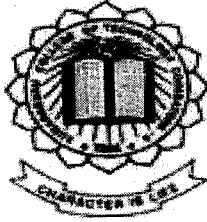


P-2153



A CASE STUDY ON STRESS LEVEL IN STAFF NURSES AT KMCH

by

P-2153

K.VEDAGIRI KALATHY

Reg. No. 71206631058

of

Department of Management Studies
Kumaraguru College of Technology
Coimbatore -- 641 006

A PROJECT REPORT

Submitted to the

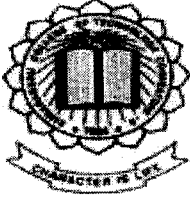
FACULTY OF MANAGEMENT SCIENCES

in partial fulfillment of the requirements
for the award of the degree

of

MASTER OF BUSINESS ADMINISTRATION

August, 2007



**KCT Business School
Department of Management Studies
Kumaraguru College of Technology
Coimbatore – 641 006**

BONAFIDE CERTIFICATE

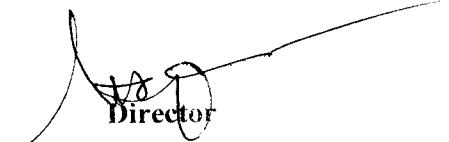
Certified that this project report titled

“A CASE STUDY ON STRESS LEVEL IN STAFF NURSES AT KMCH ”

is the bonafide work of **Mr. K.VEDAGIRI KALATHY** (Register No.71206631058) who carried out the research under my supervision. Certified further, that to the best of my knowledge the work reported herein does not form part of any other project report or dissertation on the basis of which a degree or award was conferred on an earlier occasion on this or any other candidate.

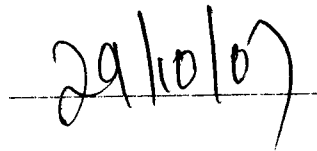

Project guide

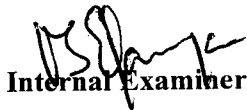
Prof. V. S. ELAMURUGAN

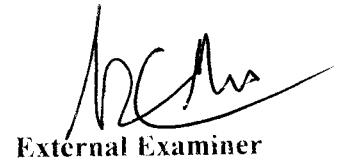

Director

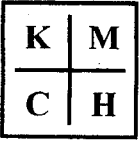
Dr. S.V. DEVANATHAN

Viva-voce held on




Internal Examiner


External Examiner



KOVAI MEDICAL CENTER AND HOSPITAL LIMITED

Post Box No. 3209, Avanashi Road, Coimbatore - 641 014. INDIA

☎ : (0422) 4323800 Fax : (0422) 2627782

28.08.2007

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr.K.VEDAGIRI KALATHY, Master of Business Administration** final year student of **Kumaraguru College of Technology** had done a Project work entitled **“A case study on Stress level in Staff Nurses at KMCH”** during the Period from 20th June 2007 to 31st July 2007.

During this period we found him to be very much sincere in his work and regular in his attendance. During this period his conduct and character has been also good.

We wish him all the best in his future endeavors.

T.C.DHINAMANI
GM- HR.

DECLARATION

I, hereby declare that this project report entitled as “**A Case Study on Stress level in Staff Nurses at KMCH**” has been undertaken for an academic purpose submitted to Anna University in partial fulfillment of the requirements for the summer internship project of Master of Business Administration. The project report is the record of the original work done by me under the guidance of **Prof. V. S. Elamurugan** during the academic year 2007 – 2008.

I, also declare hereby, that the information given in this report is correct to the best of my knowledge and belief.

Date : 24.09.07

Place : Coimbatore - 6



K. Vedagiri Kalathy

ACKNOWLEDGEMENT

ACKNOWLEDGEMENT

First and foremost the author pays his salutations to the Almighty for His Divine Grace.

The author is overwhelmed and conveys his thanks to the correspondent **Prof.Dr.K.Arumugam**, the prime guiding spirit of Kumaraguru College of Technology.

First and foremost the author wishes to thank **Dr. Joseph V Thanikal Ph.D.**, the Principal, for granting permission to carry out this project work.

The author conveys his heartfelt thanks to **Dr. S.V. Devanathan Ph.D.**, Head of the Department for the support rendered during the course of this project.

The author expresses his sincere gratitude and regards to **Prof.V.S. Elamurugan**, Project Guide, who had helped in the form of discussions, suggestions, motivation and encouragement during the project work.

The author is highly indebted to **Mr. T. C. Dinamani**, Personnel Manager and staff Nurses of Kovai Medical Center and Hospital Limited, Coimbatore - 641 014 without whom this work would not have taken its form.

Finally, this thesis had taken its shape with contributions from faculties, students, friends and others who directly or indirectly helped in completion of this project work.

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

For centuries stressful events have been recognized as important components in the development of a variety of adverse conditions and of illness. Today's high – pressure lifestyle can take a heavy toll in decreased productivity, frustration, disease and even early mortality. The reactions of individuals to stressors represent a major psychological and medical problem. Hence an attempt was made to study the stress level in an individual.

This project was aimed to study the stress level in Staff Nurses at Kovai Medical Center and Hospital limited, Coimbatore. This Hospital is a 500 bed multi-disciplinary Super Specialty NRI hospital located at Coimbatore.

Simple random sampling was adopted to select fifty samples from the Nurse category. A questionnaire containing 50 questions including qualification and experience was prepared and distributed and the data was collected.

A descriptive analysis was made interpreting those fifty samples. From the analysis it was found that the stress due to the office environment was more when compared to family environment. Secondly stress due to the individual Internal was found to be more.

Suggestions were made in the following manner

- (i) Counselling may be given frequently to the staff nurses.
- (ii) More no of staff may be appointed to reduce overload.
- (iii) Family get together may be arranged atleast once in 3 or 4 months for relaxation and maintain a good relationship among the staff nurses.

CONTENTS

CONTENTS

CHAPTER	DESCRIPTION	PAGE No.
	ACKNOWLEDGEMENT	i
	EXECUTIVE SUMMARY	ii
	LIST OF TABLES	iv
	LIST OF CHARTS	v
1	INTRODUCTION	1
	1.1 BACKGROUND OF THE STUDY	1
	1.2 REVIEW OF LITERATURE	3
	1.3 OBJECTIVES OF THE STUDY	4
	1.4 STATEMENT OF THE PROBLEM	4
	1.5 SCOPE OF THE STUDY	4
	1.6 METHODOLOGY	5
	1.7 LIMITATIONS OF THE STUDY	6
	1.8 CHAPTER SCHEME	6
2	ORGANIZATIONAL PROFILE	7
	2.1 ABOUT THE ORGANIZATION	7
	2.2 ACADEMIC PROGRAMMES	11
3	MACROMICRO ANALYSIS	13
4	DATA ANALYSIS AND INTERPRETATION	16
5	FINDINGS	66
6	SUGGESTIONS	70
7	CONCLUSION	71
	ANNEXURE	
	BIBLIOGRAPHY	

LIST OF TABLES

Table No.	TITLE OF TABLES	Page No.
4.1	Respondents based on age	16
4.2	Marital Status of the respondent	18
4.3	Experience Status of the respondent	20
4.4	Present working hours	22
4.5	Awareness of job responsibilities	24
4.6	Feelings of respondents towards job security	26
4.7	Mindset to adapt to the technological change	28
4.8	Respondents having ailments	30
4.9	Having domestic problems	32
4.10	Having financial problems	34
4.11	Respondents family situations	36
4.12	Respondents working under unpredictable and uncertain temperament	38
4.13	Never having time for a real break	40
4.14	Working under very tight time pressure	42
4.15	Superiors make excessive demands	44
4.16	Spending too much time away from home	46
4.17	Unsatisfactory prospects at work	48
4.18	Taking Long time to take decisions	50
4.19	Respondents have no time to develop personal hobbies and interests	52
4.20	Deadlines are very important to me	54
4.21	Normal when attending to any emergency cases	56
4.22	Affected by attending to any death cases	58
4.23	Enjoy competing at work and elsewhere	60
4.24	Having career planning and counseling	62
4.25	Organization conducting periodic stress control workshop	64

LIST OF CHARTS

Chart No.	TITLE OF CHARTS	Page No.
4.1	Respondents based on age	17
4.2	Marital Status of the respondent	19
4.3	Experience Status of the respondent	21
4.4	Present working hours	23
4.5	Awareness of job responsibilities	25
4.6	Feelings of respondents towards job security	27
4.7	Mindset to adapt to the technological change	29
4.8	Respondents having ailments	31
4.9	Having domestic problems	33
4.10	Having financial problems	35
4.11	Respondents family situations	37
4.12	Respondents working under unpredictable and uncertain temperament	39
4.13	Never having time for a real break	41
4.14	Working under very tight time pressure	43
4.15	Superiors make excessive demands	45
4.16	Spending too much time away from home	47
4.17	Unsatisfactory prospects at work	49
4.18	Taking Long time to take decisions	51
4.19	Respondents have no time to develop personal hobbies and interests	53
4.20	Deadlines are very important to me	55
4.21	Normal when attending to any emergency cases	57
4.22	Affected by attending to any death cases	59
4.23	Enjoy competing at work and elsewhere	61
4.24	Having career planning and counseling	63
4.25	Organization conducting periodic stress control workshop	65

INTRODUCTION

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

A hospital in stead man's Medical dictionary is defined as "An institution for the care, cure, and treatment of the study of disease and for the training of doctors & nurses".

The word stress is very freely used but little understood by the most of us. It is something vague, ill defined amorphous. But people know they are stressed. So what is stress ?.

Stress is a dynamic condition in which an individual is confronted with an opportunity, constrain or demand related to what he or she desires and for which the outcome is perceived to the both uncertain and important.

Stress, as per the medical explanation of the term, is the body's general response to environment situation. That is, stress is any thing that changes our physical, emotional or mental state while encountering various stimuli in our environment.

The phenomenon of stress is highly individualistic in nature. Every individual has an optimal level of stress under which, he or she will perform to the fullest capacity. If the stress experienced is below optimum level than the individual might get bored and motivation level might reach a low point, and apathy sets in. then it is of vital importance for the management to look into stress as it directly affects the overall performance of the organization.

For centuries stressful events have been recognized as important components in the development of a variety of adverse conditions and of illness. Today's high - pressure lifestyle can take a heavy toll in decreased productivity, frustration, disease and even early mortality. The reaction of individuals to stressors represents a major psychological and medical problem; any attempt to assess the cost presents a formidable task.

One estimate, made in the United States, indicates that the direct costs of executive stress alone are nearly \$20 billion per year. Direct costs refer to lost days at work, in and out patient treatment and executive deaths. Indirect costs are even more difficult to estimate and include items such as important motivation, poor decision- making, loss of creativity and accidents.

When direct and indirect costs of blue -collar stress are considered, manifestation of which may be discount, absenteeism, high turnover and poor quality of work, the problem begins to take on major proportions. Add to these considerations problem caused by alcoholism and drug abuse and it becomes apparent that the estimate of \$20 billion is no more than the tip of the financial iceberg. Given then the magnitude of the problem, what are the main sources of the stressors within the work place?

Types of Occupational Stressors

Work fulfils a number of basic human needs. Stress may arise when there is a failure to satisfy these needs or when there is a perceived threat to their satisfaction. Work, of course, provides income which enables us to purchase material goods essential for our survival and comfort. It provides purposeful physical and mental activity. self - esteem and feelings of competence may be increased. Finally, it can meet some social needs by providing opportunities for social contact.

Types of occupational stressors include the following:

- (A). Problems of workload
- (B). Problems of occupational frustration
- (C). Occupational change
- (D). Other sources of occupational stressors

(A) problems of workload

- (1) Work overload
 - (1.1) Quantitative overload
 - (1.2) Qualitative overload
 - (1.3) Combination of quantitative and qualitative overload
- (2) Work underload

(B) Problems of occupational frustration

- (1) Role ambiguity
- (2) Role conflict

- (3) High degrees of specialization
- (4) Poor career development guidance
- (5) Poor communication
- (6) Problems of bureaucracy

(C) Occupational change

- (1) Scientific developments
- (2) Promotion
- (3) Relocation
- (4) Organizational restructuring
- (5) Redundancy
- (6) Retirement

(D) Other sources of occupational stressors

A frequent source of stressors in the work setting relates to poor interpersonal relationship. Stress may result from feelings of being unaccepted or a failure to recognize particular expertise which the individual feels he possesses. It may also arise from feelings of being discriminated against by influential individuals or the organization itself. Authoritarian individuals making unreasonable demands may evoke frustration. Of course, some jobs involving relationships with clients may be inherently stressful.

