

AN ANALYSIS OF FACTORS AFFECTING STRESS AMONG HEALTHCARE PROFESSIONALS WITH REFERENCE TO AHMEDABAD CITY

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Abstract: Healthcare is a stressful profession, be it at a physical, mental or emotional level. Specifically, nurses play a vital role in this sector. To take good care of other people, nurses, first need to keep them happy and stress-free. By looking at the nature of this job, an attempt has been made to identify the factors affecting the level of stress among nurses. This study primarily focuses on factors like organisational stress, group stress, personal stress, a lack of skill and critical circumstances. A total of 356 nurses were part of this study to analyse the impact of these mentioned factors affecting stress. One-way ANOVA and t-test have been used to test the hypothesis. The results of this study indicate that nurses experience high levels of stress. The study recommended different stress coping strategies to manage the stress level among healthcare professionals.

Keywords: Healthcare Sector, Stress, Healthcare Professionals, Nurses, Burnout, Stress Coping Strategies

INTRODUCTION

India's lower mortality rate, improved access to treatment and higher affordability has made the healthcare sector there a very profitable and expanding one. Operating in India and other markets, the hospital and healthcare sector are growing and innovating. The responsibility of the hospital administrator is to organise, supervise and manage the many hospital responsibilities. The responsibilities of a hospital administrator also include the development and execution of services related to patient care, quality control, community outreach and other departmental initiatives. With the fundamental function of hospitals being the treatment of non-communicable diseases and lifestyle diseases including diabetes, heart disease, liver disease and medical tourism, there is a need for a specialised staff with appropriate certification and training in hospital operations.

The adoption of stress as a psychological concept, albeit wrong, is often attributed to the 1936 Hans Selye. Selye complemented the concept of evolving stress by presenting a three-step process known as Generalised Anxiety Syndrome. When it comes to having children, people indicated that

COVID-19 is stigmatised; positive predictors included workplace, nurse-to-patient ratio, workplace anxiety and fear of infection transmission for family members. Negative predictors included training for COVID-19, PPE availability, educational attainment and hospital administration attention (Hendy et al.). While a person may be content with some aspects of their work, they may not be happy with other aspects of it. Because the main stressors were causing moderate stress in the hospital staff, appropriate steps should be implemented to reduce these stressors. This could be accomplished by providing occupational health education, managing workload and redesigning jobs (Saha, Sinha & Bhavsar, 2011).

Since stress among healthcare workers (HCWs) was historically researched before the COVID-19 epidemic, it is widely prevalent. The basic definition of stress, which differs somewhat throughout the literature, is "what arises when something you care about is at stake" (McGonigal, 2015). Before the COVID-19 pandemic, the stress levels of doctors, advanced practice nurses and other healthcare workers were already higher than 60% (Jordan et al., 2016; Linzer et al., 2016). According to recent studies, healthcare

workers experienced stress due of the COVID-19 epidemic. According to Linzer et al. (2021), more than 30% of 2,373 doctors reported having high levels of stress, but the American Nurses Foundation [ANF], 2022, revealed that over 70% of 11,964 nurses had recently experienced stress.

Another study that included doctors, nurses and other advanced care providers during the early stages of the COVID-19 pandemic discovered that 57% of them experienced acute stress (Shechter et al., 2020). Prolonged stress that leads to emotional exhaustion, depersonalisation and a decline in professional efficacy is referred to as burnout (World Health Organization, 2022). Prolonged high stress levels are a prelude to burnout (Williams et al., 2007). According to recent research, burnout among nurses increased alarmingly during the pandemic, rising from 40.6% in 2019 to 49.2% in 2021 and 2022. Physicians and other healthcare professionals also saw increases (Sexton, Adair, Proulx, et al., 2022). Additionally, studies have demonstrated a substantial correlation between anxiety and depression and high levels of stress (Linzer et al., 2021).

