

# WORKPLACE STRESS AMONG WOMEN ADMINISTRATIVE SUPPORT STAFF IN HEALTH CARE SECTOR

## **Bulomine Regi. S**

Reg. No.: 17224011062019, Research Scholar (Part-Time), Xavier Institute of Business Administration (XIBA), St. Xavier's College (Autonomous), Palayamkottai and Assistant Professor of Commerce, St. Mary's College (Autonomous), Thoothukudi affiliated to Manonmaniam Sundaranar University, Tirunelveli, Tamilnadu, India

Orcid id: <https://orcid.org/0000-0002-2040-9001>

Email id: [drregi23@gmail.com](mailto:drregi23@gmail.com)

## **Dr. T. Rita Rebekah**

Associate Professor and Research Supervisor, Xavier Institute of Business Administration (XIBA), Palayamkottai affiliated to Manonmaniam Sundaranar University, Tirunelveli, Tamilnadu, India

### **Abstract**

Workplace stress is pervasive issue that poses a risk to occupational health and contributes to far too many aspects of health disparities. Workplace stress might be more challenging for a professional to provide the high-quality care that patients need. The quality of life for a professional's family may also suffer as a result of stress from the workplace. The questionnaires were distributed to menial job workers, technical workers and non-technical workers in the hospitals. In this study, a total of 120 sample respondents were selected for the study. it was found that employees working in health care sectors are having more control on their duties because it dealt with life. There is lack of proper recognition in the work place. Employees found it difficult to express their opinions or feelings about their job conditions to their superiors. Employees working in health care sector are unable to manage their family and work life, their job pressure interfere on personal life. It is noted that health care employees are happy about their job and deadlines. Menial job workers are having high stress in workplace compared to technical and non-technical job workers in the hospital. Next to menial job workers non-technical workers are highly stressed than technical workers.

**Keywords:** Workplace Stress, Health Care, Hospitals, Administrative Support Staff

## Introduction

Workplace stress is pervasive issue that poses a risk to occupational health and contributes to far too many aspects of health disparities. Such stress not lowers quality of life but also increases risk of elevated blood pressure, cardiovascular disease, and negative behavioural effects. By lowering their productivity and lowering their overall quality of life, it can impair the physical and emotional health of health care professionals. Deadlines, difficult working conditions, heavy workloads, prolonged hours, conflict between religious convictions, relationships with other employees, and poor management are the main causes of workplace stress. Stress affects the individual as much as the workplace. Poor mental health, drunkenness, excessive smoking, and drug use are all consequences of workplace stress. Since stress promotes professional burnout and recurring depressive episodes, it might be more challenging for a professional to provide the high-quality care that patients need. The quality of life for a professional's family may also suffer as a result of stress from the workplace.

The American Institute of Stress lists many elements such as a severe workload, interpersonal difficulties, and imbalance between personal and work life, and uncertain employment as contributing reasons to workplace stress. People who may already be experiencing physical pain as a consequence of ergonomic problems, which have grown into an issue at the beginning of the pandemic, may be negatively impacted by stress and burnout. According to studies on occupational stress experienced by persons who work in typical settings, stressors related to the workplace, such as work load, insecurity about their job, conflicting roles, and physical demands, are associated with greater levels of anxiety, depression, and suicidality. Few academics across industries are studying the link between work stress and health. There may be bigger health inequalities among employees in certain businesses where knowledge about work-related stress is more common, which increases the likelihood that they may experience higher levels of occupational stress.

The enormous demands placed on HCWs are the primary cause of the rise in burnout within this group. The complexity of patient' healthcare and social obligations, expanding health care records requirements, financial constraints, and a lack of support employees for clerical labour are only a few of the issues that have an impact on the daily demand. The fact that professional commitments are ongoing and uncomfortable for both personal and family

life is another one of these problems. Numerous additional characteristics, such as duration and length of night shifts, lengthier shift periods, and uninterrupted workdays, have also been associated to burnout. The most often used strategies for minimising burnout, particularly for doctors, are hiring medical assistants, unloading clerical work, lowering patient-nurse ratios, and increasing workload by improving clinical support. The study's objective was to evaluate the level of stress and working circumstances encountered by health care workers.