1.2 REVIEW OF LITERATURE

Occupational stress can no longer be considered an occasional, personal problem to be remedied with palliatives. It is becoming an increasingly global phenomenon, affecting all categories of workers, all workplaces and all countries. This trend coupled with its rising cost to the individual, to industry and to society as a whole has greatly heightened awareness of the need for effective and innovative ways of tackling stress.

Stress prevention at the workplace has proved particularly effective in combating stress, by attacking its roots and causes, rather than merely treating its effects. In line with such an approach, this series of working papers is aimed at providing concrete advice on how to prevent stress in specific occupations particularly exposed to stress. For each occupation considered, the paper indicates a number of preventive measures targeted to the

elimination of the causes of stress, rather than the treatment of its effects, and how these measures can become an integral part of the necessary organizational development of a sound enterprise and eventually pay for themselves.

1.3 OBJECTIVES OF THE STUDY

Primary :

To determine the stress level prevailing among the staff nurses.

Secondary:

- To analyze the existing stress level of staff nurses in Kovai Medical Center and Hospital.
- To study the various stress related factors which are caused among the employees.
- To find one certain recovery process to overcome stress among the employees in respective sectors.
- To offer suggestions based on the findings of the study.

1.4 STATEMENT OF THE PROBLEM

This project is a study about the case study of stress prevailing among the staff nurses of Kovai Medical Center and Health in Coimbatore. The study mainly concentrated on the measurement of stress levels among the staff nurses by descriptive study method. Observation measurement was also carried out to calculate the stress and various factors relating to it is determined. With certain references from various views, the recovery process for stress were suggested which would be of great help to them.

1.5 SCOPE OF THE STUDY

Kovai Medical Center and Hospital Staff Nurses has a source of certain occupational stress especially in their working hours which disrupts their sleep and meal pattern, altering the physiology and affecting their health, personal life leading to domestic and marital disharmony. Other influencing factors like lifestyles, job attitudes, job satisfaction, aging personality etc adds to stress. The study mainly concentrates on

determining the causes of stress which plays a major role in their job. The recovery process from stress is also prescribed for the employees which would make them to work more efficiently and enthusiastically.

1.6 RESEARCH METHODOLOGY

SAMPLING TECHNIQUES

The researcher adopted Descriptive sampling method for the study, since it was a large organization, the research is selected as Descriptive Sampling Design.

SAMPLING SIZE

The sample size selected by the researcher is 50.

SAMPLING UNIT

The sampling unit consists of in Kovai Medical Center and Hospital.

DESIGN OF THE STUDY

The design of the study is descriptive in nature. A detailed study on the opinion of administered employee towards personnel practice of the agency was also implied in the study.

DATA SOURCE

PRIMARY DATA

Primary data was collected using questionnaire designed based upon the objectives of the study.

SECONDARY DATA

Secondary data is gathered from books and records related to stress Management.

TOOLS USED

The primary and secondary data collected was analyzed and presented in the form of tables for easy analysis. Percentages have been worked out. Comparison of figures to be

possible for easy understanding of statistical data, diagrammatic representation have been made in the form of simple bar diagrams.

1.7 LIMITATIONS OF THE STUDY

- This was an overall study of the job stress and its related risk factors and an in-depth study of any one variable could not be carried out which might throw more light on that particular aspect alone.
- Time and security constraints.

1.8 CHAPTER SCHEME

The study is reported in six chapters.

The first chapter discusses the background of study, problems, objectives, scope, limitations and methodology of study which includes type of study, data collection and tools of analysis.

The second chapter discusses about the organization profile that includes the history of organization, management, board of directors, medical equipments, medical specialities, surgical specialities, special clinic, health check program, degree program and doctoral program.

The third chapter deals with the Macro Micro Analysis. Fourth chapter is on Data Analysis and Interpretations, followed by the fifth chapter which gives the findings based on the research work. The Sixth chapter gives suggestions based on the analysis and finally the seventh chapter concludes the findings of the project work.

ORGANIZATIONAL PROFILE

CHAPTER 2

ORGANISATION PROFILE

2.1 ABOUT THE ORGANISATION

A hospital in stead man's Medical dictionary is defined as "An institution for the care, cure, and treatment of the study of disease and for the training of doctors & nurses".

Kovai Medical Center and Hospital was started in the year 1990 by Dr .Nalla G Palaniswami - Chairman & M.D.

Kovai Medical Center and Hospital is a 500- bed multi-disciplinary super speciality NRI hospital located on the Coimbatore - Chennai highway. The hospital has more than 50 medical disciplines managed by highly qualified and trained full time medical specialists providing round the clock service. Over 1000 in patients and out patients are treated every day at the hospital.

Board Of Directors

Dr .Nalla G Palaniswami-Chairman & M.D

Dr .Thavamani Devi Palaniswami Vice Chairman & Joint M.D

Dr .Mohan S Gounder Director

Dr. Kasi K Goundan Director

Mr.M.Manickam Director

Dr. K.S.K.Murugaiyan Director

Dr. A.M.Palanisamy Director

Dr. P.R.Perumalswami Director

Dr. K.C.Ramaswami Director

Dr. M.C.Thirumoorthi Director

Dr. A.K.Venkatasamy Director

Dr. N.Sengottaiyan Director

Mr.S.P.Chittibabu Company Secretary.

Medical Equipments at KMCH

- MRI
- C T scanner
- 4D ultra sound scanner
- Cardiac electro-physiology lab
- Bone mineral densitometer
- Mammography
- Laser equipments
- Video endoscope
- Operating microscope
- Auto analyzer
- Computer navigation for hip and knee replacements
- ESWL for the removal of urinary stones
- Flat panel cath lab
- 64 slice CT scan

The hospital is equipped with 11 operation theatres, and super speciality procedures like open heart surgeries and other cardiac surgeries, kidney transplants, knee replacements, hip replacements and complex neuro surgeries are done regularly at the hospital.

Angiograms, angioplasties, stenting (sirolimusstent-A drug eluted stent which has no replace rate) are being done with good success rate. The hospital also has an excellent facility for providing emergencies such as cardiac arrests, road traffic accidents (RTA), snake bites, severe burn injuries, poisonous case, stab injuries and mass casualties.

KMCH is the only center in South India which has introduced a new technique known as GDC coils and clipping of brain aneurysms. KMCH has made a breakthrough in the treatment of stroke management and Uterine Fibroids with the latest technique in interventional procedures. The state-of-the-art Fertility center at KMCH is well equipped to do the International standards. Most advanced treatment techniques are adopted here.

Medical Specialities

- Cardiology with Cath lab
- Dermatology
- Dental Health
- Endocrinology
- General medicine
- Gastro-Enterology
- Geriatric medicine
- Haematology and Haemato Oncology
- Nephrology
- Neurology
- Neonatology & Paediatrics
- Psychological medicine
- Pulmonology
- Rheumatology

Surgical Specialities

- Anaesthesiology
- Cardio Vascular and Thoracic Surgery
- ENT, Head and Neck Surgery
- General Surgery
- Laparoscopic Surgery
- Neuro Surgery
- Obstetrics and Gynaecology
- Ophthalmology
- Plastic and Cosmetic Surgery
- Urology
- Vascular Surgery

Special Clinic

- Andrology Clinic
- Asthma Clinic
- Diabetic Clinic
- Diet Clinic
- Genetic Clinic
- Infertility Clinic
- Pain Clinic
- Poison Clinic
- Prosthetic Clinic
- Slim Clinic
- Physical Med and Rehabilitation Clinic

Health Check Programs at KMCH

- Executive master health checkup plus(men)
- Executive master health checkup plus(women)
- Executive master health checkup
- Master health checkup
- Senior Citizen's master health checkup
- Master health checkup for children
- Pre marriage checkup (men)
- Pre marriage checkup (women)
- Comprehensive heart checkup
- Comprehensive diabetic checkup
- Cancer screening (men)
- Cancer screening (women)
- Master health checkup for alcohol abusers
- Sexual dysfunction checkup
- Routine health checkup

KMCH has one of the best Emergency-Trauma Care Center Networks in the region with highly qualified and experienced Trauma team, which operates round the clock and comprises of orthopedic surgeons, neuro surgeons, general surgeons, cardio vascular surgeons and plastic surgeons.

KMCH in collaboration with the Rotary Clubs of Coimbatore and Erode have 5 Trauma care center which are equipped with wireless, telephone and mobile phone facilities on the Avinasi Road starting from Ghandhipuram to Perundurai. In order to ensure immediate transportation of the patient from the accident spot, KMCH has an emergency control room facility which operates round the clock to co-ordinate all Trauma care established by KMCH.

2.2 ACADEMIC PROGRAMMES

Degree Programmes

- B.Sc. Nursing
- M.Sc Nursing
- B_Pharma
- Bachelor of Physiotherapy
- Master of Physiotherapy
- Bachelor of Occupatinal therapy
- M.Sc. in Health and Hospital Administration

Certificate Programmes

- PG lab technician course
- Radiology technician training program
- Cardiology technician training program
- OT technician training program

Doctoral Program

- Ph.D.Program in Biochemistry.

The National News magazine “THE WEEK” has rated KMCH as the Best Hospital in Coimbatore for two consecutive years 2005 and 2006.

KMCH is recognized for organization transplant programmes by the government of Tamil Nadu, several kidney transplants and Corneal transplants from live donors and cadavers have been done. KMCH is also recognized by the Tamil Nadu Government to do heart & lung transplants.

KMCH is recognized for the following schemes

- DGHS – For Treating Central Government employees under CS(MA)rules, 1994.
- Income Tax act under section 17(2)B
- Air force group insurance society.
- Army group insurance fund
- Tamil Nadu Government pensioner’s health fund scheme
- Tamil Nadu Government employees health fund scheme
- Unit trust of India senior citizen plan
- Prime Minister National Relief Fund.
- Ministry of health & family welfare -- discretionary grant.
- Kerala Government servants medical attendance rules-1960.
- ESI

MACROMICRO ANALYSIS

CHAPTER 3

MACRO MICRO ANALYSIS

India is a large country having multicultural society. In about 2.4 % of land 16 % of human population is cramped. Therefore density of population in India is rather high. 72 % population are in the rural areas where connectivity, availability of potable water, electricity, and other basic amenities are scarce. Health care professionals are therefore not very much enamoured by getting posted to the rural areas in India. As per Indian constitution provision of health care by public sector is a shared responsibility between the Centre & States. The public sector health care system is three tiered- the Primary Health Care, Hospital Health Care, and Tertiary health care. The administrative set up is somewhat as follows: -

- (a) Primary Health Sub-centres (PHSC)
- (b) Primary Health Centres (PHC)
- (c) Community Health Centres (CHC)
- (d) District hospitals
- (e) Tertiary Care Hospitals and referral centres.

India has 137,000 sub-centres, 28,000 dispensaries, 23,000 PHCs, 3,000 CHCs, and about 12,000 secondary & tertiary hospitals. The whole administrative set up may appear large but most of the health care facilities are under staffed, and understaffing is most prominent in the rural healthcare sector. 15 % of Indian population do not have access to health care due to reasons of unavailability or due to economic reasons. Expansion of health care in India has been mostly urban oriented when major part of population lives in rural or semi-urban locations. Mushrooming of private hospitals in India has been in the urban areas, and is profit oriented. Public health care systems are becoming extinct by the day. Insurance system may not suit Indian conditions since a very large section of rural population would not be able to afford it, and the governments (central or state) may not find the required budget.

Health Care Systems are more oriented towards curative health care, and do not consider impact of environmental pollutants on human health from the preventive angle. Reason being environmental pollution is viewed more as an environmental issue rather

than health issue. Proper waste management is essential to neutralize adverse effects of environmental pollutants, including biological pollutants. There is hardly any focused attention to the growing menace of waste which is directly proportionate to growing population. Polluter pays principle is self defeating in the sense that polluters can pollute and get away with it by paying appears accepted philosophy. In fact the principle should be 'repair and replenish' rather than 'polluter pays'. Trying to copy Western models in its entirety has resulted in fragmented approach and confused results. Developing countries should adopt scientific advancement, no doubt but must modify to suit local conditions, level of awareness, and habits & practices.