Despite nearly a decade of attempts, burnout among HCWs remains a complicated problem with no obvious cure. This makes it necessary to convert the Triple Aim strategy for enhancing health system performance (improving population health, patient experience and lowering per capita costs of healthcare) into a Quadruple Aim strategy by including the goal of enhancing HCWs' work lives and their patient care experiences [26, 27, 28]. The earliest steps mainly relied on the individual given the history of well-being in medicine. Burnout cannot be adequately addressed by individual-focused therapy alone because workplace culture and environment also play a role. Individual-focused interventions, even when well-intended, might undermine efforts to improve physicians' well-being by endorsing short-term remedies over long-term improvements. Neglecting organisational contributors and potential treatments might spread the idea that people experience burnout as a result of weak will and resilience. Such messages can exacerbate the underlying issue by causing people to feel abandoned by their company and lose faith in the leadership. We were told in medical school that "where there is pus, must be evacuated" and that, despite being quicker and simpler than draining the pus, bandaging can actually make the situation worse. In a similar vein, systemic changes are required to assist those who are currently experiencing hardship and avert burnout in the future.

Increased burnout is mostly caused by the high demands placed on HCWs. The intricate medical and social demands of patients. The daily demand is influenced

by a number of factors, including rising medical documentation requirements, budgetary limitations and a dearth of administrative support for clerical tasks. The fact that work responsibilities take place around the clock and disrupt personal and family life is another one of these reasons. Burnout has also been linked to a greater number of working hours, more night shifts, longer shifts and consecutive working days. The most often used interventions for preventing burnout, especially for doctors, are hiring medical assistants, unloading clerical duties, lowering patient-nurse ratios and increasing workload by optimising workflow or boosting clinical support. Studies have shown that reducing intensive care unit doctor and resident duty hours as well as other factors can help prevent burnout. These approaches align with the notion that an overwhelming workload contributes to burnout. The growing workload is not the only cause of burnout among HCWs. It can also occur when there are high expectations but little organisational support and funding. By using this information to balance newly detected demands with available resources, leaders can reduce weariness.

LITERATURE REVIEW

Yahya (2013) found in his study the most influential factors of stress affecting undergraduates. The four stressors that were taken into account were social, financial, emotional and familial stress. Stress inventory has been developed utilising scientific approaches in order to complete this research. The respondents were university undergraduate students from a variety of demographic backgrounds. Using Excel and SPSS, the results have been presented visually, descriptively and inferentially. The findings demonstrate various types of stress, such as living under pressure and receiving little respect from others as a social stress, convincingly adhering to rigid rules and regulations as a family stress, finding it difficult to save money for purchases and enjoyment as a financial stress and experiencing emotional stress due to the lack of ideal options and a significant other.

Chib (2020) focused on college life to study the factors affecting stress among youth. Youth are sometimes affected by the expectations from the various spheres of their surroundings leads to pressure which leads to anxiety, stress and mental trauma. Due to outcome based education and continuous evaluation system, students are evaluated based on all these activities. The study found that only academic year and gender does not have any effect on stress level. The study also recommended that instead of fearing stress, students should learn to convert the negative stress into positive one. They should make a self-analysis of themselves to study the causes of stress in them and should decide to

cope up with it. Seeking support from friends, family or counsellor will also help the students to deal with problems of stress. Self-management activities like physical workout, yoga, meditation, etc. also helps in stress management.

Sukdee et al. (2021) conducted research at Thailand National Sports University's Faculty of Education regarding elements influencing the stress of online learning in light of the COVID-19 situation. The Suanprung Stress Test and a questionnaire measuring emotional and mental state, perceived stress intensity, chance of experiencing stress, perceived value of stress management, environment and social support were used in the study involving 280 students. The findings showed that: 1) the study participants' stress levels during the COVID-19 scenario were moderate; they reported mild stress levels of 8.93 percent, moderate stress levels of 56.78 percent, high stress levels of 33.93 percent, and severe stress levels of 0.36 percent; 2) the participants' emotional and mental health, perceived stress severity, perceived value of stress management, university policies that support stress management, environment and social support were all at a high level and 3) the opportunity for stress risk was moderate and four characteristics were found to be associated to the stress of online learning because of the COVID-19 situation: social support, opportunity for stress, achievement perceived utility of stress management and university rules that assist stress management.

Jain (2015) tried to determine the influence of type of personality, gender, age, qualification and experience causing stress among teacher educators at work. A total of 100 samples from male and female teachers in teacher training colleges, Delhi were selected using tools like Organisational Role Stress Scale and R-R Introversion-Extroversion Scale. The findings showed that 1) Compared to male teacher educators, female teacher educators are more likely to feel stress. 2) Compared to elder teacher educators, younger teacher educators are more likely to experience stress. 3) Compared to highly qualified teacher educators, less qualified teacher educators are more likely to feel stressed. 4) Compared to teacher educators with extensive expertise, those with less experience are more likely to feel stressed and 5) Compared to extrovert teacher educators, introverted teacher educators are more prone to experience stress.

