A STUDY ON IMPACT OF STRESS AND ITS EFFECT ON THE EMPLOYEES IN SHANMUGA GROUP, SALEM

By

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Coimbatore

A PROJECT REPORT

Submitted to the

FACULTY OF MANAGEMENT SCIENCES

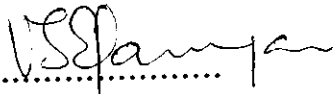In partial fulfillment of the requirements

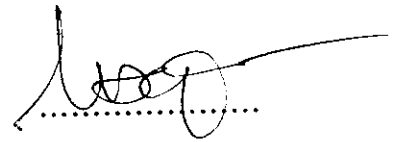for the award of the degree

of

MASTER OF BUSINESS ADMINISTRATION

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KCT Business School

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Coimbatore – 641006

BONAFIDE CERTIFICATE

Certified that this project titled '**A STUDY ON IMPACT OF STRESS AND ITS EFFECTS ON EMPLOYEES OF SHANMUGA GROUPS**' is the bonafide work of **Miss. DHIVYALAKSHMI.N (Reg no: 71206631011)**, who carried out this 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.
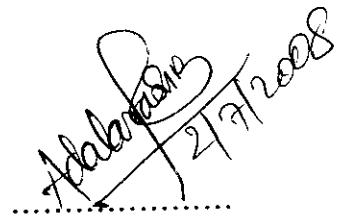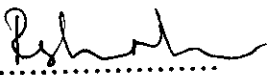
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Project Guide

....

Director

Evaluated and Viva-voce held on.....2..7..08....

SHANMUGA MEDICAL RESEARCH FOUNDATION TRUST

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PROJECT COMPLETION CERTIFICATE

08.05.2008

This is to certify that Ms.N.Dhivyalakshmi Final year MBA student of KCT Business School, Kumaraguru College of Technology, Coimbatore, has done a project "A study on impact of stress and its effects on the Employees of Shanmuga group" from 20/01/2008 to 31/03/2008.

DR.P.S.PANNEERSELVAM, M.S., M.N.A.M.S., FI.C.S., F.A.I.S.,
MEDICAL DIRECTOR

DR. P.S. PANNEERSE VAM,
MEDICAL DIRECTOR,
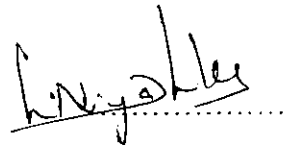Shanmuga Hospitals & Salem Cancer Institute
SALEM-636 007.

DECLARATION

I, hereby declare that this project report entitled as "A STUDY ON IMPACT OF STRESS AND ITS EFFECT ON THE EMPLOYEES IN SHANMUGA GROUP, SALEM", has undertaken for academic purpose submitted to Anna University in partial fulfillment of requirement for the award of the degree 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.

Place: Coimbatore

Date:

(N.DHIVYALAKSHMI)

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The study on workplace stress among the employees of Shanmuga group, Salem, is mainly aimed at finding out the impact of stress among the employees the workplace. The study was undertaken to find out the prevalence of stress among the employees and also to reveal the workplace conditions which leads to stress. Descriptive research is used in this research. The primary data is collected from 100 employees of Shanmuga group, using the structured questionnaire method. The sampling technique that was adopted for the study is convenience sampling. The collected data was analyzed using percentage analysis, correlation and weighted average. In general it is proven that increased levels of job stress as assessed by the perception of having little control but lots of demands have been demonstrated to be associated with increased rates of heart attack, hypertension and other disorders. In this study it is found that nearly half of the respondents are affected by stress.

ACKNOWLEDGEMENT

ACKNOWLEDGEMENT

I thank sincerely **Dr. Joseph. V. Thanikal**, Principal, Kumaraguru College of Technology for providing this opportunity to carry out this project.

I wish to express my deep sense of gratitude for permitting me to do the project to **Dr.S.V.Devanathan, Director**, KCT Business School.

I owe my reverential gratitude to my faculty guide **Prof.V.S.Elamurugan** Professor, KCT Business School, for his valuable suggestion and constructive ideas at each stage of the project.

I express my sincere thanks to Mr. Paneerselvam, Administrative officer, Shanmuga group, and all the staff members for providing me necessary information for the successful completion of this project.

I thank all the employees of the organization who were involved knowingly or unknowingly to make this project work successful.

I acknowledge to all those who have helped me in the preparation of this project work.

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INTRODUCTION

1) INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Stress can be defined as "the adverse reaction people have to excessive pressure or other types of demand placed on them".

Pressure is part and parcel of all work and helps to keep workers and managers motivated. It is *excessive* or *uncontrolled* pressure which can lead to stress which undermines performance, is costly to employers and above all can make people ill. Stress is therefore a response to pressure. To some degree pressure can be beneficial, when it inspires motivation and commitment, but excessive pressure becomes stress which is harmful and can lead to major illness, even death. There is no such thing as 'good' stress.

The effects of stress can lead to physical symptoms of ill health, such as heart disease, as well as longer term psychological damage. Many of the early outward signs will be noticeable to managers and work colleagues and should alert those with significant control and responsibility for workplaces to problems within the organization. They include:

- Changes in behavior
- Unusual tearfulness, irritability or aggression
- Indecisiveness
- Increased sickness absence
- Poor timekeeping
- Reduced performance, e.g. inability to concentrate
- Overworking or failure to delegate
- Erosion of self-confidence
- Relationship problems, e.g. becoming withdrawn or argumentative
- Increased unwillingness to co-operate or accept advice
- Excessive smoking or drinking
- Drug abuse

The victim may also complain of or demonstrate symptoms of:

- Anxiety
- Depression
- Panic attacks
- Headaches
- Raised blood pressure
- Indigestion
- Muscle tension
- Increased heart rate

Work-related stress is the result of a conflict between the role and needs of an individual employee and the demands of the workplace. Physiologically we are programmed to deal with threatening situations by producing more adrenaline which increases heart-rate and puts our bodies into a state of arousal, 'the fight or flight' reaction. This response is only intended to be short-term. The effect of excessive pressure is to keep the body constantly in such a state, which leads to the harmful signs and symptoms including those listed above.

Research has shown that feeling stressed at work is not confined to particular occupations or levels within organizations. Workers with management responsibilities also show stress symptoms. Different individuals may react differently to stress and the same person may react differently to stress at different times. A survey undertaken by the HSE in 1995 suggested that over half a million people believed they were suffering from stress, anxiety or depression, or some physical illness resulting from stress, caused or made worse by their work.

Low morale, health and job complaints, and employee turnover often provide the first signs of job stress. But sometimes there are no clues, especially if employees are fearful of losing their jobs. Lack of obvious or widespread signs is not a good reason to dismiss concerns about job stress or minimize the importance of a prevention program.

What Is Job Stress?

Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury.

NIOSH Model of Job Stress

**Stressful
Job
Conditions**

**Risk of
Injury
and
Illness**

**Individual and
Situational Factors**
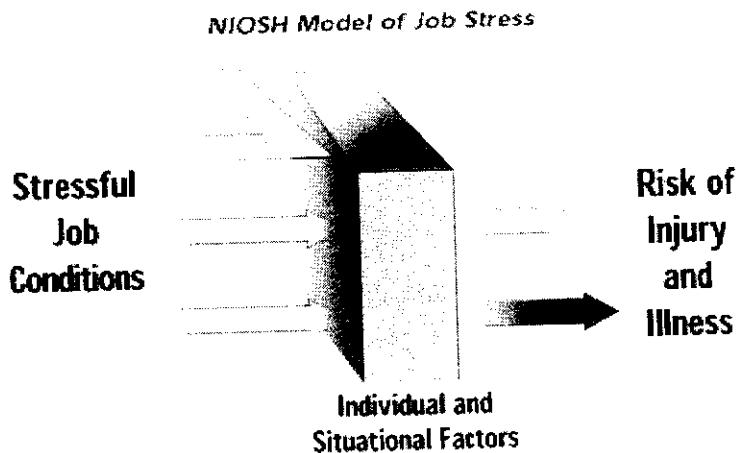
Job Conditions That May Lead to Stress

- **The Design of Tasks.** Heavy workload, infrequent rest breaks, long work hours and shift work; hectic and routine tasks that have little inherent meaning, do not utilize workers' skills, and provide little sense of control.
- **Management Style.** Lack of participation by workers in decision- making, poor communication in the organization, lack of family-friendly policies.
- **Interpersonal Relationships.** Poor social environment and lack of support or help from coworkers and supervisors.
- **Work Roles.** Conflicting or uncertain job expectations, too much responsibility, too many "hats to wear."
- **Career Concerns.** Job insecurity and lack of opportunity for growth, advancement, or promotion; rapid changes for which workers are unprepared.
- **Environmental Conditions.** Unpleasant or dangerous physical conditions such as crowding, noise, air pollution, or ergonomic problems.

Stress sets off an alarm in the brain, which responds by preparing the body for defensive action. The nervous system is aroused and hormones are released to sharpen the senses, quicken the pulse, deepen respiration, and tense the muscles. This response (sometimes called the fight or flight response) is important because it helps us defend against threatening situations. The response is preprogrammed biologically. Everyone responds in much the same way, regardless of whether the stressful situation is at work or home.

Short-lived or infrequent episodes of stress pose little risk. But when stressful situations go unresolved, the body is kept in a constant state of activation, which increases the rate of wear and tear to biological systems. Ultimately, fatigue or damage results, and the ability of the body to repair and defend itself can become seriously compromised. As a result, the risk of injury or disease escalates.

> **Job Stress and Health:**
>
> **Cardiovascular Disease**
>
> Many studies suggest that psychologically demanding jobs that allow employees little control over the work process increase the risk of cardiovascular disease.

> **Musculoskeletal Disorders**
>
> On the basis of research by NIOSH and many other organizations, it is widely believed that job stress increases the risk for development of back and upper- extremity musculoskeletal disorders.

> **Psychological Disorders**
>
> Several studies suggest that differences in rates of mental health problems (such as depression and burnout) for various occupations are due partly to differences in job stress levels. (Economic and lifestyle differences between occupations may also contribute to some of these problems.)

> **Workplace Injury**
>
> Although more study is needed, there is a growing concern that stressful working conditions interfere with safe work practices and set the stage for injuries at work.

➢ **Suicide, Cancer, Ulcers, and Impaired Immune Function**

some studies suggest a relationship between stressful working conditions and these health problems. However, more research is needed before firm conclusions can be drawn.

-Encyclopedia of Occupational Safety and Health

According to data from the Bureau of Labor Statistics, workers who must take time off work because of stress, anxiety, or a related disorder will be off the job for about 20 days.