There are gender bias, economic bias, status bias, and bias of availability of funds within the health care delivery in India. There are differences in the accessibility of resources. Merely by professing equitable accessibility one cannot ensure equitable sharing of resources. To remove the socio-economic bias rural health care systems will have to be strengthened. At present even if posted to a PHC doctors avoid going there by whatever means. This aberration can only be corrected by improving the infrastructure of the villages by improving connectivity, security, and job opportunities in the rural segment. Similarly to remove gender bias 'care of the girl child' will have to be the motto. Awareness will have to be developed where a family does not discriminate between a male and a female member of the family in matters of health care (which includes nutrition). Funds for health care will have to be made available to the urban & rural sector on equitable basis. Even the resources of the society will have to be spent in an equitable manner between the rich & poor to get out of the '10-90' syndrome.

Development as we understand today leads to stressed relation amongst privileged and under privileged classes in a society. Economic development is considered benchmark of development but would not this approach justify industrial hyperactivity and exploitation of natural resources? In fact there is a requirement to re-examine the concept of 'Sustainable Development' and move towards concept of 'Sustainable Co-Existence'. Co-existence with nature and other biological species.

There is a wide gap in policies at the macro level & implementation at the micro level in all the developing countries. For example proper legislation & rules have been

framed on health care delivery & waste management in India, but implementation remains far from satisfactory. Primary Health Centres are designed for rural health care but there is hardly any cognizable action to strengthen rural health care system. Similarly in matters of waste management laws have been enacted but implementation remains unsatisfactory. Micro level factors do not guide policies etc at the macro level. Thus capacity created at the macro level fails to obtain directional capability at the micro level.

Capability must be applied with community participation at the grass root level with clear understanding of weaknesses and potential human failures, and it must remain dynamic. Predetermined performance indicators should be carefully identified in relation to the policies so that capability approach itself may be subjected to analysis & modification for better implementation and results.

One can see that sustainable development by itself is likely to further enhance health In equality instead of correcting it. Present day bench mark of sustainable development includes industrial activities, and unless there is a substantial change in the methods adopted so far industrial activity is likely to further degrade the environment and deprive natural resources. Economic life style is a direct result as well cause of industrial hyperactivity and unless something is done to change the life style of today society is going to suffer inequalities in which case health inequality would be most prominent.

DATA ANALYSIS AND INTERPRETATION

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

After the data has been collected, they are properly tabulated and represented diagrammatically for proper interpretation.

Table 4.1

RESPONDENTS BASED ON AGE

S.No.	Age	No.of Respondents	Percentage
1	< 25	39	78
2	25 - 30	8	16
3	> 30	3	6
Total		50	100

Inference

Table 4.1 explains the age group of the respondents. It shows that 78% of the respondents are below the age group of 25 years, 16% of the respondents belong to the age group of 25 to 30 and 6% of the respondents belong to the age group of above 30.

Chart 4.1

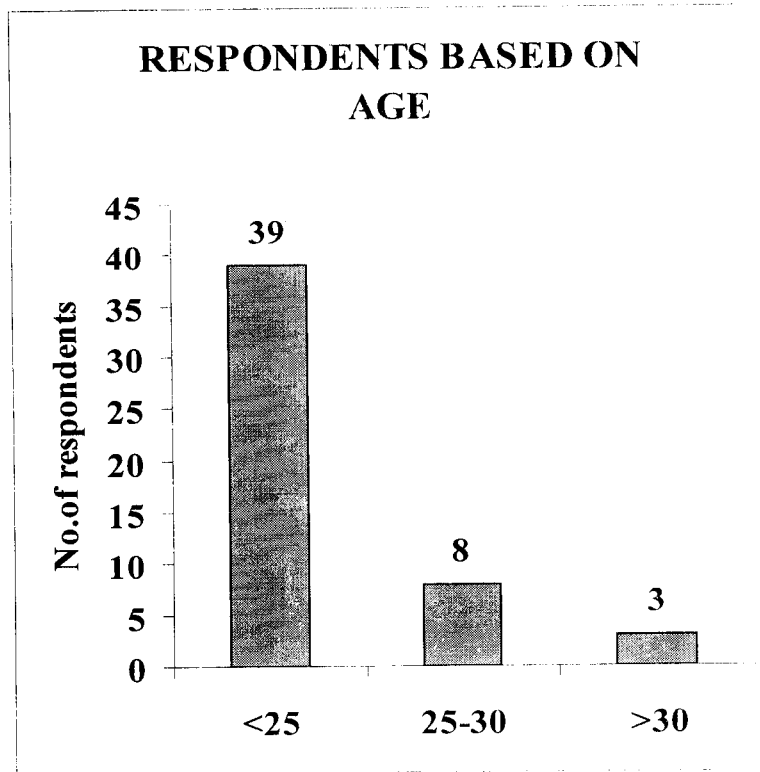


Table 4.2

MARITAL STATUS OF THE RESPONDENTS

S.No.	Responses	No.of Respondents	Percentage
1	Married	14	28
2	Unmarried	36	72
	Total	50	100

Inference

Table 4.2 explains the marital status of the respondents. It shows that 34% of the respondents are married and 66% of the respondents are unmarried.

Chart 4.2

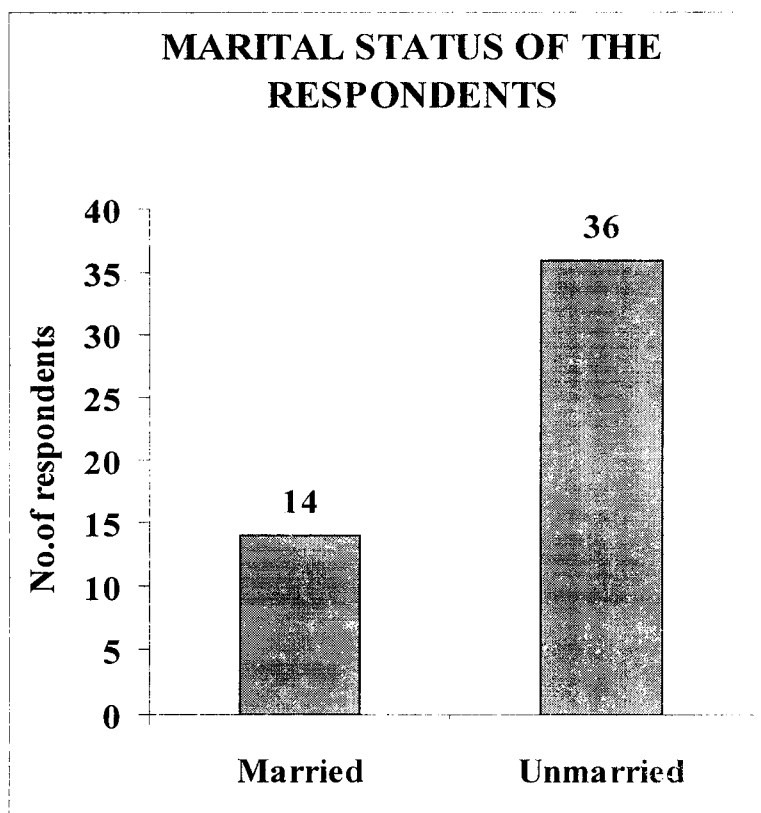


Table 4.3

EXPERIENCE STATUS OF THE RESPONDENTS

S.No.	Classification	No. of Respondents	Percentage
1	0-1 yr	22	44
2	1-5 yrs	23	46
3	5-10 yrs	5	10
Total		50	100

Inference

Table 4.3 explains the experience of the respondents in KMCH . it shows that 44% of the respondents have less than 1 year experience,46% of the respondents have 1-5 years experience, and 10% of the respondents have 5-10 years experience in KMCH.

Chart 4.3

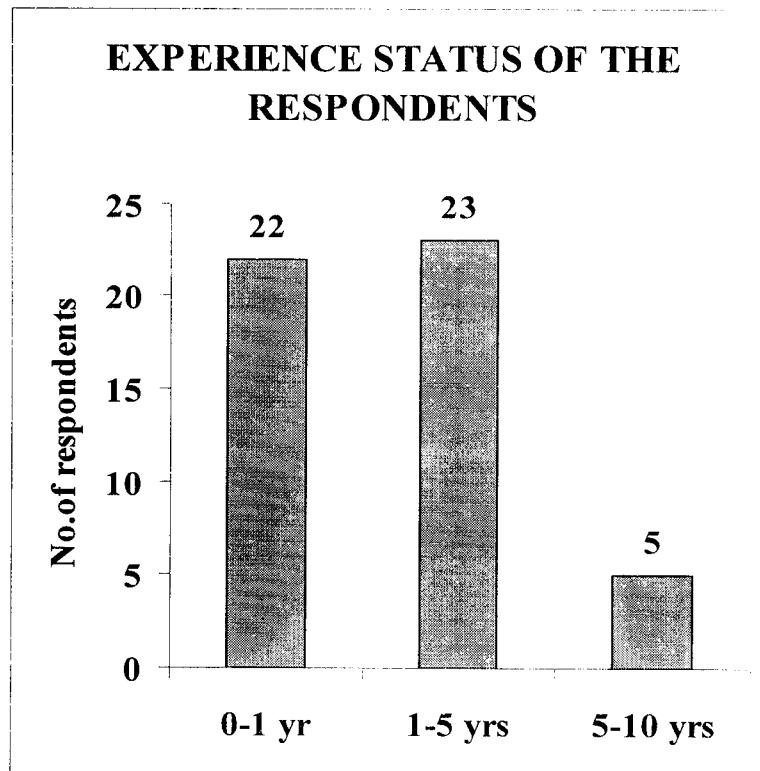


Table 4.4

PRESENT WORKING HOURS

S.No.	Classification	No.of Respondents	Percentage
1	Satisfied	45	90
2	Dissatisfied	5	10
Total		50	100

Inference

Table 4.4 explains the respondents satisfaction towards their present working hours. It shows that the 90% of the respondents are satisfied with their present working hours. Only 5% of the respondents are not satisfied with their present working hours.

Chart 4.4

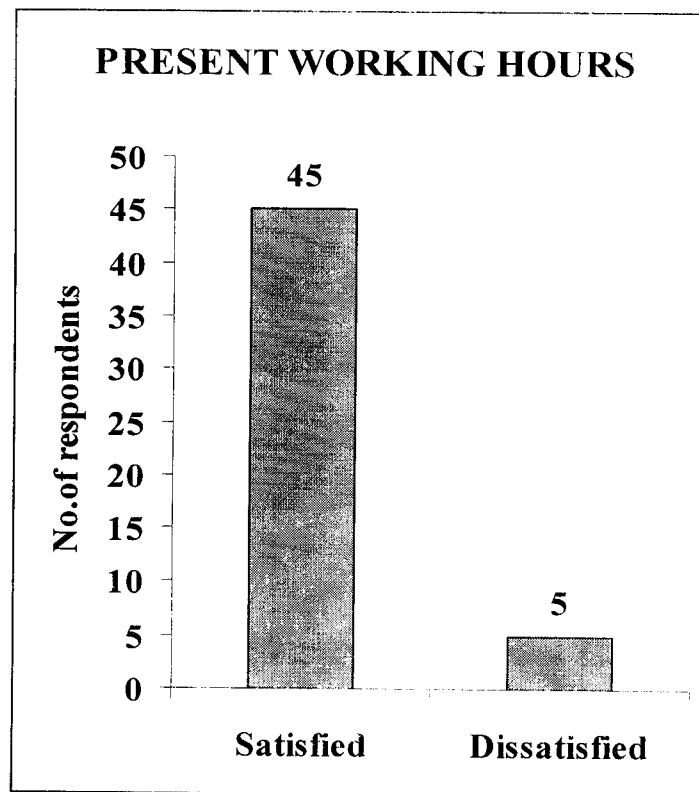


Table 4.5

AWARENESS OF JOB RESPONSIBILITIES

S.No.	Classification	No.of Respondents	Percentage
1	Aware	45	90
2	Not aware	5	10
Total		50	100

Inference

Table 4.5 explains the respondents awareness towards their job. It shows that the 90% of the respondents are aware towards their the job. Only 5% of the respondents are not aware towards their the job.