## Methods and Materials

The questionnaires were distributed to menial job workers, technical workers and non-technical workers in the hospitals. In this study, a total of 120 sample respondents were selected for the study. This study is focusing on measuring the stress level of the women administrative support staff working in healthcare sector. There are 128 private hospitals in Tirunelveli District. From among that 40 private hospitals are located in Palayamkottai. The administrative support staff's working in private hospitals located in Palayamkottai were selected for the study. The structured questionnaire was used to collect data and the questionnaires were randomly distributed to the menial job workers, technical and non-technical workers in private hospitals. The researcher confined to do the research by giving equal weightage to each category of administrative support staff i.e. menial job workers, technical and non-technical workers in private hospitals. The questionnaire was structured with socio-demographic characteristics like age, education, marital status, years of experience, work hours in a day and measure the occupational stress of the administrative support staff by analysing the physiological problems, behavioural problems and psychological problems. Likert five-point scale ranging Never, Rarely, Sometimes, Often, Very Often was used. The collected data were statistically analyzed using SPSS version 21.

## Research Question

What is the different level of workplace stress among administrative support staff in health care sector?

## Results and Discussion

The following table describes the basic demographic profile of the respondents and level of stress among women administrative support staff working in private hospitals:

**Table 1 Profile of the Selected Respondents for the Study**

<b>Variables</b>	<b>Frequency`</b>	<b>Percentage</b>
<b>Age</b>		
Upto 25 years	21	17.50
26-40 years	38	31.67
41-55 years	42	35.00
Above 55 years	19	15.83
<b>Educational Qualification</b>		
Upto 12 <sup>th</sup> Std	42	35.00
Technical/Diploma	20	16.67
Graduate (Arts/Science)	13	10.83
Nursing	25	20.83
Professional	20	16.67
<b>Marital Status</b>		
Unmarried	39	32.50
Married	57	47.50
Separated/Divorced/Widow	24	20.00
<b>Years of Experience (in years)</b>		
Upto 5	47	39.17
6-10	43	35.83
Above 10	30	25.00
<b>Occupation</b>		
Technical workers	40	33.33
Non-technical workers	40	33.33
Menial workers	40	33,34
<b>Monthly Income (in Rs.)</b>		
Upto 10000	26	21.67
10001-20000	47	39.17
20001-30000	20	16.67
30001-40000	17	14.16

Above 40000	10	08.33
-------------	----	-------

**Source:** Primary Data

The demographic profile of the respondents for the study, 17.50% of the selected healthcare workers are in the age upto 25 years, 31.67% are between the age of 26-40, 35% of them are between the age of 41-55 and 15.83 of the selected healthcare workers are in the age above 55 years. 35% of the respondents have completed upto 12<sup>th</sup> std, 16.67% have completed technical courses, 10.83% are graduates, 20.83% have completed nursing courses and 16.67% of the respondents have completed professional courses. 32.50% of them are unmarried, 47.50% of the respondents selected for the study are married and 20% of the respondents are Separated/Divorced/Widow. 39.17% of them are having experience upto 5 years, 35.83% of the respondents selected for the study are having 6-10 years of experience and 25% of the respondents are having above 10 years of experience in the health care sector. The researcher gave equal weightage to menial, technical and non-technical workers in health care sector. 21.67% of the respondents are getting upto Rs.10000 as salary, 39.17% of them are earning between Rs.10001-20000, 16.67% of the respondents selected for the study are earning between Rs.20001-30000, 14.16% of them are earning between Rs.30001-40000 and 08.33% of them are earning above Rs.40000.