THE HUMAN FUNCTION CURVE

Good stress   Distress

THE HUMP

Fatigue

Exhaustion

Comfort zone

Ill health

Health tension

Performance

Breakdown

Arousal stress →

Adapted from: Nixon, P: Practioner, 1979.
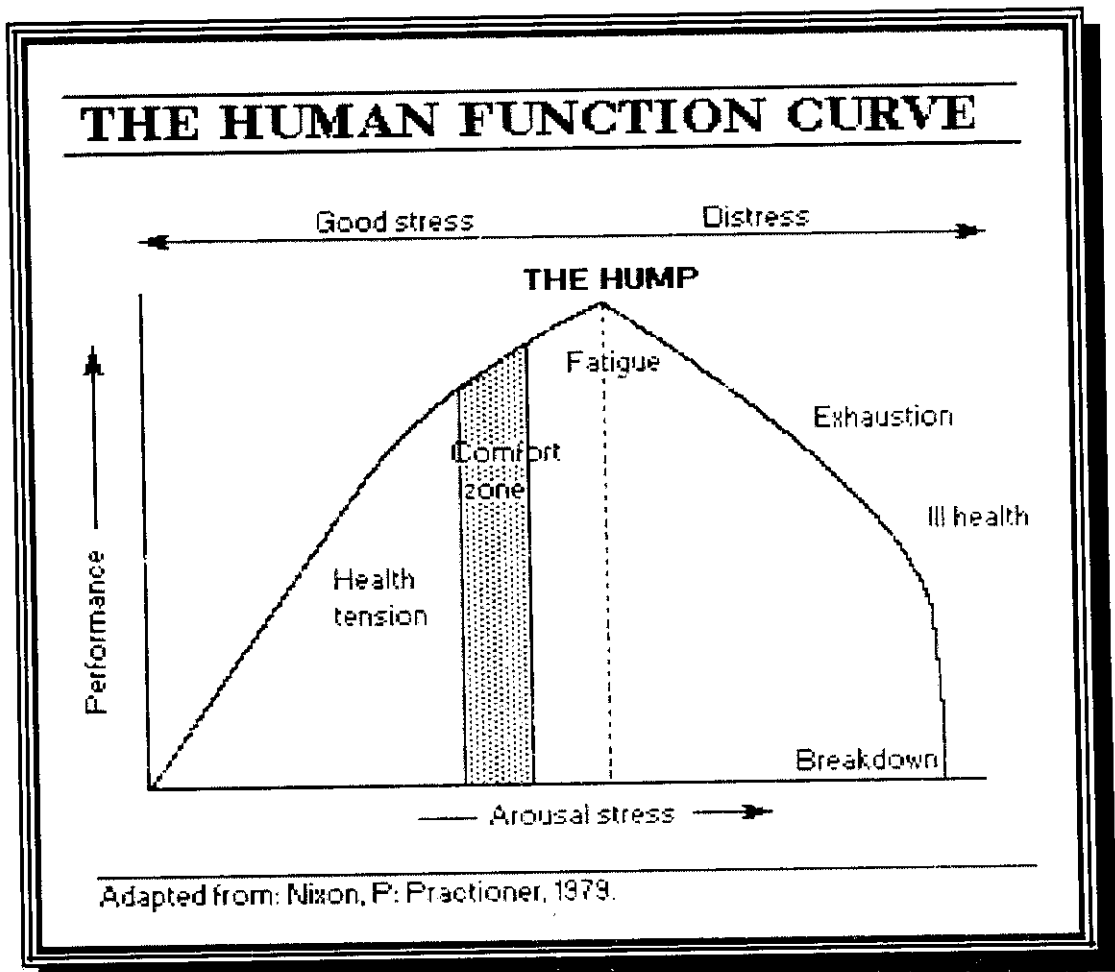
The Causes of Stress

The recognized causes of work-related stress are numerous and fall into several categories:

Work Practices

- people unable to exert any control or influence over the demands placed upon them
- lack of a clear job description or chain of command
- a high degree of uncertainty about job security or career prospects
- temporary work and fixed term contracts
- lack of any understanding leadership
- cuts in government and local government funding leading to increased workloads
- long hours cultures
- no recognition or reward for good job performance
- no opportunity to voice complaints
- heavy responsibilities with no authority or decision making discretion
- no opportunity to use personal talents or abilities
- inadequate time to complete tasks to personal or company standards
- chances for small error or momentary lapse of attention to have serious or even disastrous consequences

Pressure

- pressures piling one on top of another
- pressures are unremitting or prolonged
- there is confusion caused by conflicting demands

Harassment or bullying

- prolonged conflict between individuals
- exposure to prejudice regarding your age, gender, sexuality, race, ethnicity or religion

Environment and technology

- unpleasant or hazardous working conditions
- technology controlling workers, for example power

LEVEL OF RISK

ACTION AND TIMESCALE

Low   Minimal/no further action necessary: monitor to ensure controls are maintained

Medium   Actions are required to reduce risk, with resource demands to be considered in

             Reduction/elimination of potential stressors.

High   Urgent efforts are required to reduce risk, and consideration should be given as to

             whether work should be started or continued

1.2) LITERATURE REVIEW

Weinberg a., creed f, lancet, 2000, vol. 355,"Background Previous studies of stress in healthcare staff has indicated a probable high prevalence of distress. Whether this distress can be attributed to the stressful nature of the work situation is not clear. Both stress at work and outside of work contribute to the anxiety and depressive disorders experienced by healthcare staff. Our findings suggest that the best way to decrease the prevalence of these disorders is individual treatment, which may focus on personal difficulties outside of work, combined with organizational attempts to reduce work stress. The latter may involve more assistance for staffs who have a conflict between their managerial role and clinical role."

H. L. Myers and L. B. Myers Br Dent, British Dental Journal, 2004. Volume 197,"The aim of the study was to investigate overall stress, work-stress and health in general dental practitioners (GDPs). The main findings were that perceived stress was significantly correlated with measures of dental stress. Work-related factors: fragility of dentist-patient relationship, time and scheduling pressures, staff and technical problems, job dissatisfaction and number of hours worked per week together explained nearly a half of GDPs overall stress in their life. Sixty per cent of GDPs reported being nervy, tense or depressed, 58.3% reported headache, 60% reported difficulty in sleeping and 48.2% reported feeling tired for no apparent reason. These were all related to work stress."

Woodward CA, Shannon HS, Lendrum B, Brown J, McIntosh J, Cunningham C. Healthc Manage Forum. 2000 Spring;13,"This article examines the predictors of job satisfaction and job stress for managers, for people who indicated that they supervised others but were not managers, and for workers. There are areas of commonality in predictors across these groups, as well as some differences by level of supervisory responsibility. Examining and modifying job characteristics associated with high stress could result in healthier hospital work environments".

Kristina Gyllensten, Health Education Journal, Vol. 64, No, "The aim of this review was to evaluate research relating to the role of gender in the level of workplace stress. A further aim was to review literature relating to stressors of particular relevance to working women. These stressors included, multiple roles, lack of career progress and discrimination and stereotyping. Much of the research indicated that women reported higher levels of stress compared to men. However, several studies reported no difference between the genders. Furthermore, the evidence for the adverse effects of multiple roles, lack of career progress and discrimination and stereotyping was inconsistent. The current review concluded that the evidence regarding the role of gender in workplace stress and stressors was inconsistent. Limitations of the research were highlighted and implications for practice were discussed."

Zafrul Allam, Management and labor studies, Vol. 32, "In this study an attempt has been made to find out the relationship between job burnout, job anxiety and their various facets and job involvement among the managers and clerical staffs of banks. Personal accomplishment was found to be related to job involvement among managers. Emotional exhaustion and personal accomplishment was related to job involvement among clerical staff. And there was no relationship between job anxiety and job involvement."

L. Manivannan, The Icfai university press, Vol. vi, No 2, "This paper attempts to study stress ad coping among the employees of burn & Co Ltd. The objective was to find out presence of work stress, feasibility of managing work stress, level of stress due to money and family. It is found out that the level of stress is more due to communication gap."

Goudreau, Jenna,Edmondson, Gail, Conlin, Michelle, Business Week; Issue 4045, "The article describes a focus in the workplace to reduce employee stress, highlighting automaker Renault's efforts to reduce stress in the workplace after three engineers committed suicide. The article states that companies are more aware of the detrimental effects of a performance culture, and are implementing programs to help employees balance their work with life and lessen the impact of negative feedback. INSET: Chilling Out the Performance Culture"

Hymowitz, Carol, Wall Street Journal Vol. 249 Issue 88, "The article focuses on efforts by several companies to reduce the risk of employee 'burnout' by reducing the number of required meetings and allowing for more flexible work schedules. With the goal of mitigating stressrelated health risks, companies such as IBM, Ernst & Young and Citigroup are enacting the policies such as meeting-free Fridays and encouraging managers to participate in enjoyable activities at work. Comments from Jun Haraguchi of Konica Minolta and Diane Schumaker-Krieg of Wachovia Securities are presented."

Broadmore, Ian4, ,Management Services; Vol. 50 Issue 4, "The article presents tips on combating corporate stress. Executives should learn how to delegate responsibilities to ease their workload and spread the responsibility. Learn not to accept work in area with no sufficient training to avoid stress. It is necessary to improve a poor physical working environment in order to become more productive. Plan each day to avoid unexpected events that cause stress. Avoid caffeine which raises heart rate and anxiety levels. It is also necessary to take regular exercise"

Mamberto, Carola2, Wall Street Journal Vol. 250 Issue 36, " The article relates the experience of GlaxoSmithKline PLC in addressing job stress among its employees. It describes the company's team-resilience program, which is designed to combat work-related stress. In this it relates the experience of Jim Zisek, a manager in Glaxo, in implementing the team-resilience program. It discusses the rarity of company-sponsored programs dealing with workplace stress in the U.S."

1.3) STATEMENT OF THE PROBLEM:

The researcher attempts to find the impact of stress among the employees of Shanmuga groups which is very important to the organization to formulate plans to enhance the productivity of their employees.

1.4) OBJECTIVES:

- Primary Objective:

    To study the impact of stress among the employees of Shanmuga groups.

- Secondary objective:

    To identify the factors causing stress among employees.

    To study how far the work stress affects the performance of the Employees.

    To analyze the measures followed by the respondents to overcome stress.

    To offer suggestions to the organization based on the findings of the study

1.5) SCOPE OF THE STUDY:

The scope of the study is limited and it covers work stress among the workers in Shanmuga groups. The study mainly finds the stress among the employees and the methods followed by them to reduce the stress in the job.

1.6) RESEARCH METHODOLOGY:

- **Type of Study:**

    Descriptive

- **Sample size=100**

- **Sample design:**

    Convenient sampling

- **Data collection method:**

    Primary data:

    Primary data was collected from the customers with the help of the questionnaires

    Instruments used:

Questionnaires were used to collect data from the respondents and the data are analyzed using a statistical software package.

Secondary data:

The Secondary data mainly consists of information collected from company records, Internet Materials, Books and etc.

- **Analytical tools:**

    Percentage Analysis

    Correlation

    weighted average

1.7 LIMITATIONS:

➢ The conclusions derived do not have universal applicability as this study was undertaken only with Shanmuga groups..

➢ Some employees are not willing to express their views genuinely for certain questions.

➢ Sample size is limited

1.8 CHAPTER SCHEME:

Chapter 1: Introduction

The first chapter deals with the background, objectives, scope of the study, methodology used in data collection, limitations of the study, and brief introduction of all the chapters.

Chapter 2: Organization Profile

Organization profile includes details on the history of the organization, management and organization structure, product profile and market potential, competitive strength of the company and a brief description on various functional areas of the organization.

Chapter 3: Macro –Micro Economic Analysis

Macro-Micro analysis deals with the prevailing scenario of the organization with respect to its respective industry and to perform the SWOT analysis of the company.

Chapter 4: Data Analysis and Interpretation

The Chapter mainly deals with performing various ratio analysis related to working capital in order to analyze and compare the performance of the company & trend analysis.

Chapter 5: Conclusion

Conclusion includes the results and the discussions put forth regarding the satisfaction level of the customers and the considered recommendations to improve the customer satisfaction.

CHAPTER 2
ORGANIZATION PROFILE

2) ORGANIZATION PROFILE:

2.1) HISTORY OF THE ORGANIZATION

The Shanmuga Hospital provides a wide range of facilities. Modern equipments in all disciplines of medicine have been provided. Specialized medical attention by combining judiciously medical expertise and modern equipments for the health care of the people is now available at reasonable cost.

Their motto is to provide comprehensive medical services in the most congenial, friendly and reassuring environment, under one roof, to up hold that the patient is the important person within the hospital and his / her requirements shall be attended to in every detail, to pursue continued medical education and Research to keep abreast of new developments in the field of medical sciences and to supplement the efforts to provide quality health services at a reasonable cost to economically poorer sections.

