stress workers' impact of performance at healthcare sector.
- To find the Role overload, Job Satisfaction, Job stress in hospital.
- To determine the work family conflict, organisation commitment in hospital.

3.3. RESEARCH DESIGN:

It's an experimental study. The purpose of descriptive surveys is to collect the details and factual information that describes an existing phenomenon. Survey through structured questionnaire has been made in selected of hospital at the Tamil Nadu.

3.4. SELECTION OF SAMPLES:

Total 164 respondents were selected from nurses in seven private hospitals at the Trichy districts.

3.4.1. SOURCES OF DATA:

In order to achieve the objectives of present study, relevant primary and secondary data was used.

a. PRIMARY DATA:

Primary data was collected from nurses with the help of structured questionnaire by personal visit and conversation.

b. **SECONDARY DATA:**

Secondary Data was collected from Books, Magazines, Journals News Paper, Websites etc. It was useful sources to designs scientific instrument (questionnaire) for Primary data.

3.5. SAMPLING TECHNIQUE:

A statistical random sampling technique was used to select 164 nurses in seven private hospitals at the Trichy districts. Researcher had also got information for the questionnaire for hospital at the Tamil Nadu. Both primary data and secondary data types were collected for the study. The structural questionnaire has been used for the purpose. The use of secondary data from the published sources like annual reports and website of hospital at the Tamil Nadu, has been used for gathering the general information of the selected of nurses in seven private hospitals at the Trichy districts. The final questionnaire consists of three parts. The first part consists of the demographic questions regards region, gender, types of family, marital status, age and educational qualification and income, experience of nurses in seven private hospitals at the Trichy districts and total experience of their carrier. The

second parts include seven factors of questions determining the nurses in seven private hospitals at the Trichy districts, preferences of the respondents and also promotional tools. The second part includes 5- point statement (ranging of strongly agree (represented by 5) to strongly disagree (represented by 1) which were based on the attributes.

3.6. TOOLS USED FOR ANALYSIS:

3.6.1. ANOVA Test.

Null hypothesis H0- There is no significant difference between the Job Satisfaction, Job Stress, Organization Commitment by Educational

Alternate hypothesis H1-There is significant difference between the Job Satisfaction, Job Stress, Organization Commitment by Educational .

Table 1: One Way ANOVA Job Satisfaction, Job Stress, Organization Commitment by Educational

One Way ANOVA						
		Sum of Squares	Df	Mean Square	F	Sig.
JobStressAvg	Between Groups	.145	3	.048	.173	.915
	Within Groups	44.636	160	.279		
	Total	44.781	163			
OrganisationCommitmentAvg	Between Groups	1.533	3	.511	.928	.429
	Within Groups	88.149	160	.551		
	Total	89.682	163			
JobSatisfactionAvg	Between Groups	4.913	3	1.638	2.858	.039
	Within Groups	91.691	160	.573		
	Total	96.604	163			

Inference: Since the significance value is greater than 0.05 and is 0.915 according to the SPSS results, the alternative hypothesis is accepted. Therefore, there is no significant different in organisational commitment, job stress, or job satisfaction by educational background.

Null hypothesis H0- There is no significant difference between the Job Satisfaction, Job Stress, Organization Commitment by Experience

Alternate hypothesis H1-There is significant difference between the Job Satisfaction, Job Stress, Organization Commitment by Experience.

Table 2: One Way ANOVA Job Stress Role Overload Organizational Support by Experience

One Way ANOVA						
		Sum of Squares	Df	Mean Square	F	Sig.
JobStressAvg	Between Groups	.654	3	.218	.790	.501
	Within Groups	44.127	160	.276		
	Total	44.781	163			
RoleoverloadAvg	Between Groups	.555	3	.185	.374	.772
	Within Groups	79.132	160	.495		
	Total	79.687	163			
OrganizationalSupportAvg	Between Groups	1.692	3	.564	1.227	.302
	Within Groups	73.529	160	.460		
	Total	75.221	163			

Inference: Since the significance value is more than 0.05 and is based on the SPSS result, the alternative hypothesis is accepted. The significance value is 0.7722. As a result, there is no significant difference in organisational support, role overload, or job stress according to experience.

4. FINDINGS AND SUGGESTION:

The findings and suggestions of a study on job-related pressure among private hospital nurses would likely depend on the specific research question, methods, and data sources used in the study. However, some common findings and suggestions that may be reported in such a study include:

High levels of job pressure among private hospital nurses, as measured by survey questions or other methods

Factors associated with high levels of job pressure, such as high workload, low staffing levels, and low levels of support from supervisors

Negative consequences of high job pressure for nurses, including burnout, turnover, and poor job satisfaction

Suggestions for addressing job-related pressure among private hospital nurses, such as increasing staffing levels, improving communication and support from supervisors, providing more opportunities for continuing education and skill development, and implementing interventions to promote work-life balance

5. FUTURE AND CONCLUSION:

The future and conclusion of a study on job-related pressure among private hospital nurses would likely depend on the specific research question, methods, and data sources used in the study. However, some common elements that may be included in the future and conclusion of such a study include:

A summary of the main findings of the study and their implications for understanding and addressing job-related pressure among private hospital nurses.

A discussion of the limitations of the study and the areas where further research is needed.

A call for action for stakeholders in the healthcare industry, such as hospital administrators, nursing managers, and policymakers, to take steps to address job-related pressure among private hospital nurses.

The conclusion would also discuss how the research contributes to the existing body of knowledge in the field and how it could be useful for practitioners and policymakers

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