Chart 4.5

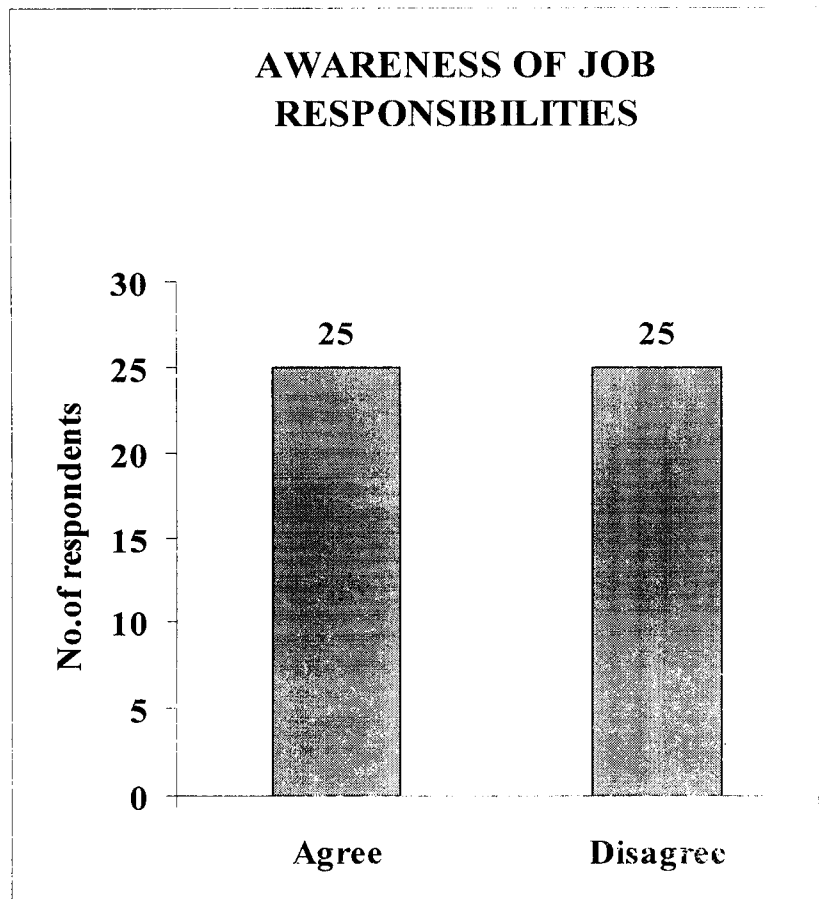


Table 4.6

FEELINGS OF RESPONDENTS TOWARDS JOB SECURITY

S.No.	Classification	No.of Respondents	Percentage
1	Secured	41	82
2	Insecured	9	18
	Total	50	100

Inference

Table 4.6 explains about the feelings of the respondents towards their job security. It shows that the 82% of the respondents are secured in their job. Only 18% of the respondents are not secured in their job.

Chart 4.6

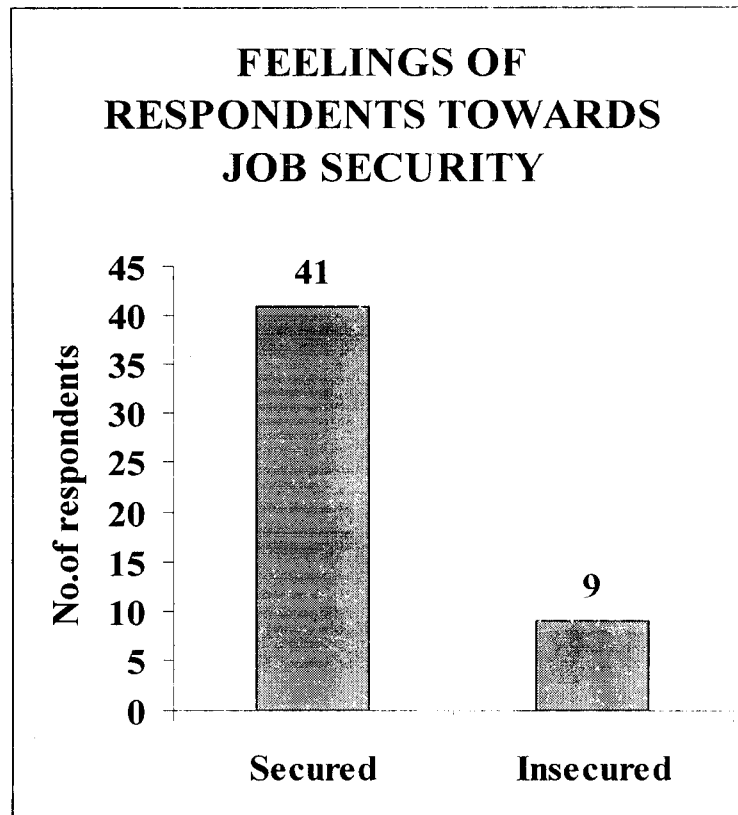


Table 4.7

MINDSET TO ADAPT TO THE TECHNOLOGICAL CHANGE

S.No.	Classification	No.of Respondents	Percentage
1	Adapt	44	88
2	Dis adapt	6	12
Total		50	100

Inference

Table 4.7 explains about the mindset of the respondents towards the technological change. It shows that the 88% of the respondents are having the mindset to adapt the technological change. Only 12% of the respondents are not able to accept the technological change.

Chart 4.7

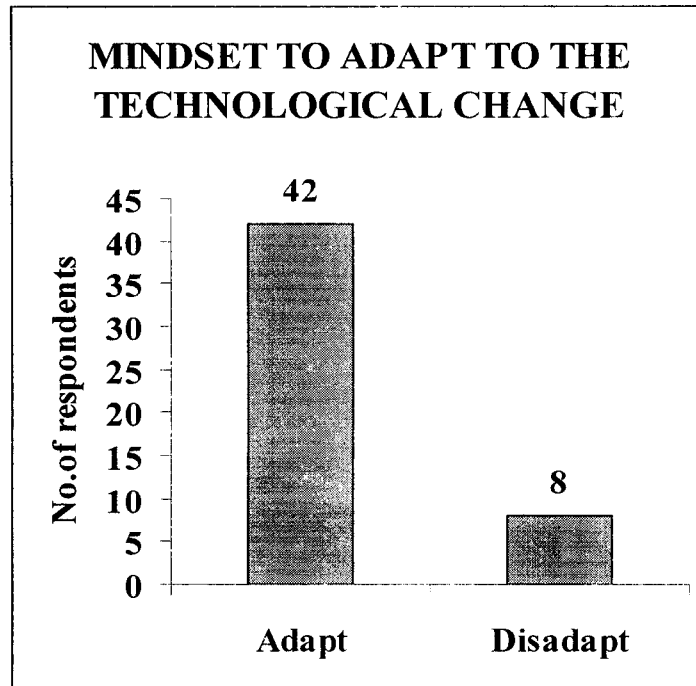


Table 4.8

RESPONDENTS HAVING AILMENTS

S.No.	Classification	Having physical ailments	Having mental ailments	Taking medicines	Percentage of physical ailments	Percentage of mental ailments	Percentage of taking medicines
1	Yes	32	26	22	64	52	44
2	No	18	24	28	36	48	56
Total		50	50	50	100	100	100

Inference**Physical Ailments**

Table 4.8 explains that the respondents are suffering from ailments. It shows that 64% of the respondents are suffering from physical ailments. Only 36% of the respondents are not suffering from the physical ailments.

Mental Ailments

Table 4.8 shows that 52% of the respondents are suffering from mental ailments. Only 48% of the respondents are not suffering from the mental ailments.

Medicine

Table 4.8 shows that 44% of the respondents are taking medicines and 56% of the respondents are not taking medicines.

Chart 4.8

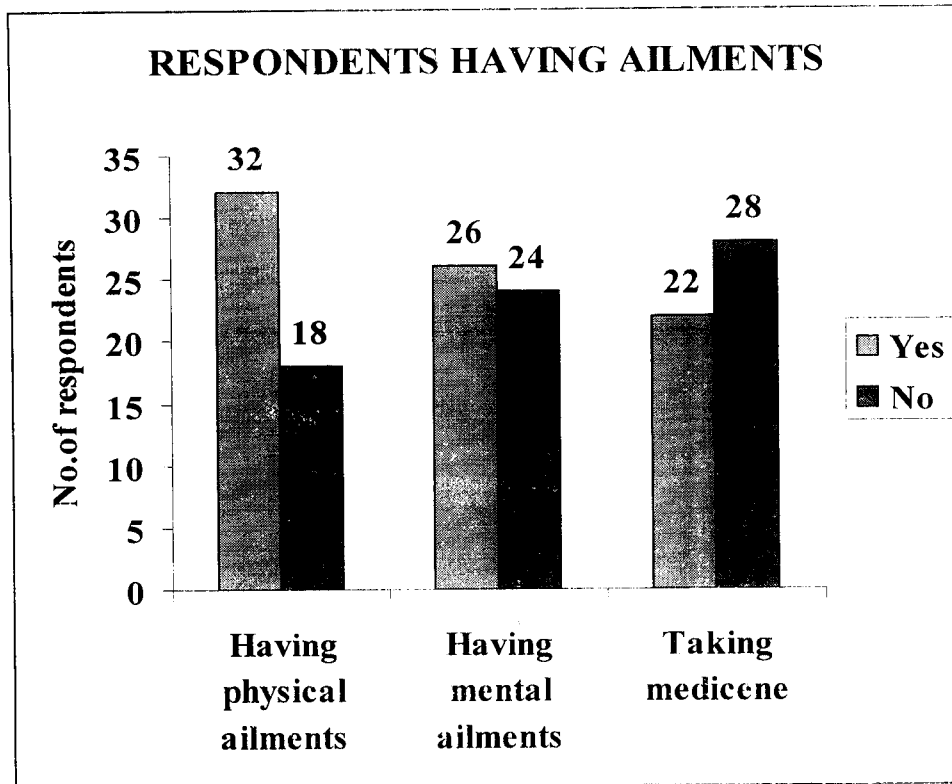


Table 4.9

HAVING DOMESTIC PROBLEMS

S.No	Responses	No.of Respondents	Percentage
1	Agree	25	50
2	Disagree	25	50
	Total	50	100

Inference

Table 4.9 depicts that 25% of the respondents are having domestic problems and 25% of the remaining respondents are not having domestic problems.

Chart 4.9

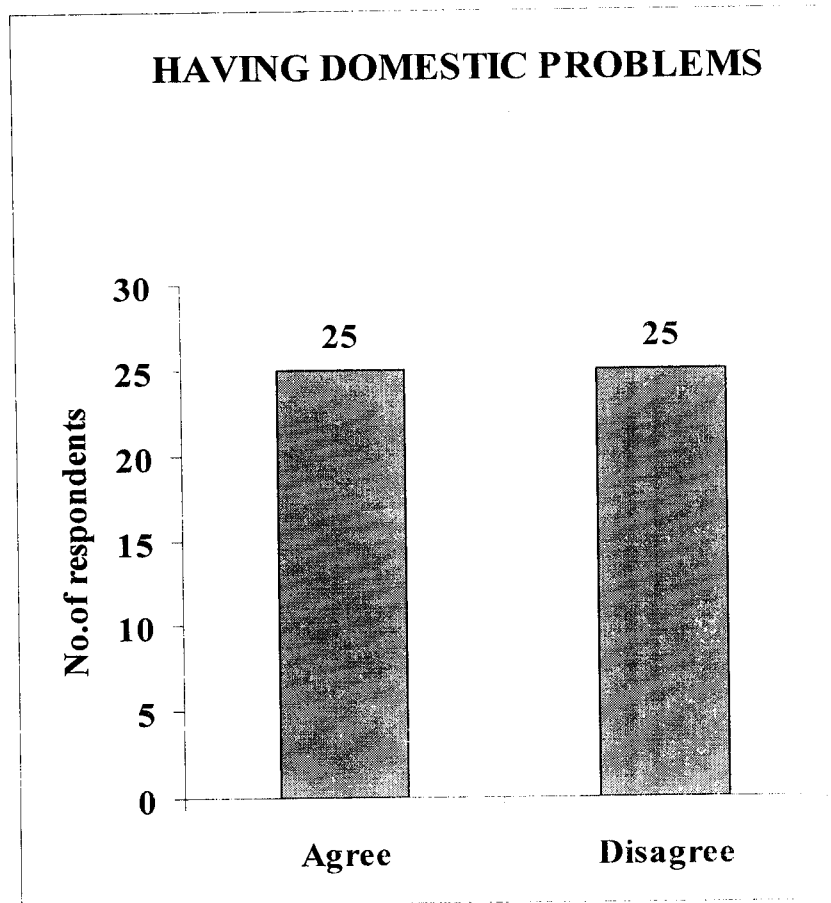


Table 4.10

HAVING FINANCIAL PROBLEMS

S.No.	Responses	No.of Respondents	Percentage
1	Agree	23	46
2	Disagree	27	54
	Total	50	100

Inference

Table 4.10 shows that 46% of the respondents are having financial problems and 54% of the remaining respondents are not having financial problems.