Facilities Offered:

1. General Medicine
2. Laparoscopy Surgery
3. Neurology
4. Neuro – Surgery
5. Total Hip / Knee Replacement Surgery
6. Oncology / Haematology
7. Paediatric Surgery
8. E.N.T. Surgery
9. Psychiatry
10. Plastic Surgery
11. Physical Medicine and Rehabilitation
12. Oral Surgery
13. Micro Biology
14. Radiology

16. General Surgery
17. Video Endoscopy
18. Cryo Surgery
19. Orthopaedic Surgery
20. Gastro Enterology
21. Urology
22. Neonatology
23. Obstetrics and Gynecology
24. Ophthalmology
25. Physiotherapy / NCV / EMG / Laser
26. Rheumatology
27. Pathology
28. Biochemistry
29. Dermatology

30.Cosmic Surgery

31.Nephrology

32.Dialysis Units

33.Diabetology

34.Pulmonary Diseases

35.Neonatology

36.Geriatrics

37.Pain Clinics

38.Computerized Laboratory / Pharmacy

39. 24 Hours Medical Service Round the clock in all the Specialities

40.Security System

41.X-Ray

42.Mammography

43.C-Arm

44.Echo colour Doppler

45.Treadmill

46.Ultra Sound Scanning

47.Alternative System of Medicine

48.Multi-Gymnasium Health Centre

49. Dental Facility

COMPETITIVE STRENGTHOF THE ORGANIZATION:

- Regularly conducting free cancer detection screening and awareness / educational camps.

- The State / Central Government Health Ministry have visited this Institute and appreciation certificates towards poor patient services are given.

- In total 40% of outpatient and 10% of inpatient services are given free treatments.

- The Salem Government M.K.M. Medical College & Hospital is sending cancer patient for free treatment.

- Counseling for cancer patients / their attenders are done by our social officers.

- Railways concession to the cancer patients / attenders.

- Bus concession is on Ministry table.

- Central Minister, M.P.'s, M.L.A.'s, Mayor, etc., have visited our Salem Cancer Institute and appreciated our service towards poor section of Cancer patients.

- Free Food is provided for poor Cancer patients.

- Three own / parent Community Heath Centres are opened for the Public as well as for our students.

- Running a Community care and Support Centre for people Living with HIV / AIDS at Shanmuga Hospitals.

- Free Radiation Treatment to Sharon cancer centre patients

- Retired pensioners are given 20% concession on treatments

- Free General Medical Camps

- Free treatment to Freedom fighters

Reimbursement

Recognized as approved Hospital for the Following:

- For Government of India Employees (CGHS)

- For Tamilnadu State Government Employees

- For Tamilnadu State Government Retired Pensioners

- For BSNL Employees

- For E.S.I. Employees

- For Tamilnadu State Police Department Employees.

- For Food Corporation of India (FCI), Employees.

- For Central Silk Board Employees.

- Awaiting for orders from Ministry of Defence for treatment of ECHS Employees.