The goal of Luckmizankari (2017)'s research was to identify the stressors that Eastern University B.B.A. undergraduate students are facing. For the study, 100 undergraduate participants were chosen. The findings indicate that students

experience high levels of exam stress. Additionally, compared to male students, female students experience more stress. Exam stress is largely caused by personal cognition and depression is a prevalent side effect for the majority of undergraduates who experience exam stress compared to other students. Exam procedures involve some tension, but not a lot of it. The least number of them, though, had elevated blood pressure.

Ji-Young Lim and colleagues (2021) attempted to investigate the patterns in research on hospital nurses' job stress. From 2008 to 2018, a total of 2673 published publications about nurses' job stress were found. Thirty-nine variables pertaining to stress at work were investigated. Burnout, personal conflict and inadequate job control were positively correlated with the other key variables. On the other hand, there was a negative association between personal achievement, job satisfaction and intention to stay. The negative outcome components exhibited strong positive correlations with job stress in the meta-analysis related to a particular conceptual framework, while the positive outcome factors had significant negative connections with job stress. Using a meta-correlation analysis, this study found variables linked to job stress in nurses and the overall correlation coefficient was comparatively high at 0.51. Significant meta-correlation coefficients were found for moderators and job variables. These findings can be applied to research and clinical practice to aid in the creation of intervention plans aimed at reducing occupational stress in nurses.

RESEARCH OBJECTIVES

- To study the factors affecting job stress in the healthcare profession.
- To know if there are any differences among healthcare employees such as nurses based on different demographic factor regarding work stress.

SAMPLING DESIGN

- *Sampling Method:* In research work for sample study the used non-probability convenience method for the study purpose.
- *Sample Size:* 376
- *Targeted Population:* Healthcare industry workers in Ahmedabad city.

Table 1: Gender, Age and Monthly Income Cross Tabulation

Gender			Monthly Income			
			5000-15000	16000-30000	31000-45000	Above 45000
Male	Age	Below 25	15	10	5	0
		26-35	15	41	27	9
		36-45	0	5	28	4
		Total	30	56	60	13
Female	Age	Below 25	53	23	1	1
		26-35	23	65	20	5
		36-45	0	7	17	2
		Total	76	95	38	8
Total	Age	Below 25	68	33	6	1
		26-35	38	106	47	14
		36-45	0	24	45	6
		Total	106	151	98	21

Interpretation: This Crosstabs shows the interaction between income, age and gender. Income is listed in the column and age and gender are listed in the row. We can clearly see that

the majority of respondents are between the ages of 26 and 35, with a monthly salary of between 16,000 and 30,000.

Table 2: Gender, Education and Monthly Income Cross Tabulation

Gender			Monthly Income			
			5000-15000	16000-30000	31000-45000	Above 45000
Male	Education	Undergraduate	2	0	0	0
		Graduate	21	27	16	2
		Postgraduate	7	29	49	6
		Total	30	56	65	8
Female	Education	Graduate	45	49	13	4
		Postgraduate	31	46	20	9
		Total	76	95	33	13
Total	Education	Undergraduate	2	0	0	0
		Graduate	66	76	29	6
		Postgraduate	38	75	69	15
		Total	106	151	98	21

Interpretation: This Crosstabs shows the interaction between income, age and gender. Income is listed in the column, and education and gender are listed in the row. We can easily see

that the majority of respondents are graduates with monthly incomes ranging from 16,000 to 30,000.

Table 3: T-Test

Group Statistics					
	Gender	N	Mean	Std. Deviation	Std. Error Mean
Personal stress	Male	159	3.6868	.50109	.04105
	Female	217	3.5443	.59759	.04154

H0: The personal stress levels of employees do not significantly differ between males and females.

H1: The personal stress level of employees varies significantly between males and females.