Chart 4.10

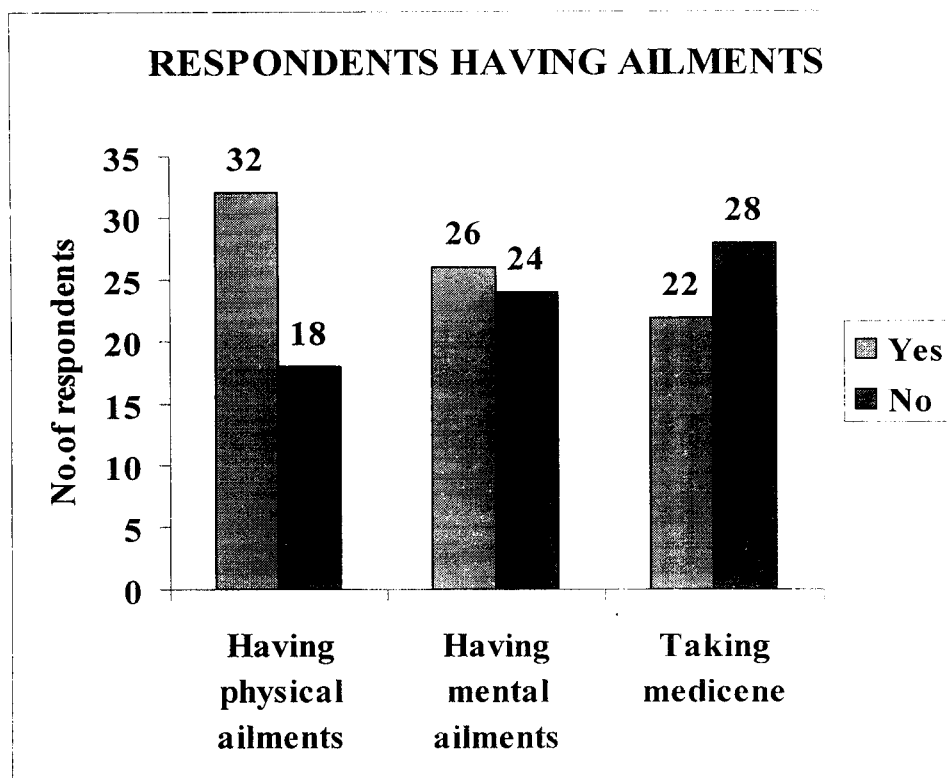


Table 4.11

RESPONDENTS FAMILY SITUATIONS

S.No.	Classification	Responser is not get along with life partner	Life partner does not get along very well with others	Problems with their children	Percentage of responser does not get along with life partner	Percentage of life partner does not get along very well with others	Percentage of problems with their children
1	Yes	1	8	7	7	57	50
2	No	13	6	7	93	43	50
	Total	14	14	14	100	100	100

Inference

Table 4.11 explains the respondents family situations.

RESPONSER NOT GETTING ALONG WITH LIFE PARTNER

Table 4.11 shows that 7% of the respondents are not get along very well with their life partner. Only 93% of the respondents are get along very well with their life partner.

RESPONSER LIFE PARTNER NOT GETTING ALONG VERY WITH OTHERS

Table 4.11 depicts that 57% of the respondents life partner are not get along very well with others. Only 43% of the respondents life partner are get along very well with their others.

PROBLEMS WITH THEIR CHILDREN

Table 4.11 shows that 50% of the respondents childrens are giving problems and 50% of the other respondents childrens are not giving problems .

Chart 4.11

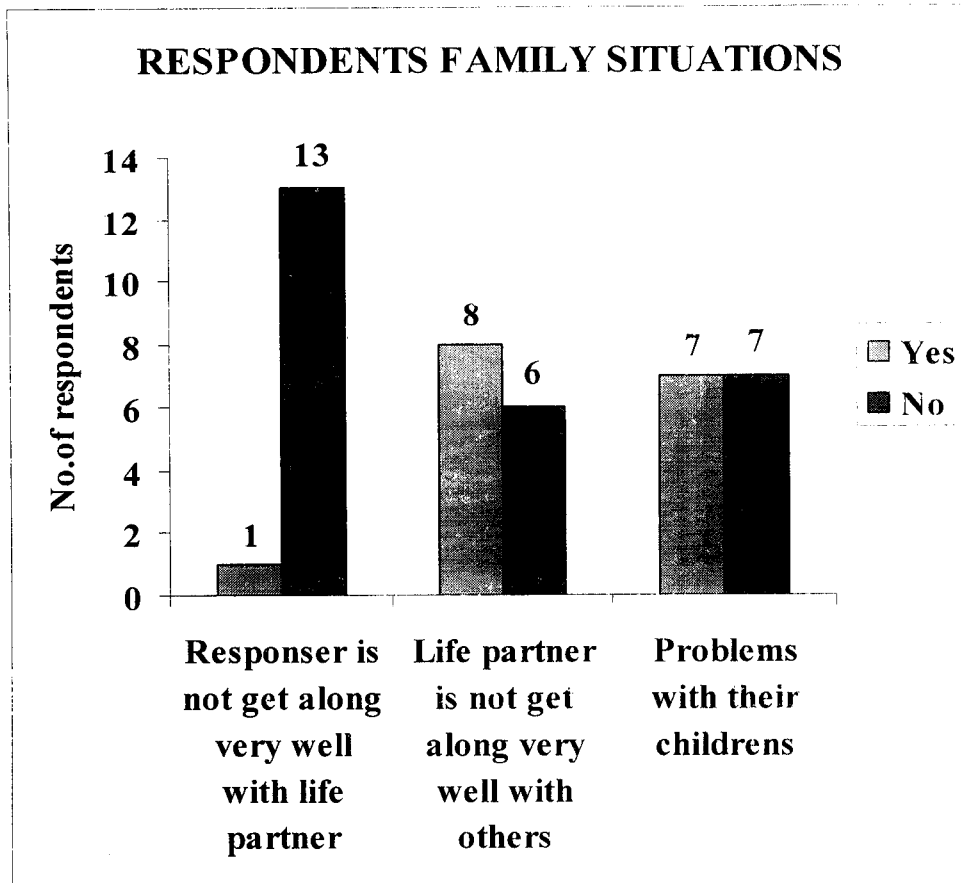


Table 4.12

**RESPONDENTS WORKING UNDER UNPREDICTABLE AND UNCERTAIN
TEMPERAMENT**

S.No.	Responses	No.of Respondents	Percentage
1	Agree	36	72
2	Disagree	14	28
	Total	50	100

Inference

Table 4.12 shows that 72% of the respondents are working under unpredictable and uncertain temperament and 28% of the remaining respondents are not having unpredictable and uncertain temperament in their working place.

Chart 4.12

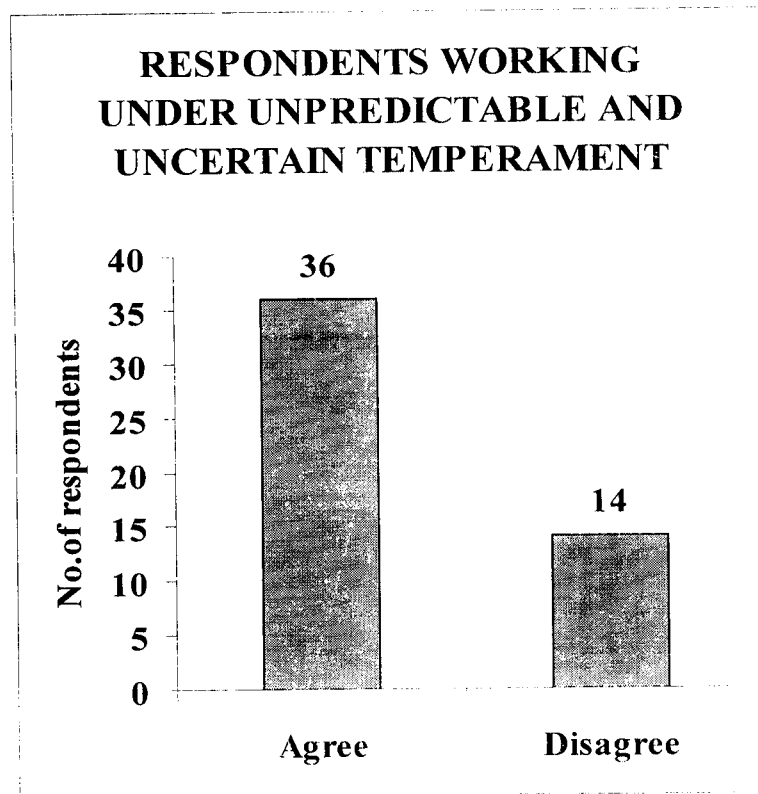


Table 4.13

NEVER HAVING TIME FOR A REAL BREAK

S.No.	Responses	No.of Respondents	Percentage
1	Agree	36	72
2	Disagree	14	28
Total		50	100

Inference

Table 4.13 explains that 72% of the respondents are never having time for a real break during their working hours and 28% of the remaining respondents are having break during their working hours.

Chart 4.13

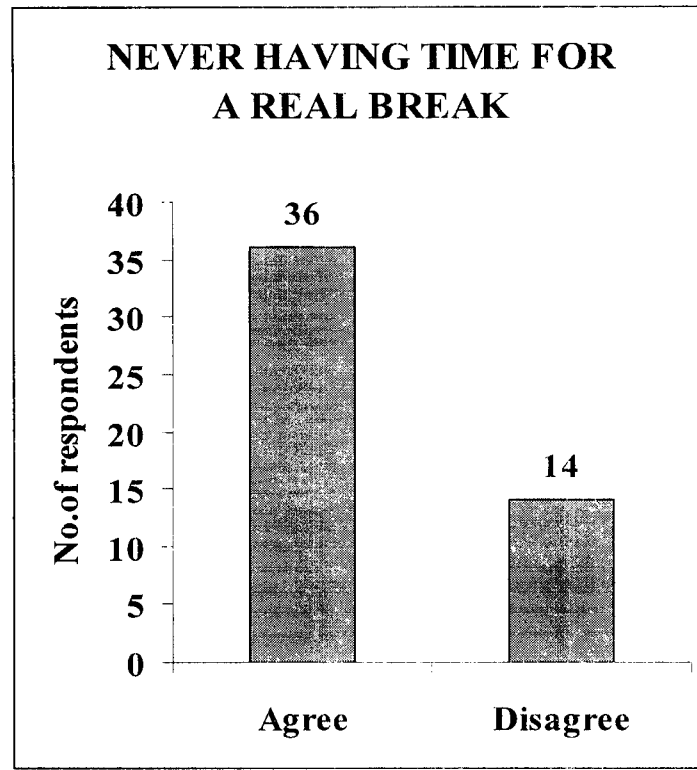


Table 4.14

WORK UNDER VERY TIGHT TIME PRESSURE

S.No.	Responses	No.of Respondents	Percentage
1	Agree	31	62
2	Disagree	19	38
	Total	50	100

Inference

Table 4.14 explains that 62% of the respondents are working under very tight time pressure and 38% of the remaining respondents are not having very tight time pressure.