ORGANIZATION CHART:

```
                    ┌──────────────────────┐
                    │   MEDICAL DIRECTOR    │
                    └──────────┬───────────┘
                               ▼
                    ┌──────────────────────┐
                    │ MEDICAL SUPERINDENT   │
                    └──────────┬───────────┘
        ┌──────────────────────┼────────────────────────────┐
        ▼                      ▼                             ▼
   ┌─────────┐        ┌────────────────┐          ┌──────────────────────┐
   │  ADMIN  │───────▶│ RECORD KEEPING │          │ NURSING SUPERINDENT   │
   └────┬────┘        └────────────────┘          └──────────┬───────────┘
        │                                                    ▼
        │                                              ┌──────────┐
        │                                              │   ANM    │
        │                                              └────┬─────┘
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PERSONAL MANAGER	MARKETING MANAGER	PURCHASE MANAGER	ACCOUNTS MANAGER		
ASSISTANTMANAGER	ASSISTANTMANAGER	ASSISTANTMANAGER	ASSISTANTMANAGER	STAFF NURSES	TECHNICIANS
SUPERVISORS	SUPERVISORS	SUPERVISORS	SUPERVISORS	SUPERVISORS	SUPERVISORS
STAFF	STAFF	STAFF	STAFF	WORKERS	WORKERS

CHAPTER 3
MICRO MACRO ANALYSIS

3) MACRO-MICRO ANALYSIS:

India pledged along with other WHO member Nations, 'Health for All by the Year 2000' at Alma-Ata in 1978; and in the same year signed the International Covenant for Economic, Social and Cultural Rights – Article 12, in which the State is obliged to achieve the highest attainable standard of health. However the health scenario in India is abysmal. In India, annually 22 lakh infants and children die from preventable illnesses; 1 lakh mothers die during child birth, 5 lakh people die of Tuberculosis. Diarrhoea and Malaria continue to be killers while 5 million people are suffering from HIV/AIDS. In context of poverty, access to public health systems is critical. However, since 1990s, the public health system has been collapsing and the private health sector has flourished at the cost of the public health sector.

Health policy in India has shifted its focus from being a comprehensive universal healthcare system as defined by the Bhore Committee (1946) to a selective and targeted programme based healthcare policy with the public domain being confined to family planning, immunization, selected disease surveillance and medical education and research.

The larger outpatient care is almost a private health sector monopoly and the hospital sector is increasingly being surrendered to the market. The decline of public investments and expenditures in the health sector since 1992 has further weakened the public health sector thus adversely affecting the poor and other vulnerable sections of society. Introduction of user fees for public health services in many states has further reduced their access to health services.

The Healthcare Industry in the new millennium

Overview

In India healthcare is delivered through both the public sector and private sector. The public healthcare system consists of healthcare facilities run by central and state government which provide services free of cost or at a subsidized rates to low income group in rural and urban areas. With the Indian economy enjoying a steady growth, the industry is heading towards growth phase. The introduction of product patents in India is expected to boost the industry by encouraging multinational companies to launch specialized life-saving drugs. Attracted by the advantages such as lower costs of production and skilled workforce that India offers, these companies are looking to set up research and development as well as production centers there.

Initially the government imposed high custom duty on imported medical equipment making it difficult for private entrepreneurs to set up hospitals. But in post liberalization the duties have come down and some life saving medicines and equipments can be imported duty free.

Market size

The Indian healthcare sector constitutes:

- Medical care providers: physicians, specialist clinics, nursing homes and hospitals
- Diagnostic service centers and pathology laboratories,
- Medical equipment manufacturers
- Contract research organizations (CRO's), pharmaceutical manufacturers,
- Third party support service providers (catering, laundry)

The healthcare industry is expected to increase in size from its current € 12.72 billion to € 29.6 billion by 2012. India will spend € 33.8 billion on healthcare in the next five years as the country, on an economic upsurge, is witnessing changes in its demographic profile accompanied with lifestyle diseases and increasing medical expenses. Revenues from the healthcare sector account for 5.2 per cent of the GDP and it employs over 4 million people. By 2012, revenues can reach 6.5 to 7.2 per cent of GDP and direct and indirect employment can double, it said.

Private healthcare will continue to be the largest component in 2012 and is likely to double to € 26.41 billion. It could rise by an additional € 6.5 billion if health insurance cover is extended to the rich and middle class. Coupled with the expected increase in the pharmaceutical sector, **the total healthcare market in the country could increase to € 39.22 – 54 billion (6.2-8.5 per cent of GDP) in the next five years.**