Table 4

Independent Samples Test										
		Levene's Test for Equality of Variances		t-Test for Equality of Means						
		F	Sig.	t	Df	Sig. (2-Tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the difference	
									Lower	Upper
Personal stress	Equal variances assumed	2.893	.090	2.372	354	.018	.14252	.06009	.02435	.26069
	Equal variances not assumed			2.440	345.779	0.15	.14252	.05840	.02766	.25738

Interpretation: As per T-TEST, leven's test of equality has to check the significant result of the leven's test of quality in this case is 0.090, which is more than 0.05. As a result, variance equality is assumed. As a result, we support the null

hypothesis and reject the alternative hypothesis that there is a significant difference between male and female among employee stress and personal stress.

Table 5: One Way ANOVA

Descriptive									
		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
						Lower Bound	Upper Bound		
Group stress	Below 25	108	3.6093	.66887	.06436	3.4817	3.7368	1.40	5.00
	26-35	205	3.7785	.35415	.02473	3.7298	3.8273	1.40	4.60
	36-45	63	3.7349	.38228	.05830	3.6172	3.8525	2.80	4.40
	Total	376	3.7219	.47952	.02541	3.6719	3.7719	1.40	5.00
Organization stress	Below 25	108	3.6556	.69165	.06655	3.5236	3.7875	1.00	5.00
	26-35	205	3.8663	.33002	.02305	3.8209	3.9118	2.20	4.60
	36-45	63	3.8651	.32578	.04968	3.7649	3.9654	2.80	4.40
	Total	376	3.8022	.47825	.02535	3.7524	3.8521	1.00	5.00
Lack of ability	Below 25	108	3.5494	.72532	.06979	3.4110	3.6877	1.00	5.00
	26-35	205	3.7203	.49380	.03449	3.6523	3.7883	1.67	4.67
	36-45	63	3.7209	.62965	.09602	3.5272	3.9147	1.33	5.00
	Total	376	3.6685	.59312	.03144	3.6067	3.7304	1.00	5.00

One-way ANOVA analysis of variance is a technique to compare means of three or more samples. This technique can only be used for numerical data. Now, we want to test whether our dependent variables create significant impact on dependent variable or not.

H0: There is a no significance difference between employees of different age group and Group stress as a factor of employee stress among healthcare industry.

H1: There is a significance difference between employees of different age group and Group stress as a factor of employee stress among healthcare industry.

H0: There is a no significance difference between employees of different age group and Organisation stress as a factor of employee stress among healthcare industry.

H1: There is a significance difference between employees of different age group and Organisation stress as a factor of employee stress among healthcare industry.

H0: There is a no significance difference between employees of different age group and lack of ability as a factor of employee stress among healthcare industry.

H1: There is a significance difference between employees of different age group and Lack of ability as a factor of employee stress among healthcare industry.

Table 6

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Group stress	Between groups	2.035	2	1.018	4.513	.012
	Within groups	79.594	353	.225		
	Total	81.629	355			
Organization stress	Between groups	3.336	2	1.668	7.562	.001
	Within groups	77.862	353	.221		
	Total	81.198	355			
Lack of ability	Between groups	2.201	2	1.101	3.167	.043
	Within groups	122.686	353	.348		
	Total	124.888	355			

CONCLUSION

Employees' physical and psychological health are significantly impacted by workplace stress. Additionally, it has an impact on an organisation's performance and productivity. The many negative effects of workplace stress, including bodily issues, mental disruptions, emotional instability, way of life issues and behavioural issues lead to the disruption of the organisational climate. These concerns give rise to interpersonal disputes, lowered output, weak organisational commitment and increased greater attrition and absenteeism, etc. By providing the staff with efficient the management can give them a forum to address their stress-related problems through problems. Yoga, meditation, physical activity and leisure pursuits can improve an atmosphere that reduces stress. Even time management abilities aid with stress management in a productive way. These straightforward but helpful procedures might clear the way for improved enhanced employee effectiveness. The study found out that the respondents majorly belong to 26–35 years of age. And majority of them are graduates and earns between 16000 and 30000. Due to rise in the availing services of healthcare industry there is simultaneous rise in the stressors. Different demographic factor also increases level of stress among male and female healthcare employees.

FUTURE SCOPE

The study can be extended to IT industry as well as pharmaceutical industry where workers experience higher stress levels and burnout. The study may also extend to research and development department employees from different pharmaceutical industry, as post pandemic, these employees may suffer from vaccines and medicines to fight with disease like corona and other respiratory relates illnesses.

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