Chart 4.14

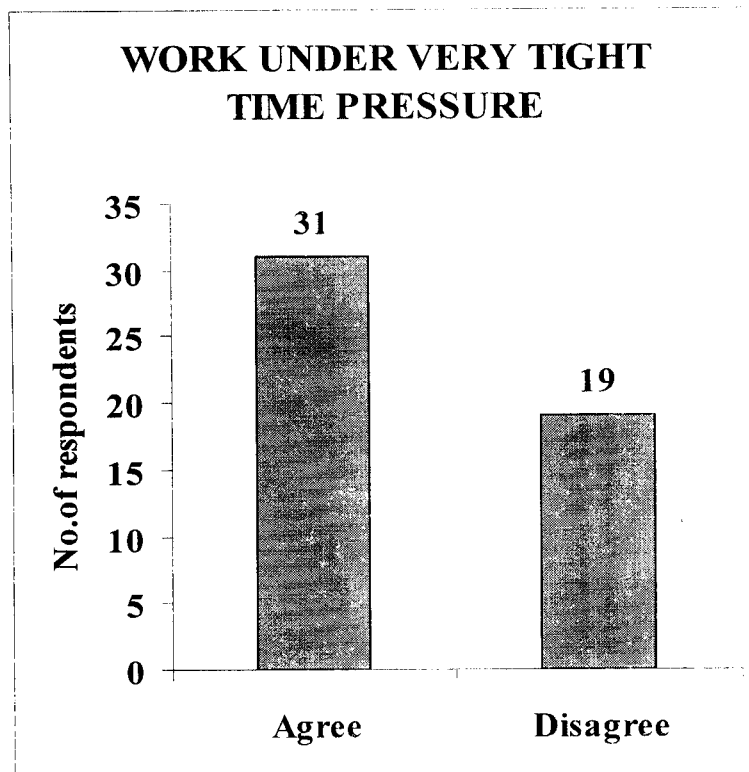


Table 4.15

SUPERIORS MAKE EXCESSIVE DEMANDS

S.No.	Responses	No.of Respondents	Percentage
1	Agree	36	72
2	Disagree	14	28
	Total	50	100

Inference

Table 4.15 explains that 72% of the respondents are stating that superiors make excessive demands and 28% of the remaining respondents are not stating that superiors are making excessive demands.

Chart 4.15

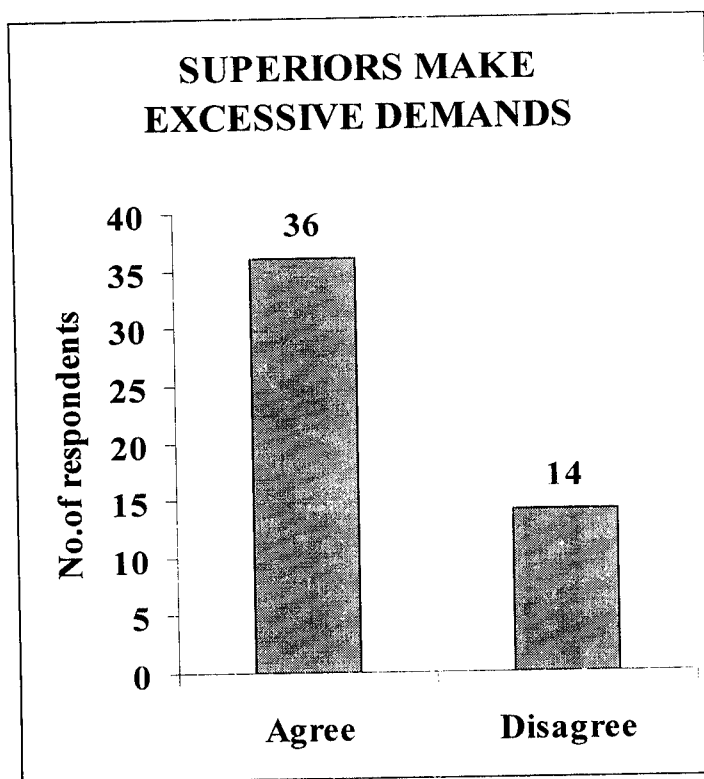


Table 4.16

SPENDING TOO MUCH TIME AWAY FROM HOME

S.No.	Responses	No.of Respondents	Percentage
1	Agree	44	88
2	Disagree	6	12
	Total	50	100

Inference

Table 4.16 shows that 88% of the respondents are spending too much time away from home and 12% of the remaining respondents are not spending too much time away from home.

Chart 4.16

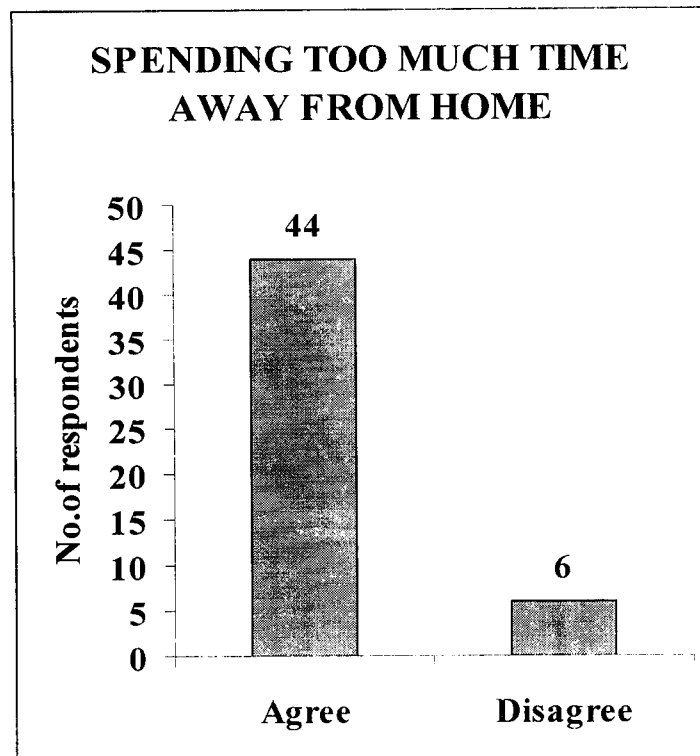


Table 4.17

UNSATISFACTORY PROSPECTS AT WORK

S.No.	Responses	No.of Respondents	Percentage
1	Agree	35	70
2	Disagree	15	30
	Total	50	100

Inference

Table 4.17 shows that 70% of the respondents are having unsatisfactory prospects at work and 30% of the remaining respondents are having satisfactory prospects at work.

Chart 4.17

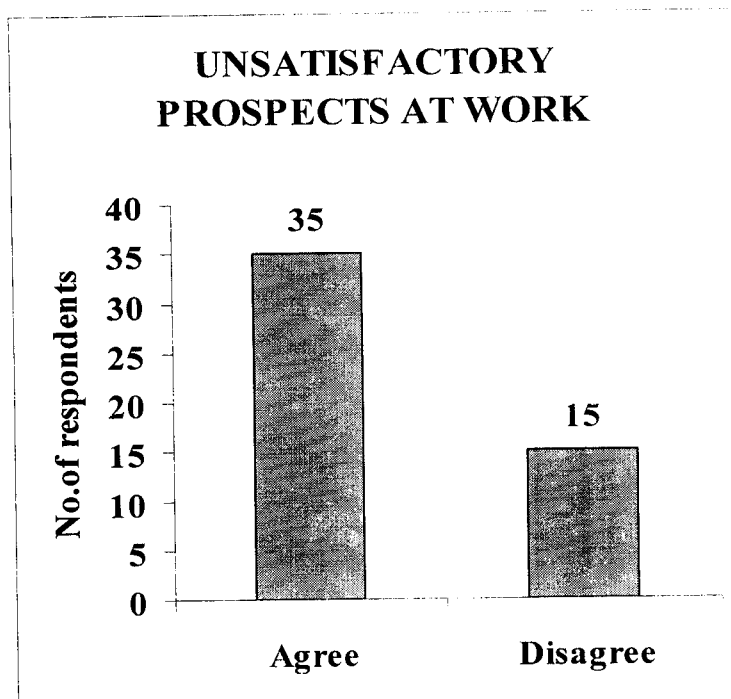


Table 4.18

TAKING LONG TIME TO TAKE DECISIONS

S.No.	Responses	No.of Respondents	Percentage
1	Agree	20	40
2	Disagree	30	60
	Total	50	100

Inference

Table 4.18 shows that 40% of the respondents are taking long time to take decisions and 60% of the respondents are taking decisions quickly.

Chart 4.18

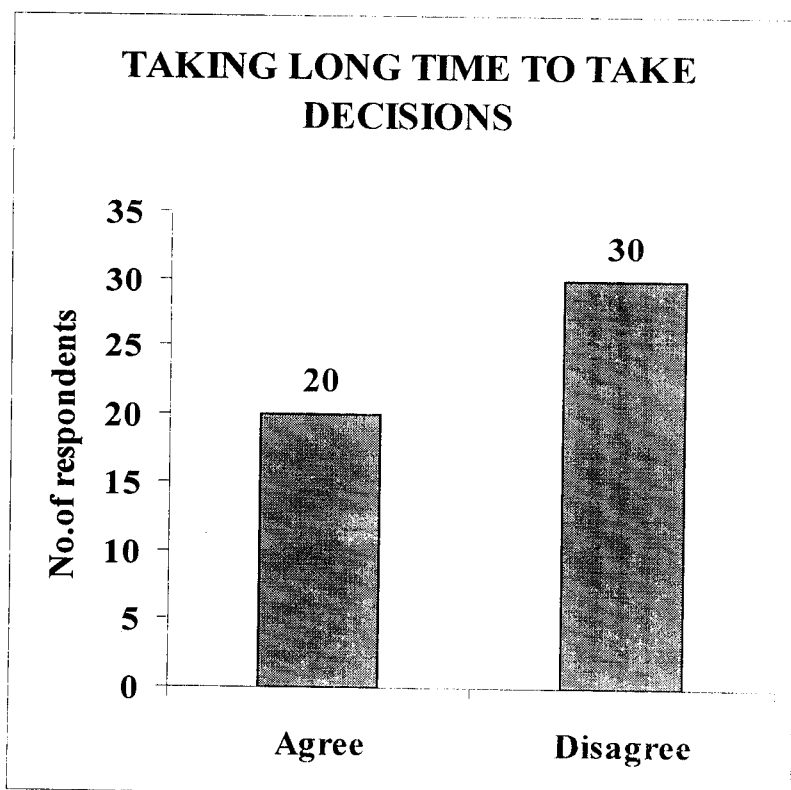


Table 4.19

RESPONDENTS HAVE NO TIME TO DEVELOP THEIR HOBBIES AND INTERESTS

S.No.	Responses	No.of Respondents	Percentage
1	Agree	37	74
2	Disagree	13	26
Total		50	100

Inference

Table 4.19 shows that 74% of the respondents have no time to develop their hobbies and personal interests and 26% of the respondents have time to develop their hobbies and personal interests.

Chart 4.19

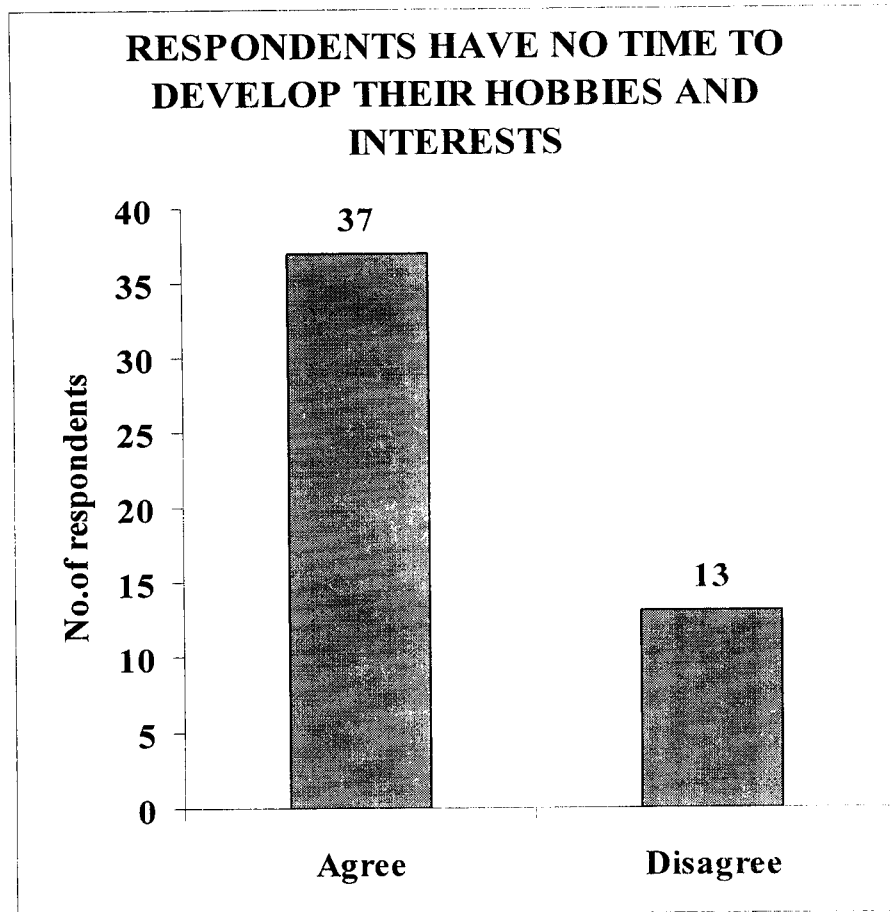


Table 4.20

DEADLINES ARE VERY IMPORTANT TO ME

S.No.	Responses	No.of Respondents	Percentage
1	Agree	19	38
2	Disagree	31	62
	Total	50	100

Inference

Table 4.20 shows that 38% of the respondents are stating that deadlines are very important to them and 62% of the respondents are stating that deadlines are not important to them.