Key Highlights of the new millennium

Some of the macro impactors for this industry:

Emerging: Private sector is more focused on tertiary-level as wells as preventive and diagnostic healthcare, whereas the public sector is ramping up prevention and elimination of infectious diseases as accessibility of basic healthcare facilities to the rural masses.

Aggressive: Corporates are sensing a huge untapped opportunity in delivery of quality healthcare to the Indian masses.

Private equity: It is not only the corporates who are interested in tasting the healthcare pie; global PE and VC's are equally vying to explore opportunities. They are playing a vital and varied role in Indian healthcare delivery to increasing the global footprint of local pharmaceutical companies to aiding the rapidly growing contract research outsourcing industry.

Accreditation: With increased competition for healthcare delivery, growing patient awareness and promotion of medical tourism 'Quality healthcare is the key for survival'. National Accreditation Board for Hospitals and Healthcare Providers (NABH) is the latest Board set-up under the National accreditation structure to establish and operate accreditation programmes for healthcare organizations.

Medical Tourism: Perhaps nothing has gained more attention and achieved as much flamboyance as 'Medical Tourism'. Almost 50 per cent of the tertiary hospitals are actively focusing on tapping medical tourists as a significant chunk of their patient-base.

Health Insurance: For a developing nation like India, world-class healthcare is extremely challenging in the absence of a strong health reimbursement infrastructure. The introduction of TPA by the Insurance Regulatory Development Authority (IRDA) in 2002, added a new dimension to Medical Insurance–the availability of 'Cashless Hospitalization'.

Pharma under WTO regime: With regulations and patent laws being formalized, the pharmaceutical industry, which relied heavily on reverse engineering skill and generic exports, is now looking towards basic drug discovery, contract services and value added generics as growth drivers. Overseas acquisitions, entry into medical devices and setting-up of hospital chains are some strategic manoeuvres reported by leading pharmaceutical players.

Medical device regulations: Policy framework for regulation of implantable medical devices is now in existence. It is step towards ensuring availability of quality medical devices to the Indian patient, who was until now susceptible to non-standardized and spurious products, both Indian and imported.

Telemedicine: The growing role of telemedicine in the Indian healthcare industry can only be understated. It has enabled the government to provide basic healthcare facilities in difficult-top-access terrain, as well as in providing emergency services to calamity spots.

Birth of indigenous medical device manufacturing: Imports constitute 90-95 per cent of the currently consumed medical devices in India today. With a strong engineering and manufacturing base. India has a potential of becoming a global provider of medical devices.

Areas of Opportunity

'Pockets of opportunity' within the Indian healthcare sector. The key areas of opportunity within the Indian Healthcare are:

• Medical Infrastructure

• Telemedicine

• Medical Equipment

• Medical textiles

• Health Insurance

• Clinical Trials

• Health services outsourcing

• Medical value travel

• Training and Education

Medical infrastructure forms the largest portion of the healthcare pie. As per the current statistics (2006) bed per thousand population ratio for India stands at 1.03 as against an average 4.3 of comparable countries like China, Korea and Thailand (2002 data). Hence in spite of the phenomenal growth in the healthcare infrastructure, we are likely to reach a bed to thousand-population ratio of 1.85 and in a best-case scenario, a ratio of 2 by 2012. Beds in excess of 1 million need to be added to reach a ratio of 1.85 per thousand, out of which about 896,500 beds will be added by the private sector with a total investment of € 51 Billion over the next six years. However, the gains are commensurate in this capital intensive industry, since the revenues generated by private hospitals in the year 2012 will be to the tune of € 26.5 billion growing at a CAGR of 15%. Despite this investment, the bed to thousand population ratio would be far from comparison with other similar developing countries.

Telemedicine is another exciting opportunity, which allows even the interiors to access quality healthcare and at the same time, according to the model proposed by us, significantly improves the productivity of medical personnel. In a country of over 1.1 Billion people, the

Healthcare system will have to innovate to double the utilization of its existing resources just to reach a stage at which comparable developing countries were in 2002. Telemedicine is one such innovative technology, if used effectively can double utilization of scarce human resources. Standalone telemedicine models may not be feasible, but if telemedicine models are integrated in a Healthcare model, such models can become viable. One important reason is that Telemedicine shall increase the patient base, which in turn will increase occupancy rates of hospitals in the integrated telemedicine model.