**Table 2 Measuring Workplace Stress among Women Administrative Support Staff**

Variables	Mean	SD	Rank
Workplace is unpleasant and unsafe sometimes.	33.13	3.28	VI
Physical and emotional well being got affected negatively	33.21	3.10	V
Too much of work and unreasonable deadlines.	31.45	3.25	VIII
Unable to express my opinions to my superiors.	34.33	4.30	III
Interference of job pressure in my personal life.	34.17	3.46	IV
Too much control on my duties.	36.57	4.38	I
Inappropriate recognition and rewards for good performance.	34.80	4.95	II
Able to apply my skills in the work.	32.34	4.29	VII

**Source:** Primary Data

Based on the mean score, it was found that employees working in health care sectors are having more control on their duties because it dealt with life. There is lack of proper recognition in the work place. Employees found it difficult to express their opinions or feelings about their job conditions to their superiors. Employees working in health care sector are unable to manage their family and work life, their job pressure interfere on personal life. It is noted that health care employees are happy about their job and deadlines. (Table 3) Menial job workers are having high stress in workplace compared to technical and non-technical job workers in the hospital. Next to menial job workers non-technical workers are highly stressed than technical workers.

**Table 3 showing workplace stress among administrative support staff**

<b>Workplace Stress</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
Menial Workers	25 (62.50%)	15 (37.50%)	
Technical Workers	18 (45%)	12 (30%)	10 (25%)
Non-technical Workers	21 (52.50%)	14 (35%)	05 (12.5%)

**Source:** Primary Data

## Conclusion

Overall, primary healthcare employees experienced high levels of occupational stress. When compared to technical and non-technical hospital employees, menial job workers experience higher levels of stress at work. Non-technical workers are more stressed than technical ones, except those in menial jobs. Since positive re-evaluation, resigning, and obtaining social support are elements that may influence their physical, mental, and social well-being, the work environment and coping mechanisms used by health care workers have an impact on their mental and emotional health. i) Emotional (stress, symptoms of depression, anxiousness, emotional disinterest, and a decreasing sense of sympathy for the suffering) are all effects of workplace stress. ii) Physical consequences, such as the complete range of psychosomatic illnesses, short migraines, eczema, constipation, cardiovascular diseases, and strokes; iii) Behavioural changes, such as irritation, drinking, and addictive behaviours. As a result, they have a big impact on both physical and mental health. Health professionals could receive training in stress reduction and relaxation practises. The hospital management ought to formulate and establish programmes for employee counselling and psychological assistance.

For increased productivity, the hospital management in particular has to recognise employees properly.

## References

- Boumans N, Landeweerd J. A Dutch study of effects of primary nursing on job characteristics and organizational processes. *J Adv Nurs* 1996;24:16-23.
- Coffey M. Stress and burn out in forensic community mental health nurses: an investigations of its causes and effects. *J Psychiatr Mental Health Nurs* 1999;6:433-43.
- Cooper C, Cooper R, Eaker L. *Living with stress*. Athens: Scientific Publication Parisianou SA; 2002.
- Dawkins J, Depp F, Seltzer N. Stress and psychiatric nurse. *J Psychosoc Nurs* 1985;23:11:9-15.
- de Boer J, Lok A, Van't Verlaat E, et al. Work-related critical incidents in hospital-based health care providers and the risk of post-traumatic stress symptoms, anxiety, and depression: a meta-analysis. *Soc Sci Med* 2011;73:2:316-26.
- Fagin L, Bartlett H. *The Claybury CPN stress survey: background and methodology*. Carson J, Fagin L, Ritter S, eds. *Stress and coping mental health nursing*. London: Chapman and Hall; 1995.
- Faraji A, Karimi M, Azizi SM et al. . (2019) Occupational stress and its related demographic factors among Iranian CCU nurses: a cross-sectional study. *BMC Res Notes*; 12: 634.
- Feng, L., and Yin, R. (2021). Social support and hope mediate the relationship between gratitude and depression among front-line medical staff during the pandemic of COVID-19. *Front. Psychol.* 12:623873. doi: 10.3389/fpsyg.2021.623873
- Hillert A. How is burnout treated? Treatment approaches between wellness, job-related prevention of stress, psychotherapy, and social criticism. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz* 2012;55:190-6.
- Huo, L., Zhou, Y., Li, S., Ning, Y., Zeng, L., Liu, Z., et al. (2021). Burnout and Its relationship with depressive symptoms in medical staff during the COVID-19 epidemic in China. *Front. Psychol.* 12:616369. doi: 10.3389/fpsyg.2021.616369
- Jin SY, Luo XQ, Zhang JM. (2019) [Current status of occupational stress among medical staff in Shenzhen, China and related influencing factors]. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi*; 37: 596–601.
- Krupal Joshi, Bhautik Modi, Sanjay Singhal and Sanjay Gupta, 2022 Occupational Stress among Health Care Workers DOI: 10.5772/intechopen.107397 <https://www.intechopen.com/chapters/83965>

- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., et al. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open* 3:e203976. doi: 10.1001/jamanetworkopen.2020.3976
- Koinis A, Giannou V, Drantaki V, Angelaina S, Stratou E, Saridi M. The Impact of Healthcare Workers Job Environment on Their Mental-emotional Health. Coping Strategies: The Case of a Local General Hospital. *Health Psychol Res.* 2015 Apr 13;3(1):1984. doi: 10.4081/hpr.2015.1984. PMID: 26973958; PMCID: PMC4768542.
- McGarry S, Girdler S, McDonald A, et al. Paediatric health-care professionals: relationships between psychological distress, resilience and coping skills. *J Paediatr Child Health* 2013;49:725-32.
- Mészáros V, Cserhádi Z, Oláh A, et al. Coping with work-related stress in health care professionals: strategies for the prevention of burnout and depression. *Orv Hetil* 2013;24;154:449-54.
- Paiva, C. E., Martins, B. P., and Ribeiro Paiva, B. S. (2018). Doctor, are you healthy? A cross-sectional investigation of oncologist burnout, depression, and anxiety and an investigation of their associated factors. *BMC Cancer* 18:4964. doi: 10.1186/s12885-018-4964-7
- Shi L-s-b, Xu RH, Xia Y, Chen D-x and Wang D (2022) The Impact of COVID-19-Related Work Stress on the Mental Health of Primary Healthcare Workers: The Mediating Effects of Social Support and Resilience. *Front. Psychol.* 12:800183. doi: 10.3389/fpsyg.2021.800183
- Thomas Gerding and others, An Investigation into Occupational Related Stress of At-Risk Workers During COVID-19, *Annals of Work Exposures and Health*, Volume 67, Issue 1, January 2023, Pages 118–128, <https://doi.org/10.1093/annweh/wxac076>
- Wang, L. Q., Zhang, M., Liu, G. M., Nan, S. Y., Li, T., Xu, L., et al. (2020). Psychological impact of coronavirus disease (2019) (COVID-19) epidemic on medical staff in different posts in China: a multicenter study. *J. Psychiatr. Res.* 129, 198–205. doi: 10.1016/j.jpsychires.2020.07.008
- Xu, L., You, D., Li, C., Zhang, X., Yang, R., Kang, C., et al. (2021). Two-stage mental health survey of first-line medical staff after ending COVID-19 epidemic assistance and isolation. *Eur. Arch. Psychiatry Clin. Neurosci.* 2, 1–13. doi: 10.1007/s00406-021-01239-x
- Zhu, W., Wei, Y., Meng, X., and Li, J. (2020). The mediation effects of coping style on the relationship between social support and anxiety in Chinese medical staff during COVID-19. *BMC Health Serv. Res.* 20:1007. doi: 10.1186/s12913-020-05871-6