Chart 4.20

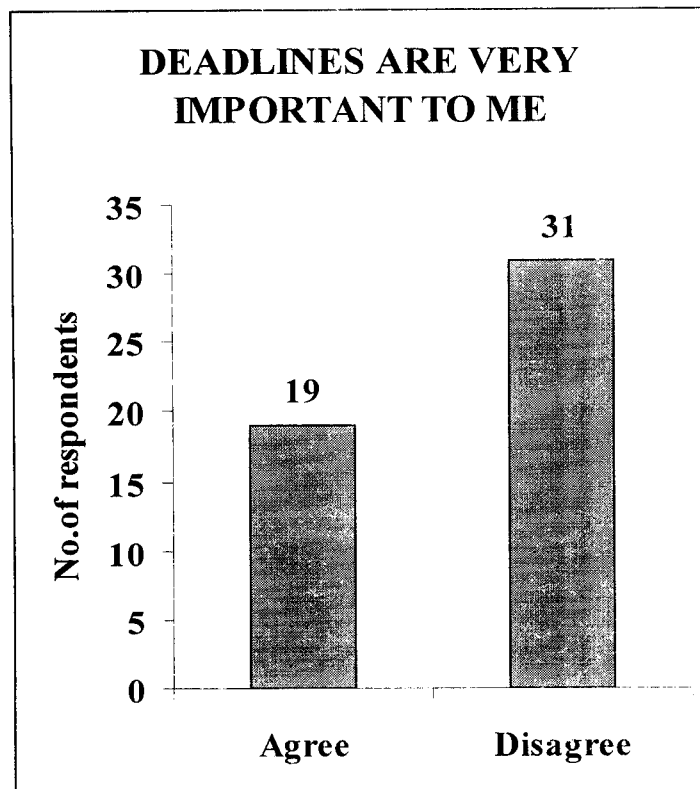


Table 4.21

NORMAL WHEN ATTENDING TO ANY EMERGENCY CASES

S.No.	Responses	No.of Respondents	Percentage
1	Agree	40	80
2	Disagree	10	20
	Total	50	100

Inference

Table 4.21 shows that 80% of the respondents are normal when attending to any emergency cases and 20% of the respondents are not normal when attending to any emergency cases.

Chart 4.21

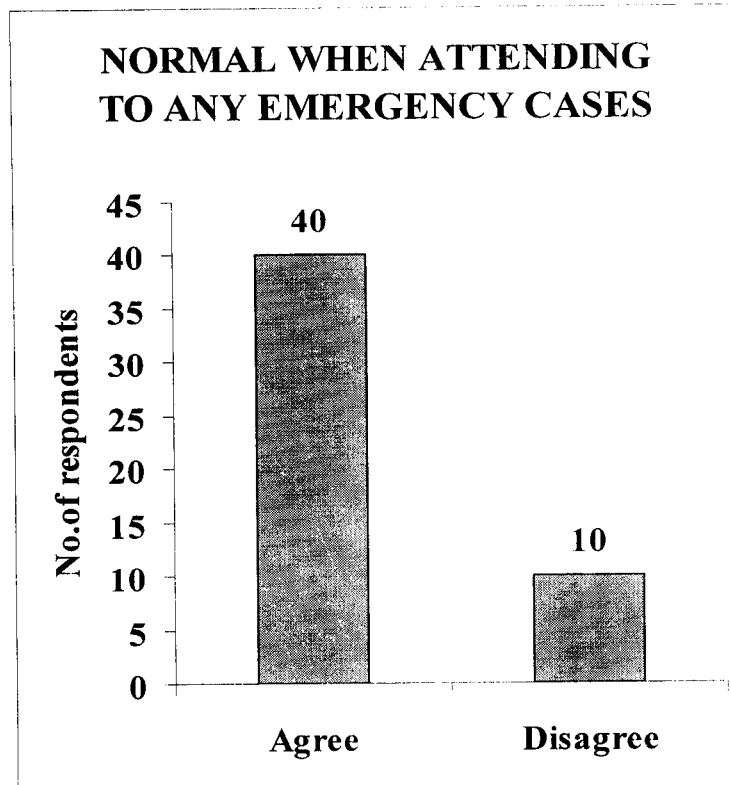


Table 4.22

AFFECTED BY ATTENDING TO ANY DEATH CASES

S.No.	Responses	No.of Respondents	Percentage
1	Agree	35	70
2	Disagree	15	30
	Total	50	100

Inference

Table 4.22 shows that 70% of the respondents are affected when attending to any death cases and 30% of the respondents are not affected when attending to any death cases.

Chart 4.22

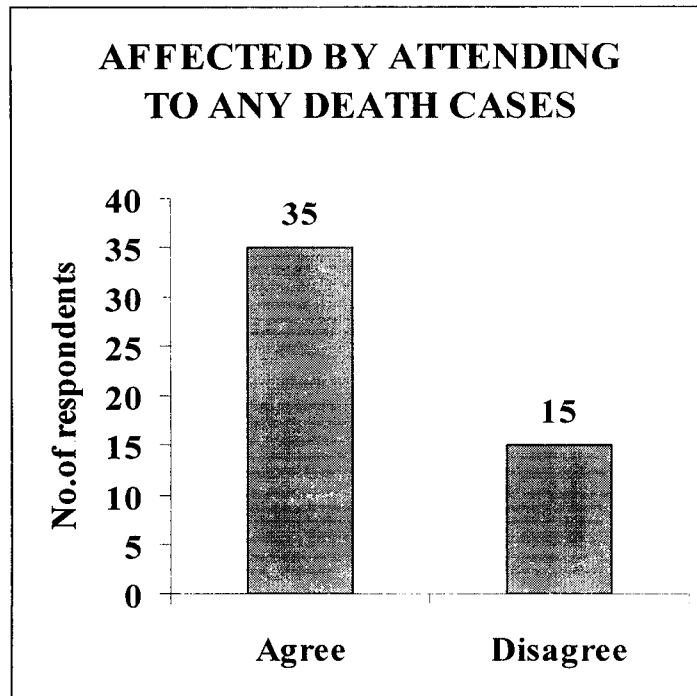


Table 4.23

ENJOY COMPETING AT WORK AND ELSEWHERE

S.No.	Responses	No.of Respondents	Percentage
1	Agree	13	26
2	Disagree	37	74
	Total	50	100

Inference

Table 4.23 shows that 26% of the respondents are enjoy competing at work and else were and 74% of the respondents are not enjoy competing at work and elsewhere.

Chart 4.23

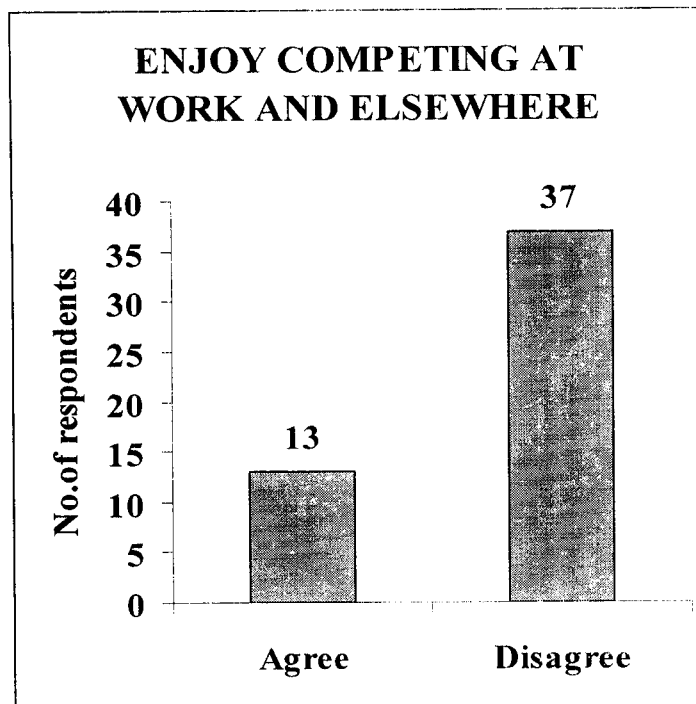


Table 4.24

HAVING CAREER PLANNING AND COUNSELLING

S.No.	Responses	No.of Respondents	Percentage
1	Agree	37	74
2	Disagree	13	26
	Total	50	100

Inference

Table 4.24 shows that 74% of the respondents are having career planning and counselling and 26% of the respondents are not having career planning and counselling.