The biggest challenge for the healthcare industry today is an acute shortage of trained personnel, ranging from doctors, nurses, technicians and even healthcare administrators. There could be a shortfall of over 450,000 doctors in the year 2012. Such challenges present an opportunity for both domestic and foreign players in the form of 'training & education'. Foreign players can enter the market to take a two-fold advantage. One, they get a piece of the booming education sector and two, they can source some of the talent for their own countries as human resources shortage in healthcare will be a global phenomenon.

Medical equipment forms another promising opportunity within healthcare. Analysis pegged the medical equipment industry at € 1.6 billion in 2006 growing at 15% per year and estimated that it would reach € 3.6 billion by 2012. Currently over 65% of the medical equipments are imported and thus lies a key area for forging partnerships across borders. Engineering excellence, cost-effective labor, increasing emphasis on intellectual property rights and most importantly a fast growing domestic market makes India an ideal manufacturing base. Growth in medical infrastructure will be accompanied **by demand for associated products and services.** One such important industry **is medical textiles,** which shall almost double to a € 557 Million (industry by 2012 from the current € 299 million. **Medical value travel** is poised to grow at 22% annually. With hospitals moving in for quality accreditations like JCI, NABH & ISO and tie-ups between insurance players and hospitals, this sector has the potential to be a latent growth driver. A percentage of high end beds will provide treatment to medical tourists and the estimated value of the industry will reach € 1.09 billion by 2012 from its current size of € 333 Million.

Health insurance has the potential to show fantastic top line growth. Premiums grew 133% for private players and for the overall industry premiums grew at 47% in Q1 of 2006. The

Health insurance sector will grow to € 2.8 billion in collected premiums by 2012 as compared to € 526 million in 2006. **Clinical trials has the potential of becoming a € 740 million industry by 2010**, even though the advantages of trials in India is well known, the industry needs a boost in terms of effective government policies and active interest by the government including effective utilization of established government infrastructure.

The Health services outsourcing sector has real potential as most of the key components needed for success are present in India and the total size of the industry is set to grow to € 5.4 billion by 2012 growing at 11% per year.

In the end there is a need for stronger partnerships in healthcare, between the government and private sector. Even a realistic targets of 1.85 beds per thousand population by 2012 needs an investment of € 57.6 billion and hence the government and private players need to focus on their core competencies/responsibilities and work together to reduce inefficiencies and complement each others effort.

MEDICAL EQUIPMENTS

According to official statistics, the number of clinics and hospitals have increased almost four times than in the 1950's. This has also increased the demand for medical equipments which has made the medical device sector as one of the most promising markets in India. Even more alluring than the size of the market is its projected growth. The demand for medical equipments is rising annually at an impressive rate of 15 %. The Indian Healthcare sector has seen progressive increase in investments in healthcare infrastructure and facilities, especially hi-tech medical devices.

The Medical Device Market is becoming too big to ignore. It is full of opportunities for investment in high quality, specialized medical equipments. Foreign participation is required, especially in high-tech devices that account for roughly 45-55 % of the entire market. Most Indian healthcare institutes use foreign medical equipments for the purpose of surgery, diagnosis of cancer and medical imaging. Imports account for more than 65% of the medical devices, of which 85% are imported from US, Germany and Japan. The growth in demand is consistent and industry is expected to touch € 3.67billion by 2012.

According to estimates, 65 percent of the Indian manufacturers in this sector can be classified as belonging to the SME sector, which means that their average annual sale volume is not above € 90,909

The government has identified healthcare as a priority section and hence have taken some measures to promote one of its most important segment **"Medical Device Market"**. The conditions for exporting to India have significantly improved since the economic reforms started in the middle of the nineties. Import license requirements have been cancelled, majority-owned subsidiaries are possible, and dividends can be paid out abroad.

Some other measures are:

Reduction in import duty on medical equipment from 25 per cent to 5 per cent.

Depreciation limit on such equipment rose to 40 per cent from 25 per cent, to encourage medical equipment imports.

Customs duty reduced to 8 per cent from 16 per cent for medical, surgical, dental and veterinary furniture.

Customs duty on as many as 24 medical equipments, which include X-ray, goniometry and teletherapy stimulator machines, has been reduced to 5 per cent.

Also the Union Health Ministry has mooted a proposal to set up a series of **'Medical Parks'** all over the country to enable domestic health industry to manufacture health equipment at large scale. Engineering excellence, cost-effective labour, increasing emphasis on intellectual property rights and most importantly a fast growing domestic market makes India an ideal manufacturing base. To further make India a competitive player in the medical equipment manufacturing space, Special Economic Zones (SEZs) should be encouraged by the government. Also the government needs to bring in stringent quality standards for the industry so that Indian medical devices can be globally competitive and regulate the industry.

Some of the best sales prospects in the Indian medical device market include

cancer diagnostic,

medical imaging,

ultrasonic scanning,

and plastic surgery equipment,

as well as polymerase chain reaction technologies

Medical device suppliers seeking to enter India's market typically arrange joint ventures or licensing agreements to manufacture their products within India, or employ local agents to distribute them. The Indian government encourages all of these options. Foreign firms often participate in the Indian medical market by teaming up with a domestic partner, who manufactures or assembles and packages the device, and these arrangements are typically structured as licensing agreements or equity joint venture. Another option is to hire a domestic distributor or agent to market, sell, and service the product within India. An Indian partner can better monitor the market and competitors and is usually better equipped to navigate India's regulatory system. The choice of an agent or joint venture partner will go a long way toward determining the outcome of the investment.

CHAPTER 4
DATA ANALYSIS AND INTERPRETATION

4) DATA ANALYSIS AND INTERPRETATION:

TABLE 4.1:

LEVEL OF JOB SATISFACTION AMONG THE EMPLOYEES:

sno	Job satisfaction	Percentage
1	Yes	58
2	no	42
	Total	100

INTERPRETATION:

The above table shows that 58% of the respondents have told that they are satisfied with their job and 42% of them have told that they are not satisfied with their job.
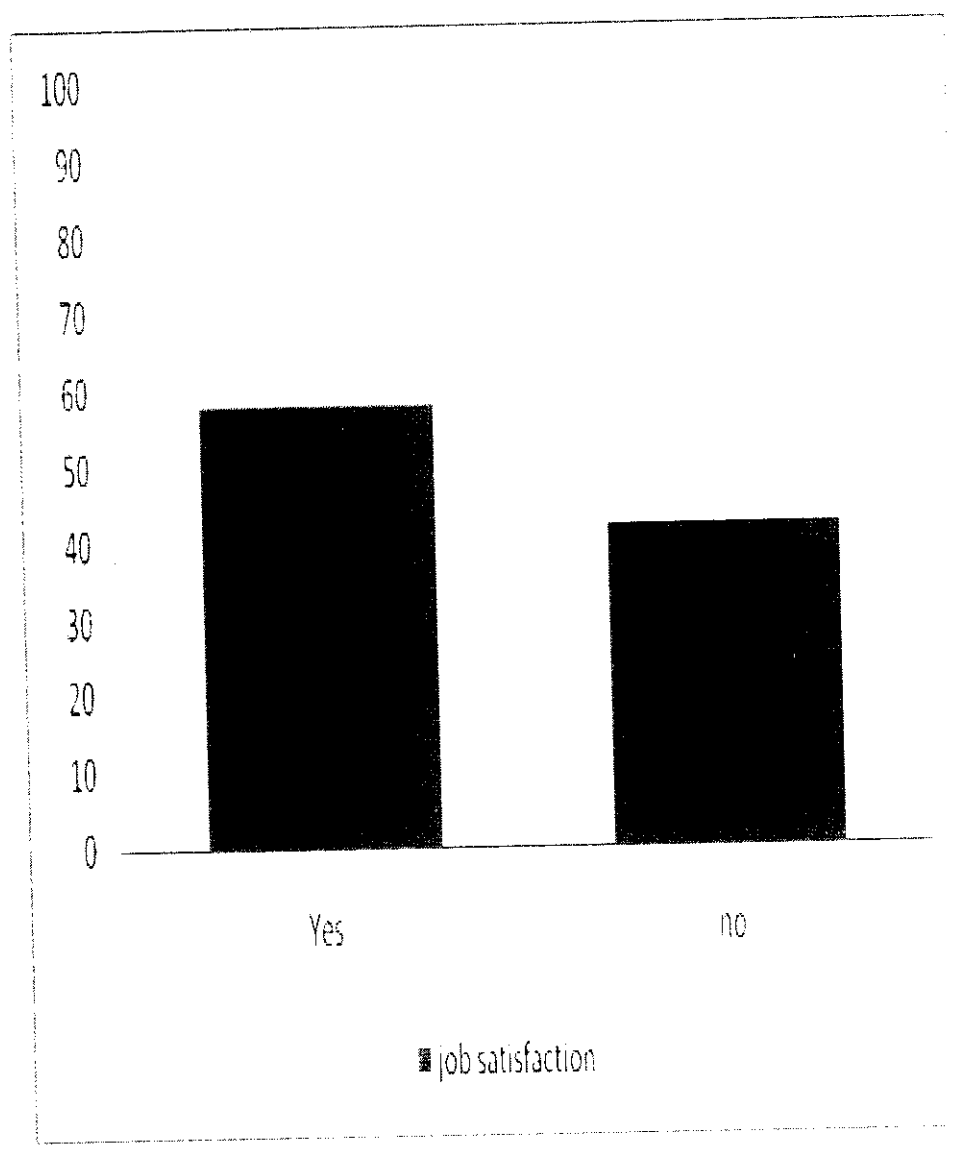
FIGURE 4.1:

JOB SATISFACTION AMONG THE EMPLOYEES

TABLE 4.2:

WHETHER THE COMPENSATION GIVEN TO THE EMPLOYEES MEET THEIR NEEDS?

Sno	compensation	Percentage
1	Yes	55
2	no	45
	Total	100

INTERPRETATION:

The above table shows that 55% of the respondents have said that the compensation given to them is sufficient to meet their needs and 45% of them are not satisfied with their compensation.

FIGURE 4.2:

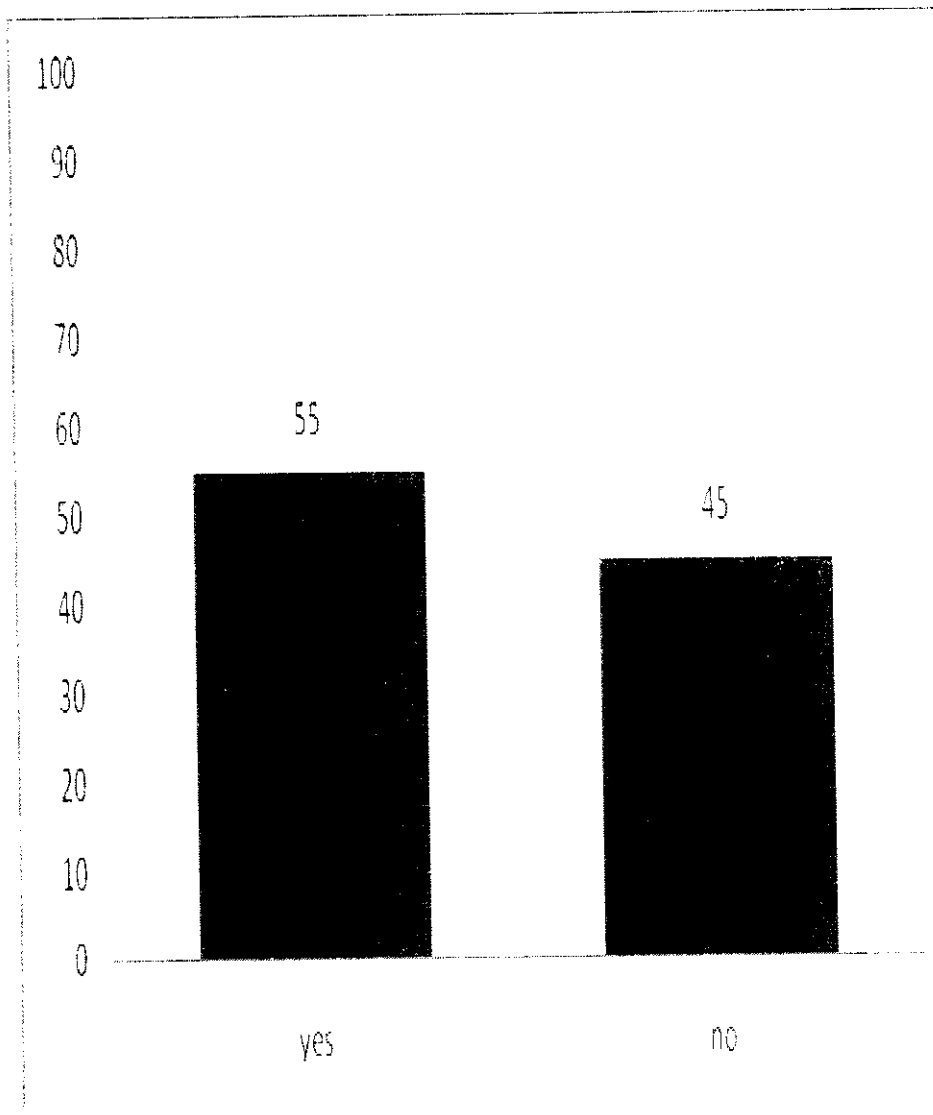**WHETHER THE COMPENSATION GIVEN TO THE EMPLOYEES MEET THEIR NEEDS?**

TABLE 4.3:

WHETHER THE EMPLOYEES ARE TAKING THEIR BREAKS AT APPROPRIATE TIMES DURING THE WORK?

sno	Breaks at appropriate time	Percentage
1	Yes	43
2	no	57
	Total	100

INTERPRETATION:

The above table shows that 43% of the respondents have said that they are taking breaks at appropriate time 57% of them have said that they are not taking breaks at appropriate time.

FIGURE 4.3:

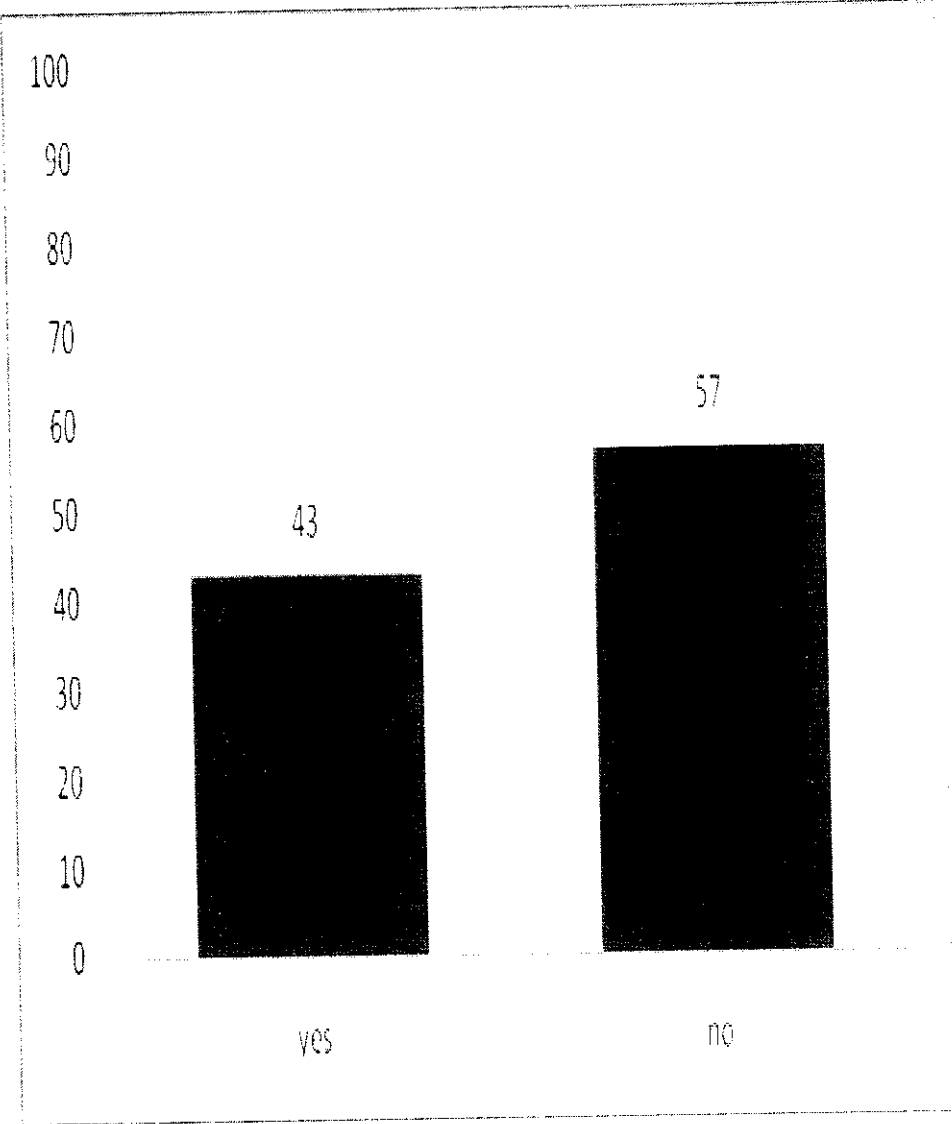**WHETHER THE EMPLOYEES ARE TAKING THEIR BREAKS AT APPROPRIATE TIMES DURING THE WORK?**

TABLE 4.4:

WHETHER IT IS HARD FOR THE EMPLOYEES TO TAKE TIME OFF DURING WORKING HOURS TO TAKE CARE OF FAMILY?

sno	Time-off	Percentage
1	Yes	51
2	no	49
	Total	100

INTERPRETATION:

The above table shows that 51% of the respondents have said that it is hard to take time-of' during their work time to take care of their family and 49% of them have said that it is not hard for them hard to take time-of' during their work time.

FIGURE 4.4:

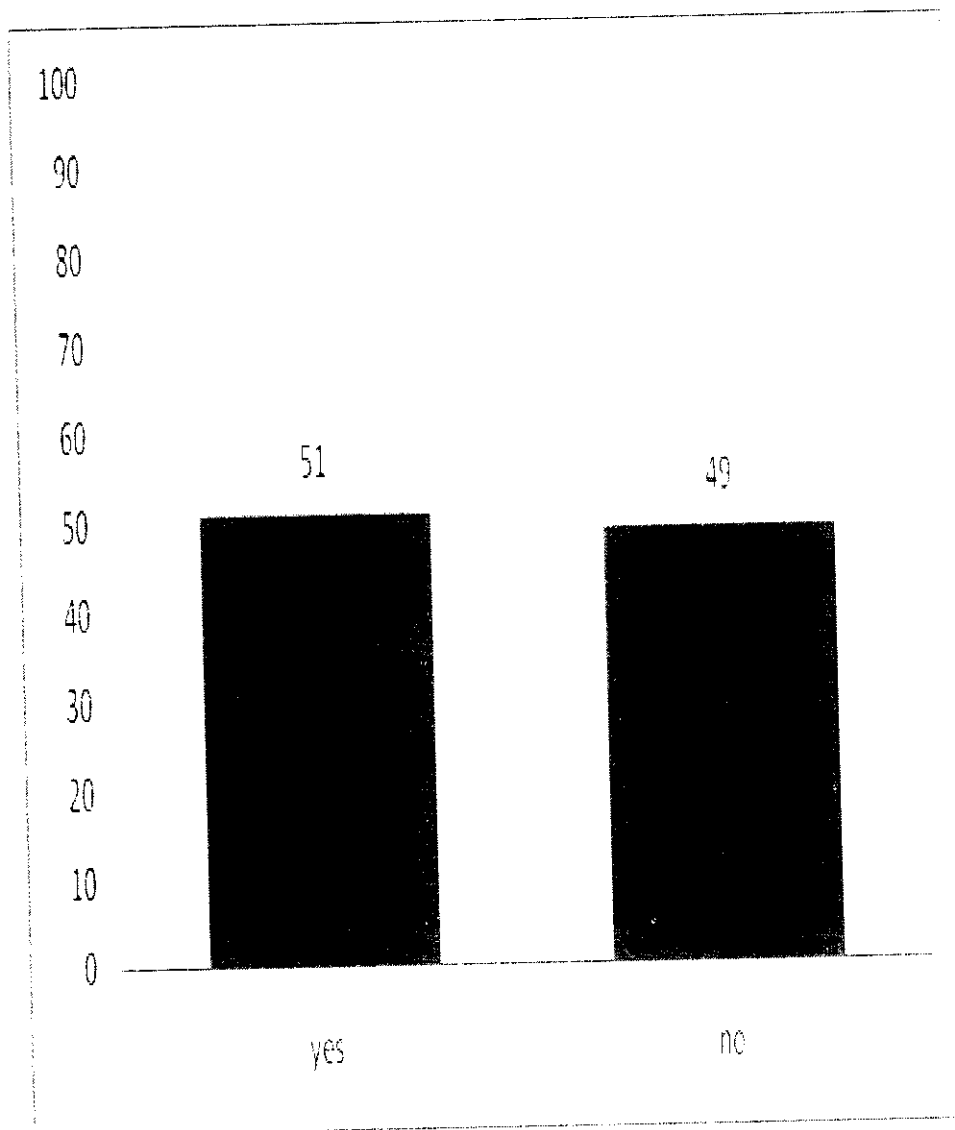**WHETHER IT IS HARD FOR THE EMPLOYEES TO TAKE TIME OFF DURING WORKING HOURS TO TAKE CARE OF FAMILY?**

TABLE 4.5:

WHETHER THE STRESS IN WORK AFFECTS THE PERFORMANCE OF EMPLOYEES?

sno	Stress	Percentage
1	Yes	46
2	no	54
	Total	100

INTERPRETATION:

The above table shows that 46% of the respondents have said that stress affects their performance and 54% of them have said that stress at work does not affect their performance.

FIGURE 4.5:

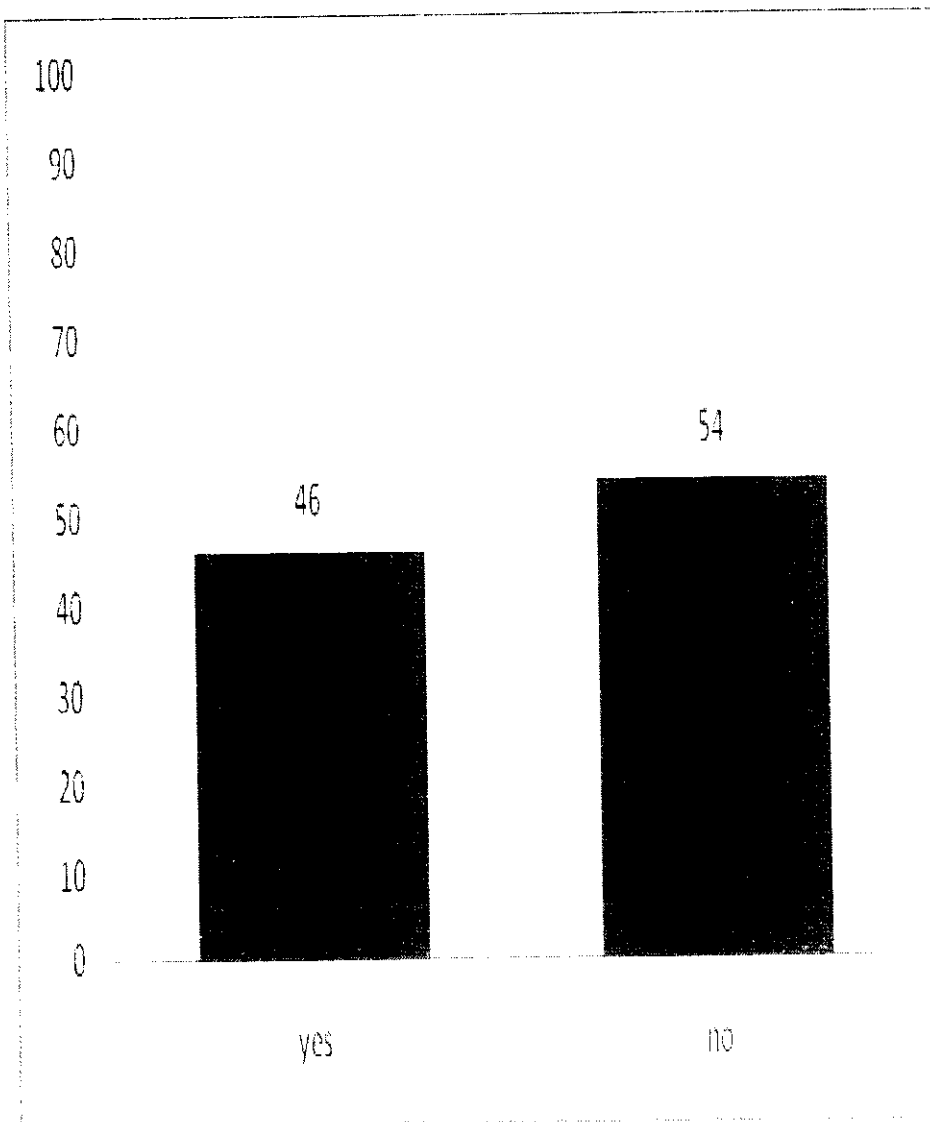**WHETHER THE STRESS IN WORK AFFECTS THE PERFORMANCE OF EMPLOYEES?**

TABLE 4.6:

ADEQUATE SUPPORT FROM COLLEAGUES:

sno	support	percentage
1	Never	10
2	Occasionally	14
3	Sometimes	37
4	Often	21
5	always	18
	total	100

INTERPRETATION:

The above table shows that 10% of the respondents have said that they never had adequate support from colleagues, 14% of them have said that they occasionally had adequate support from colleagues, 37% had said that only sometimes they have had adequate support, 21% said often they had adequate support and 18% have said that they always had adequate support from their colleagues.
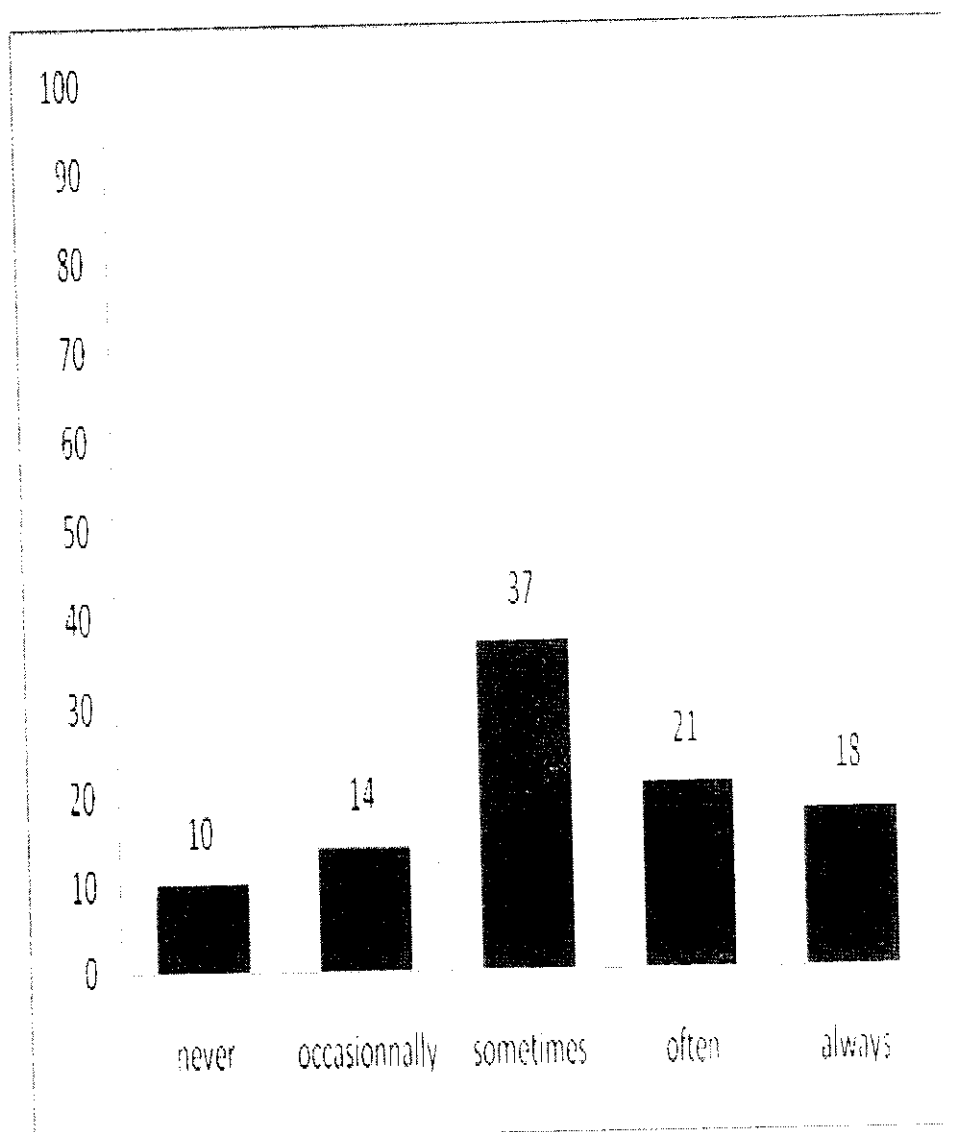
FIGURE 4.6:

ADEQUATE SUPPORT FROM COLLEAGUES:

TABLE 4.7:

ADEQUATE EXCHANGE OF INFORMATION:

sno	communication	percentage
1	Never	17
2	Occasionally	31
3	Sometimes	28
4	Often	12
5	always	12
	total	100

INTERPRETATION:

The above table shows that 17% of the respondents have said that they never had adequate information regarding their job, 31% of them have said that they occasionally had adequate information from colleagues, 28% had said that only sometimes they have had adequate information, 12% said often they had adequate information and 12% have said that they always had adequate information from their colleagues.