Chart 4.24

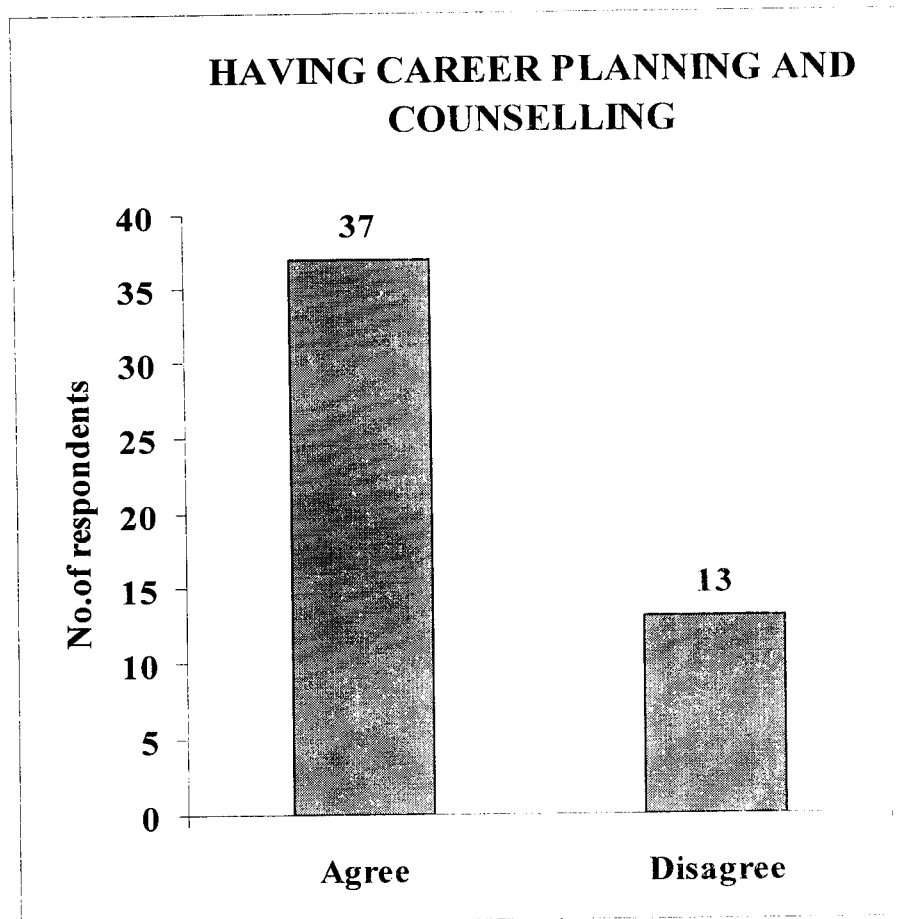


Table 4.25

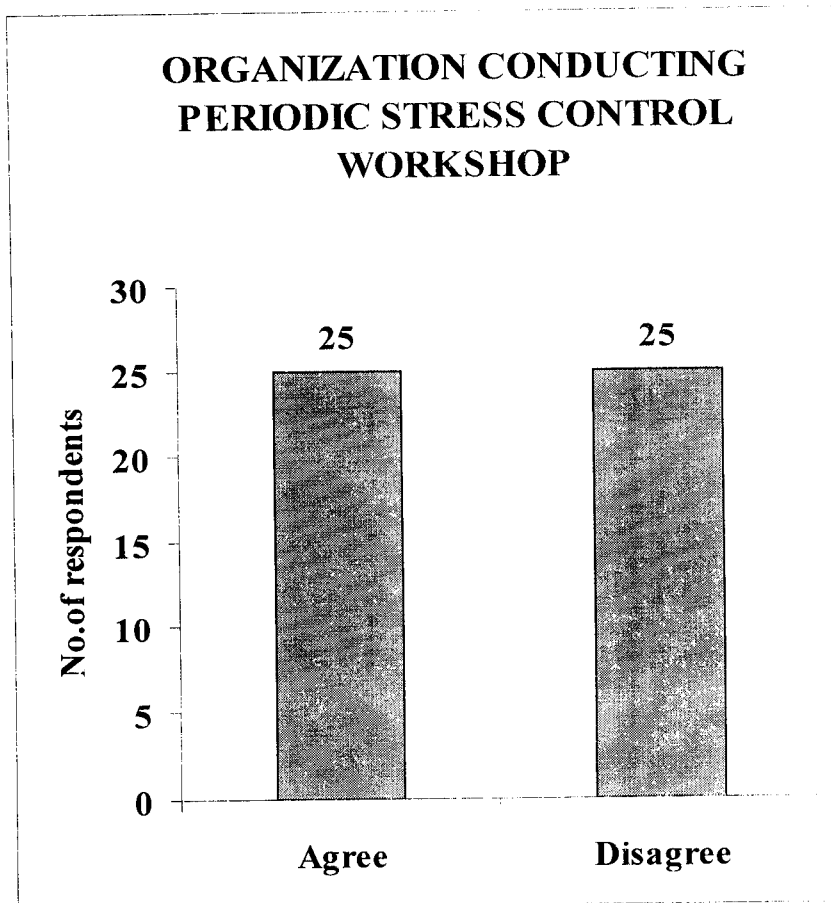
ORGANIZATION CONDUCTING PERIODIC STRESS CONTROL WORKSHOP

S.No.	Responses	No.of Respondents	Percentage
1	Agree	25	50
2	Disagree	25	50
	Total	50	100

Inference

Table 4.25 shows that 50% of the respondents states that the organization is conducting periodic stress control workshop and 50% of the respondents states that the organization is not conducting periodic stress control workshop.

Chart 4.25



FINDINGS

CHAPTER 5

FINDINGS

- 78% of the respondents are below the age group of 25 years. 16% of the respondents belong to the age group of 25 to 30 and 6% of the respondents belong to the age group of above 30.
- 34% of the respondents are married and 66% of the respondents are unmarried.
- The respondents educational qualification are R.N.R.M, G.N.M, B.Sc(Nursing).
- 44% of the respondents have less than 1 year experience, 46% of the respondents have 1-5 years experience, and 10% of the respondents have 5-10 years experience in their job in KMCH.
- 90% of the respondents are satisfied with their present working hours. Only 5% of the respondents are not satisfied with their present working hours.
- 90% of the respondents are aware towards their the job. Only 5% of the respondents are not aware towards their the job
- 82% of the respondents are secured in their job. Only 18% of the respondents are not secured in their job.
- 88% of the respondents are having the mindset to adapt the technological change. Only 12% of the respondents are not able to accept the technological change.
- 64% of the respondents are suffering from physical ailments. Only 36% of the respondents are not suffering from the physical ailments

- 52% of the respondents are suffering from mental ailments. Only 48% of the respondents are not suffering from the mental ailments.
- 44% of the respondents are taking medicines and 56% of the respondents are not taking medicines.
- 25% of the respondents are having domestic problems and 25% of the remaining respondents are not having domestic problems.
- 46% of the respondents are having financial problems and 54% of the remaining respondents are not having financial problems.
- 7% of the respondents are not get along very well with their life partner. Only 93% of the respondents are get along very well with their life partner.
- 57% of the respondents life partner are not get along very well with others. Only 43% of the respondents life partner are get along very well with their others.
- 50% of the respondents children are giving problems and 50% of the other respondents children are not giving problems.
- 72% of the respondents are working under unpredictable and uncertain temperament and 28% of the remaining respondents are not having unpredictable and uncertain temperament in their working place.
- 72% of the respondents are never having time for a real break during their working hours and 28% of the remaining respondents are having break during their working hours.
- 62% of the respondents are working under very tight time pressure and 38% of the remaining respondents are not having very tight time pressure.

- 72% of the respondents are stating that superiors make excessive demands and 28% of the remaining respondents are not stating that superiors are making excessive demands.
- 88% of the respondents are spending too much time away from home and 12% of the remaining respondents are not spending too much time away from home.
- 70% of the respondents are having unsatisfactory prospects at work and 30% of the remaining respondents are having satisfactory prospects at work.
- 40% of the respondents are taking long time to take decisions and 60% of the respondents are taking decisions quickly.
- 74% of the respondents have no time to develop their hobbies and personal interests and 26% of the respondents have time to develop their hobbies and personal interests.
- 38% of the respondents are stating that deadlines are very important to them and 62% of the respondents are stating that deadlines are not important to them
- 80% of the respondents are normal when attending to any emergency cases and 20% of the respondents are not normal when attending to any emergency cases.
- 70% of the respondents are affected when attending to any death cases and 30% of the respondents are not affected when attending to any death cases.
- 26% of the respondents are enjoy competing at work and else were and 74% of the respondents are not enjoy competing at work and elsewhere.
- 74% of the respondents are having career planning and counselling and 26% of the respondents are not having career planning and counselling .

- 50% of the respondents states that the organization is conducting periodic stress control workshop and 50% of the respondents states that the organization is not conducting periodic stress control workshop.
- 52% of the respondents are working with inadequate subordinates and 48% of the respondents are not working with inadequate subordinates.
- 58% of the respondents are assuming responsibility for events over which they have no control at all and 42% of the respondents are not assuming responsibility.
- 62% of the respondents have no-one to depend at work or at home and 38% of the respondents are dependent.
- 54% of the respondents have chance to express their self and make contribution to the work and 46% of the respondents are not able to express their self and make contribution to the work.
- 84% of the respondents are able to focus on one thing at once and 16% of the respondents are able to focus more things.
- 80 % of the respondents get other people to see all sides of a problem and only 20% of the respondents are able to manage individually.
- 44% of the respondents don't let worries get out of their hand and 56% of the respondents are free from their worries.
- 72% of the respondents have an acceptable balance between what they want and what others expect and 28% of the respondents don't have an acceptable balance.
- 68% of the respondents say 'no' when a colleague makes an unreasonable demand, without getting into conflict.

SUGGESTIONS

CHAPTER 6

SUGGESTIONS

The study attempts to suggest some ideas in order to manage and cope up with stress.

- Role analysis technique helps both managers and employees to analyze what job entails and what expectations are. Clarifies the role of the job incumbent will helps to eliminate imposing unrealistic expectations on the individual.
- Several studies on stress suggest that certain type of individuals are more susceptible to stress. Thus the organization can therefore select people who are better able to cope up with high responsibility for a particular job situation.

Working environment plays a major role in causing stress.

1. The organization should make the environment free from unpredictable and uncertain temperament to the workers.
2. The organization should recruit more staffs so that they will have break time during their work time and also meet over their superiors excessive demands and make free from very tight time pressure.
3. The organization may consider about staff quarters so that the workers will not spend too much time away from home
4. The organization should satisfy their worker by giving proper promotions and career development programme periodically.

Family environment plays a minor role in causing stress.

1. The workers families are financially supported and they are having less domestic problems.
 2. The workers should make their life partners to get along very well others.
- Individuals role in causing stress.
 1. The worker should be clear in their job
 2. Attend the case confidently
 3. Enjoy competing at work and else were.
 4. Workers should attend yoga, meditation, relaxation strategies.

CONCLUSION

CHAPTER 7

CONCLUSION

- The study has made clear the stress level among the staff nurses in Kovai Medical Center and Hospital, Coimbatore. The factors, which contribute to stress, have been ascertained.
- The study has revealed the coping level of stress by the staff nurses and the coping mechanism adopted to manage stress at home as well as in the work environment. The study made explicit that the staff nurses have medium stress level.
- The study has also contributed in the way of suggestions, which will enable the staff nurses to avoid and cope with stress skillfully in their day-to-day life.
- Both the individual and the organization must accept some responsibility in the management and control of stress.
- The first important step is to recognize a need to deal with stress but this must be matched equally with determination and patience.
- In the conclusion, it could be said that it is the duty of the company and family members of the staff nurses to provide good organizational climate and family environment in order to enable them to cope with stress.

ANNEXURE

13. Mental Ailments:

Fear Depression Memory loss

14. Are you taking medicines?

Yes No

15. Do you drink coffee / Tea?

Regularly occasionally Never

16. Inadequate subordinates with whom one has to protect, or put up with. Y N

17. To work with others of unpredictable and uncertain temperament. Y N

18. Never having time for a real break during the day, even for a few minutes. Y N

19. To assume responsibility for events over which you have no control at all. Y N

20. To work under very tight time pressures. Y N

21. A life partner who does not get along very well with colleagues and their partners. Y N

22. Superiors make excessive demands. Y N

23. Spending too much time away from home. Y N

24. Have no-one on whom one can depend at work or at home. Y N

25. Have very real financial problems. Y N

26. Have a number of continuing domestic problems that remain unresolved. Y N

27. Have no real chance to express oneself or make own contribution at work. Y N

28. Unsatisfactory prospects at work; blocked promotion, poor career development, etc. Y N

29. I can work quickly when needed, but take my time when there is no need to rush. Y N

30. I never feel a sense of guilty when taking time off. Y N

31. Not getting along with life partner. Y N

32. Problems with my children. Y N
33. Taking long time to make decisions. Y N
34. I can leave my work and relax. Y N
35. Have no time for developing personal hobbies and interests. Y N
36. I am able to look at a pile of work to be done without feeling that I'll never manage. Y N
37. I can focus on one thing at once and clear my mind of other things to be done. Y N
38. I can usually get other people to see all sides of a problem. Y N
39. I can get over disappointments without getting too upset. Y N
40. Deadlines are very important to me. Y N
41. I do not let worries get out of hand; my worries are Constructive / problem solving. Y N
42. I can usually strike some kind of acceptable balance between what I want and what others expect. Y N
43. Giving negative feedback to subordinates is not too difficult. Y N
44. I can say 'no' when a colleague makes an unreasonable demand, without getting into conflict. Y N
45. I am normal when I attend to any emergency cases. Y N
46. I am not affected by attending to the death cases. Y N
47. I enjoy competing at work and elsewhere. Y N
48. I prefer to assume complete responsibility, rather than share it with others. Y N
49. Do you have career planning and counseling? Y N
50. Does your organization conduct periodic stress control workshops? Y N

Any other remarks:

Thank You

BIBLIOGRAPHY

BIBLIOGRAPHY

- 1) L.M.Prasad (2005) 'Human Resource Management', Sultan Chand & Sons
- 2) Steven L McShane, Mary Ann Von Glinow, Radha R Sharma (2006)'Organizational Behavior', Tata McGraw-Hill
- 3) H.R.Beech, L.E.Burns, B.F.Sheffield (1984) 'A Behavioural Approach To The Management Of Stress', John Wiley & Sons.
- 4) John R.P.French, Jr,Robert D. Caplan, R.Van Harrison (1984) 'The Mechanisms Of Job Stress And Strain', John Wiley & Sons.
- 5) Cary L. Cooper, Roy Payne (1986) 'Stress at Work', John Wiley & Sons.