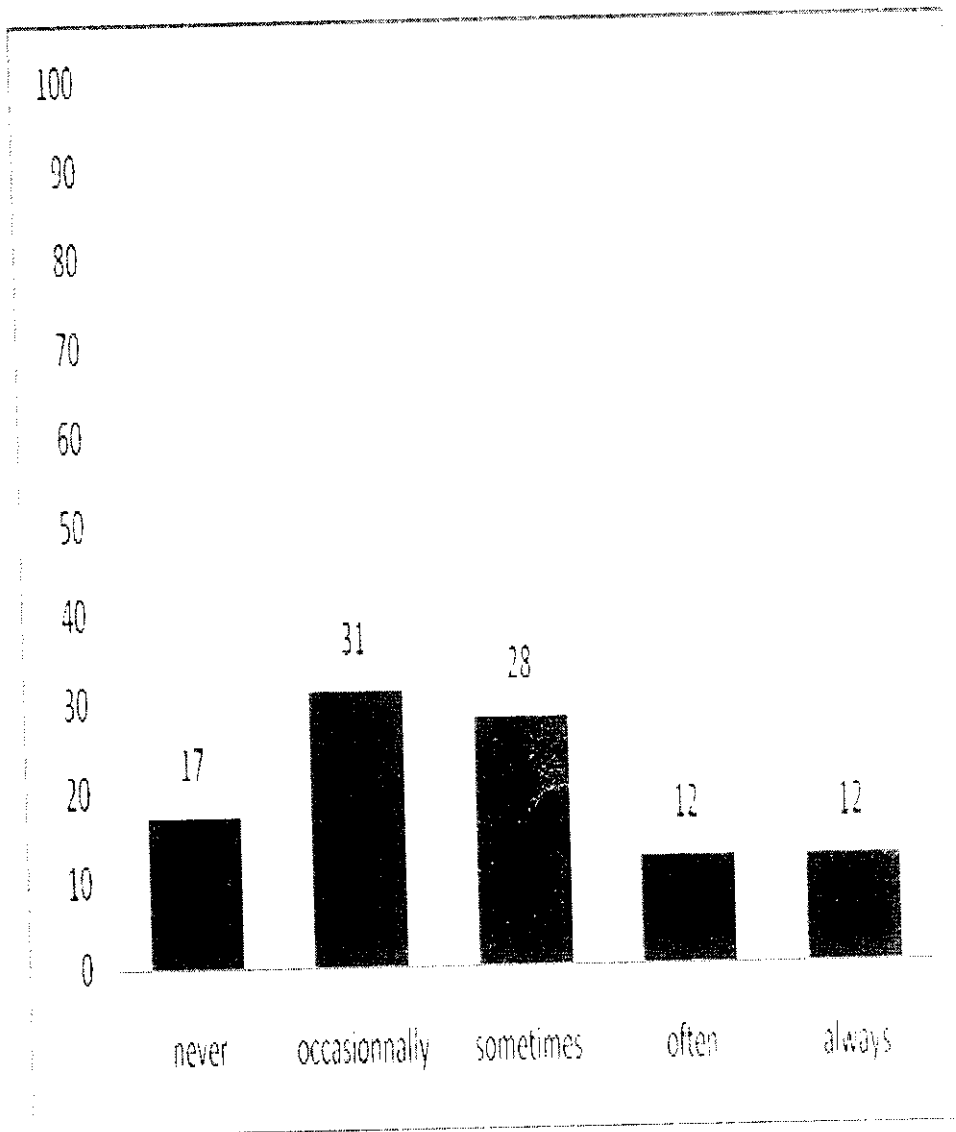
FIGURE 4.7:

ADEQUATE EXCHANGE OF INFORMATION:

TABLE 4.8:

MISUNDERSTANDING WITH OTHER EMPLOYEES:

sno	misunderstanding	percentage
1	Never	18
2	Occasionally	30
3	Sometimes	25
4	Often	21
5	always	6
	total	100

INTERPRETATION:

The above table shows that 18% of the respondents have said that they never had misunderstanding with other employees, 30% of them have said that they occasionally had misunderstanding with others, 25% had said that only sometimes they have had misunderstanding with others, 21% said often they had misunderstanding with others and 6% have said that they always had misunderstanding with others.
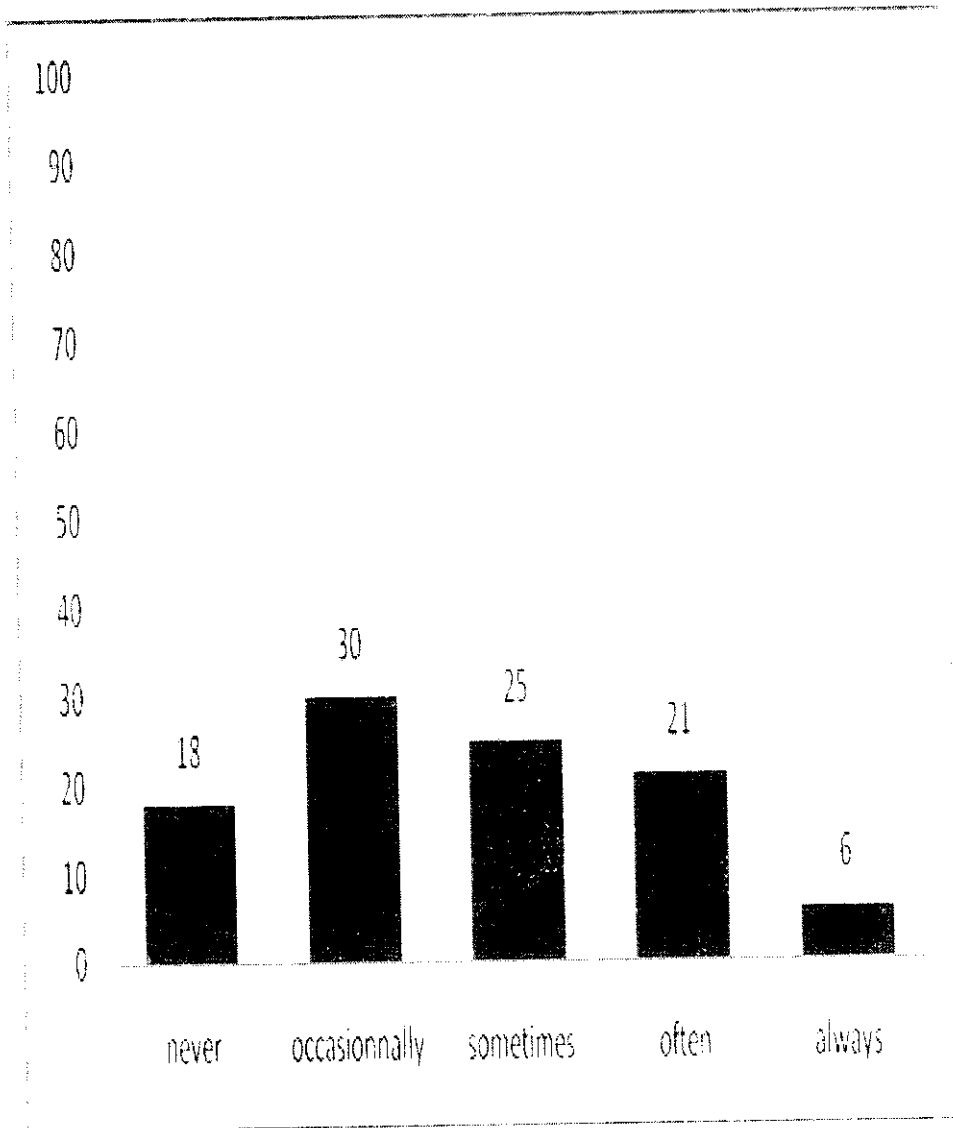
FIGURE 4.8:

MISUNDERSTANDING WITH OTHER EMPLOYEES:

TABLE 4.9:

INSECURITY ABOUT JOB:

sno	insecurity	percentage
1	Never	6
2	Occasionally	20
3	Sometimes	32
4	Often	25
5	always	17
	total	100

INTERPRETATION:

The above table shows that 6% of the respondents have said that they never had insecurity about the job, 20% of them have said that they occasionally had insecurity about the job, 32% had said that only sometimes they have had insecurity about the job, 25% said often they had insecurity about the job and 17% have said that they always had insecurity about the job.
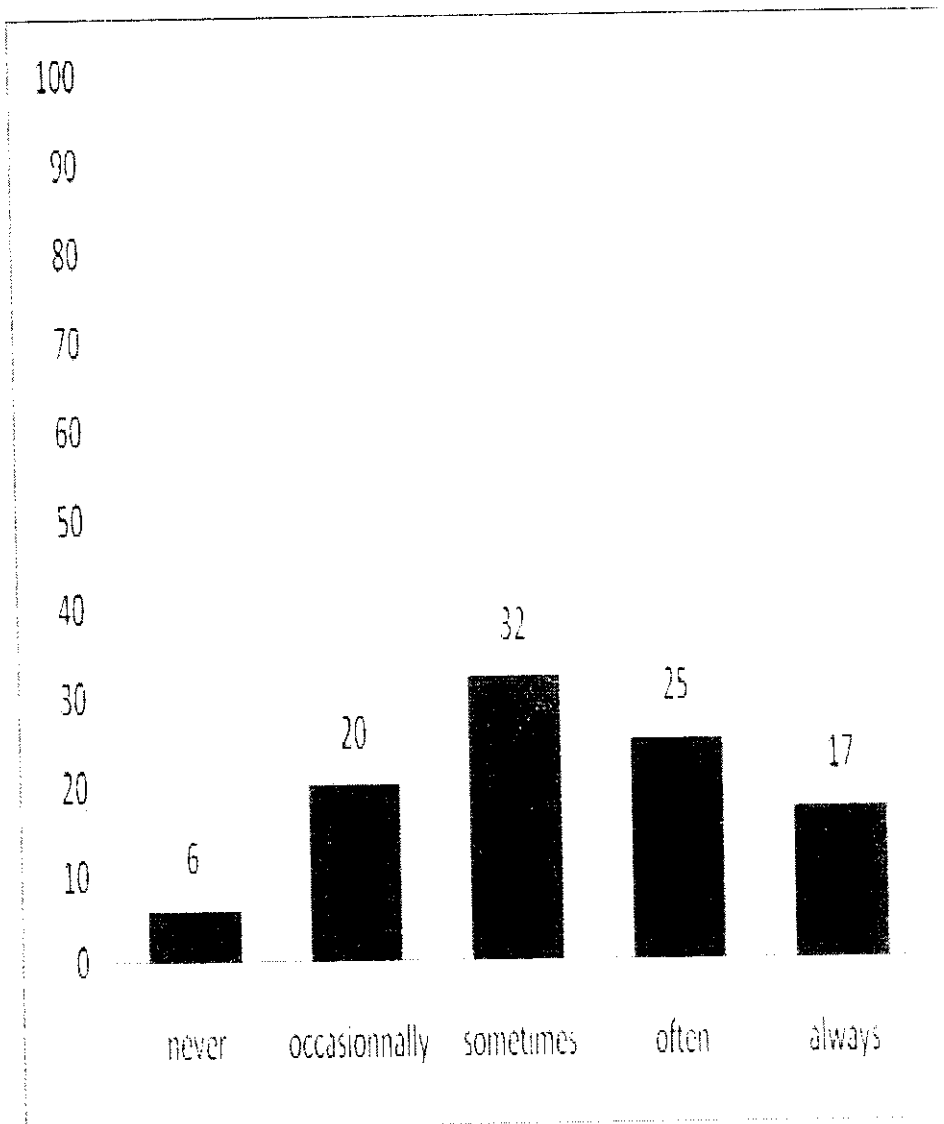
FIGURE 4.9:

INSECURITY ABOUT JOB:

TABLE 4.10:

RECOGNITION AND MOTIVATION FROM THE SUPERIOR

sno	Recognition	percentage
1	Never	8
2	Occasionally	17
3	Sometimes	28
4	Often	30
5	always	17
	total	100

INTERPRETATION:

The above table shows that 8% of the respondents have said that they never had any recognition or motivation in their job, 17% of them have said that they occasionally had recognition or motivation, 28% had said that only sometimes they have had recognition or motivation, 30% said often they had recognition or motivation and 17% have said that they always had recognition or motivation..

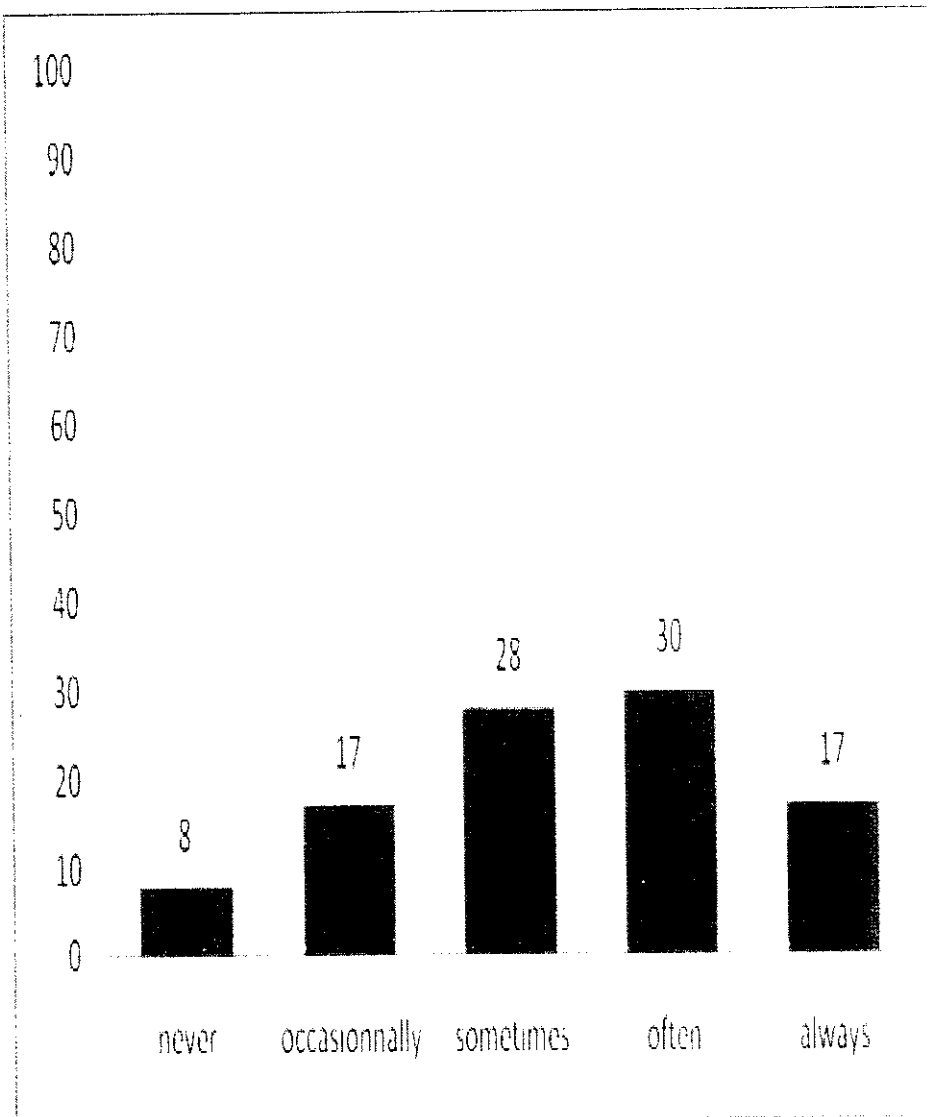**FIGURE 4.10:**

RECOGNITION AND MOTIVATION FROM THE SUPERIOR:

TABLE 4.11:

STRESS IN WORK:

sno	stress	percentage
1	Never	6
2	Occasionally	26
3	Sometimes	30
4	Often	24
5	always	14
	total	100

INTERPRETATION:

The above table shows that 6% of the respondents have said that they never had any stress in their work, 26% of them have said that they occasionally had stress in their work. 30% had said that only sometimes they have had stress in their work, 24% said often they had stress in their work and 14% have said that they always had stress in their work.
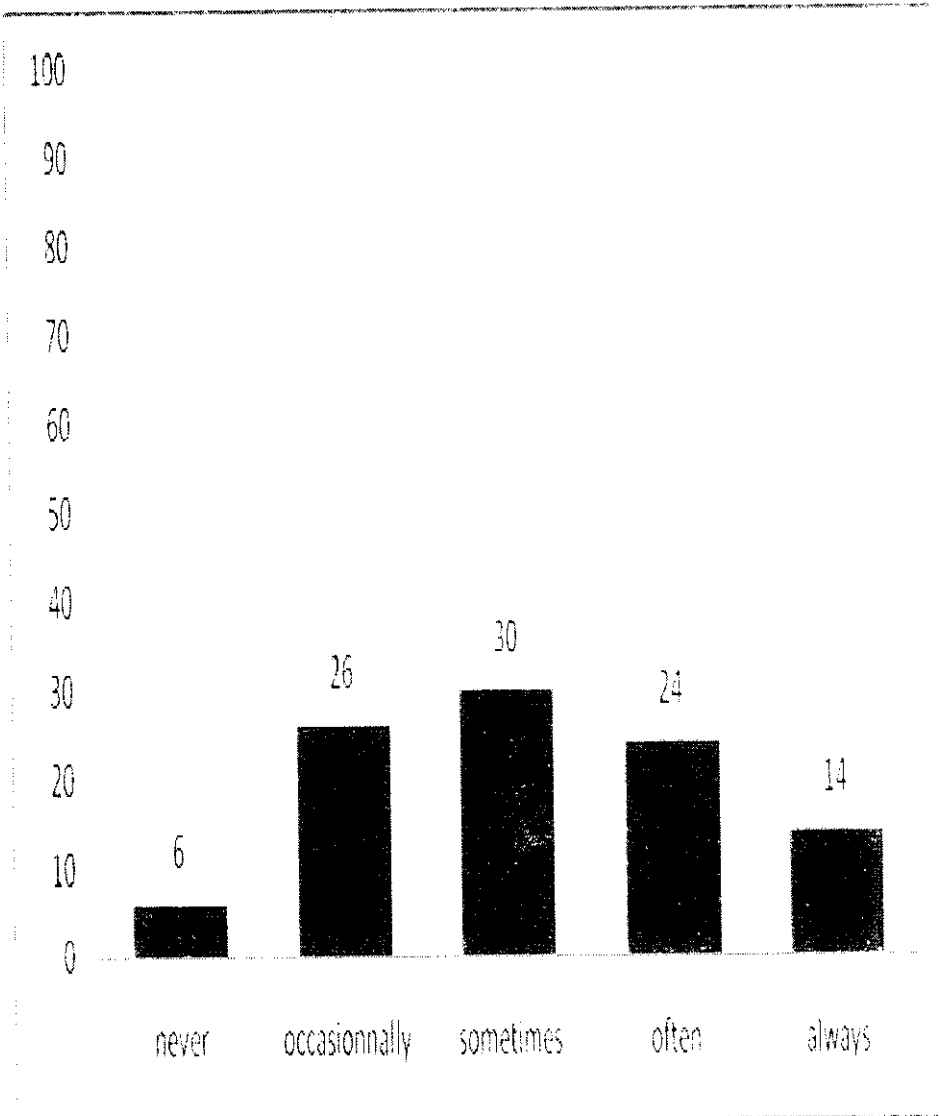
FIGURE 4.11:

STRESS IN WORK:

TABLE 4.12:

JOB OVERLOAD:

sno	overload	percentage
1	Never	4
2	Occasionally	24
3	Sometimes	34
4	Often	27
5	always	11
	total	100

INTERPRETATION:

The above table shows that 4% of the respondents have said that they never had any overload in their work, 24% of them have said that they occasionally had overload in their work, 34% had said that only sometimes they have had overload in their work, 27% said often they had overload in their work and 11% have said that they always had overload in their work.
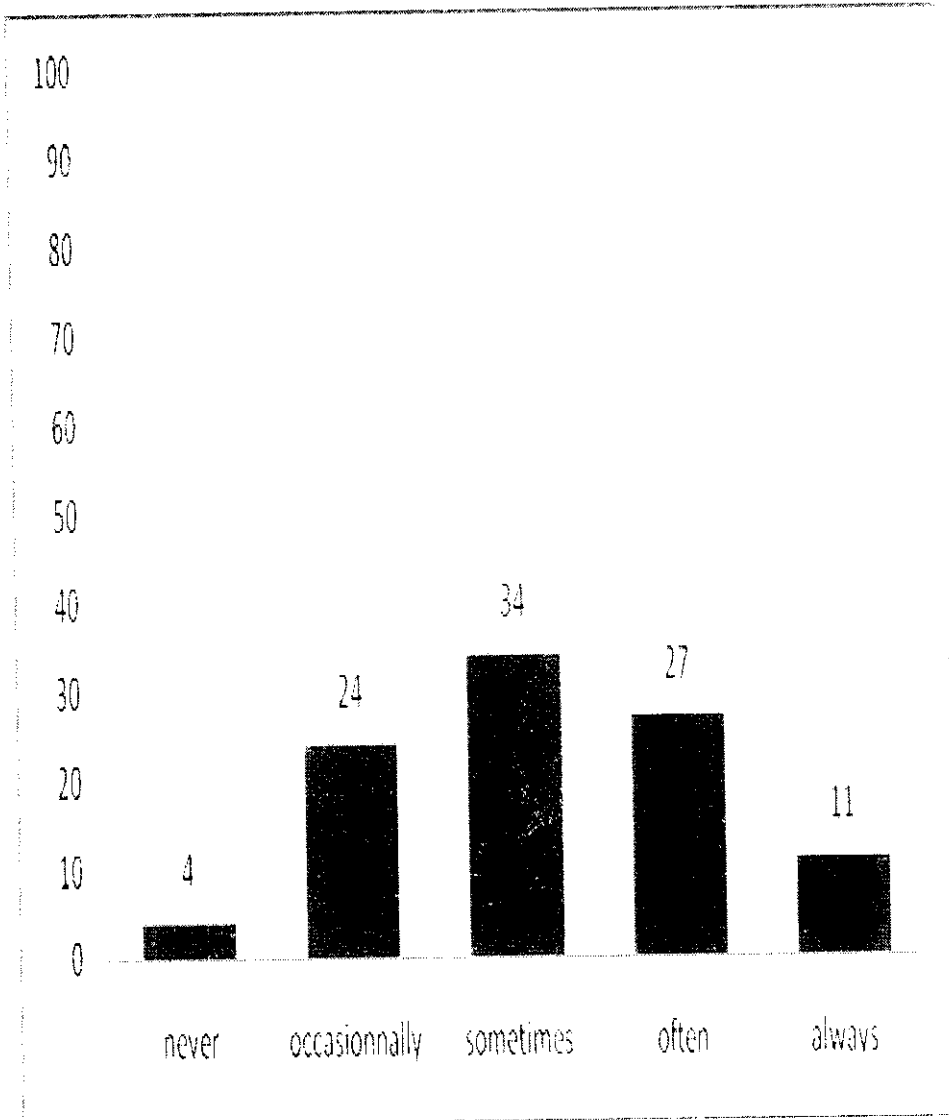
FIGURE 4.12:

JOB OVERLOAD:

TABLE 4.13:

**CONFLICTING ROLES AND RESPONSIBILITIES IN WORK:**

sno	conflicting roles	percentage
1	Never	3
2	Occasionally	25
3	Sometimes	41
4	Often	22
5	always	9
	total	100

INTERPRETATION:

The above table shows that 3% of the respondents have said that they never had any conflicting roles and responsibilities in their work, 25% of them have said that they occasionally had conflicting roles and responsibilities in their work, 41% had said that only sometimes they have had conflicting roles and responsibilities in their work, 22% said often they had conflicting roles and responsibilities in their work and 9% have said that they always had conflicting roles and responsibilities in their work.

FIGURE 4.13:

CONFLICTING ROLES AND RESPONSIBILITIES IN WORK
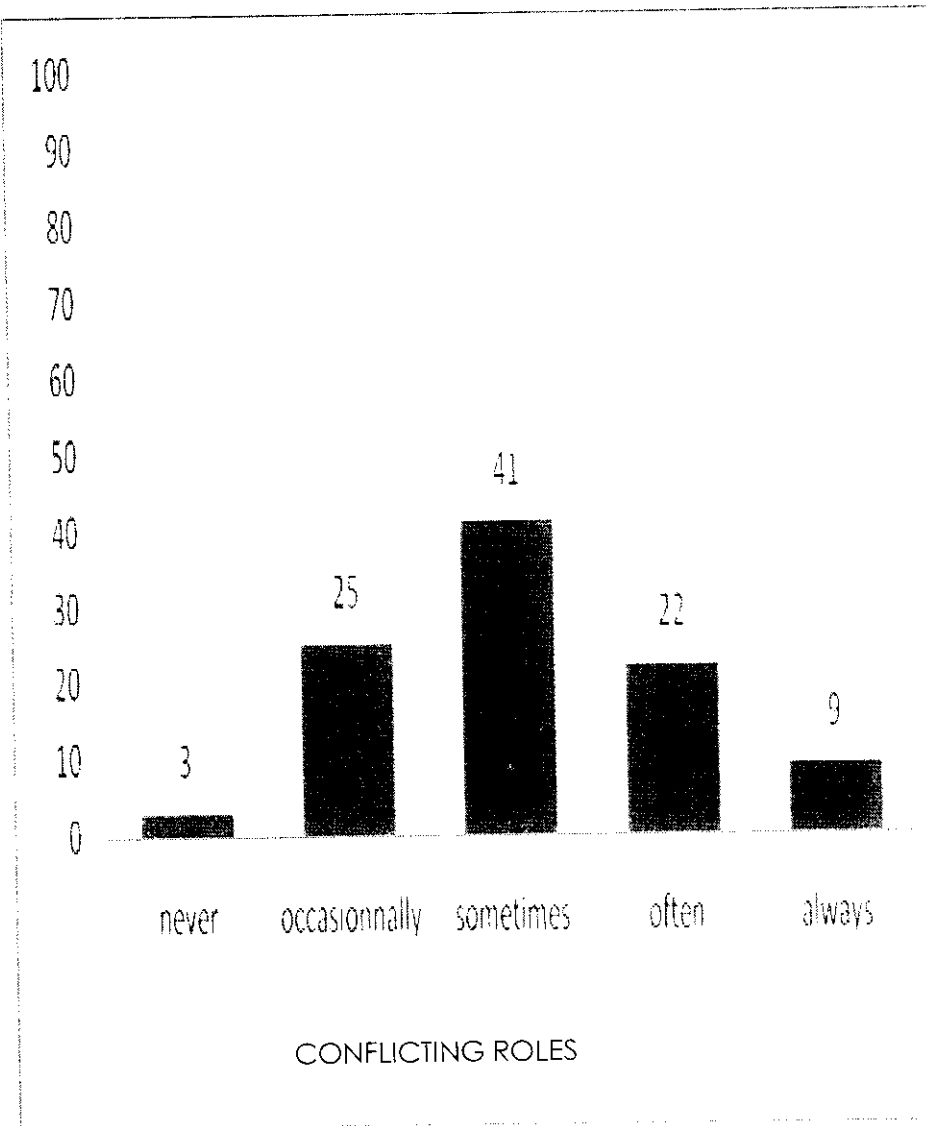
TABLE 4.14:

EFFECTS OF STRESS:

Effects of stress	percentage
headache	48
loneliness	34
lazy	44
panic	51
anxious	28
lethargic	14
Unusual emotions	50
Mind upset	45
Physical aches	1
irritation	27
trembling	10
indecisive	30
tired	46
Difficulty in concentrating	17
sleepless	9
sad	5
overeating	5
angry	32
hopeless	9
Loss of appetite	0
worthless	11

INTERPRETATION:

The above table shows the various effects of stress on the employees. This table explains what the employees felt at the time of stress. According to this table 50% of the employees said that they felt unusual emotions at times of stress, 48% reported headache, 51% panic, 48% tired, 45% mind upset, 44% lazy, 34% loneliness, 30% indecisive, angry, anxious , irritation and around 15% reported that they experienced lethargic attitude, difficulty in concentrating and around 10% reported that they felt worthless, hopeless, sad, sleepless, trembling of hands and legs.

Note that each value in the above table is out of hundred.

INFERENCE:

The above table shows that the nearly 505 of the employees are affected by headache, unusual emotions, excessive tiredness and panic. These may result in severe health problems. Also around 30% reported that they felt lazy, lonely, indecisive, angry and irritated and these may affect the performance level of employees which is an undesired factor manly in service industry.

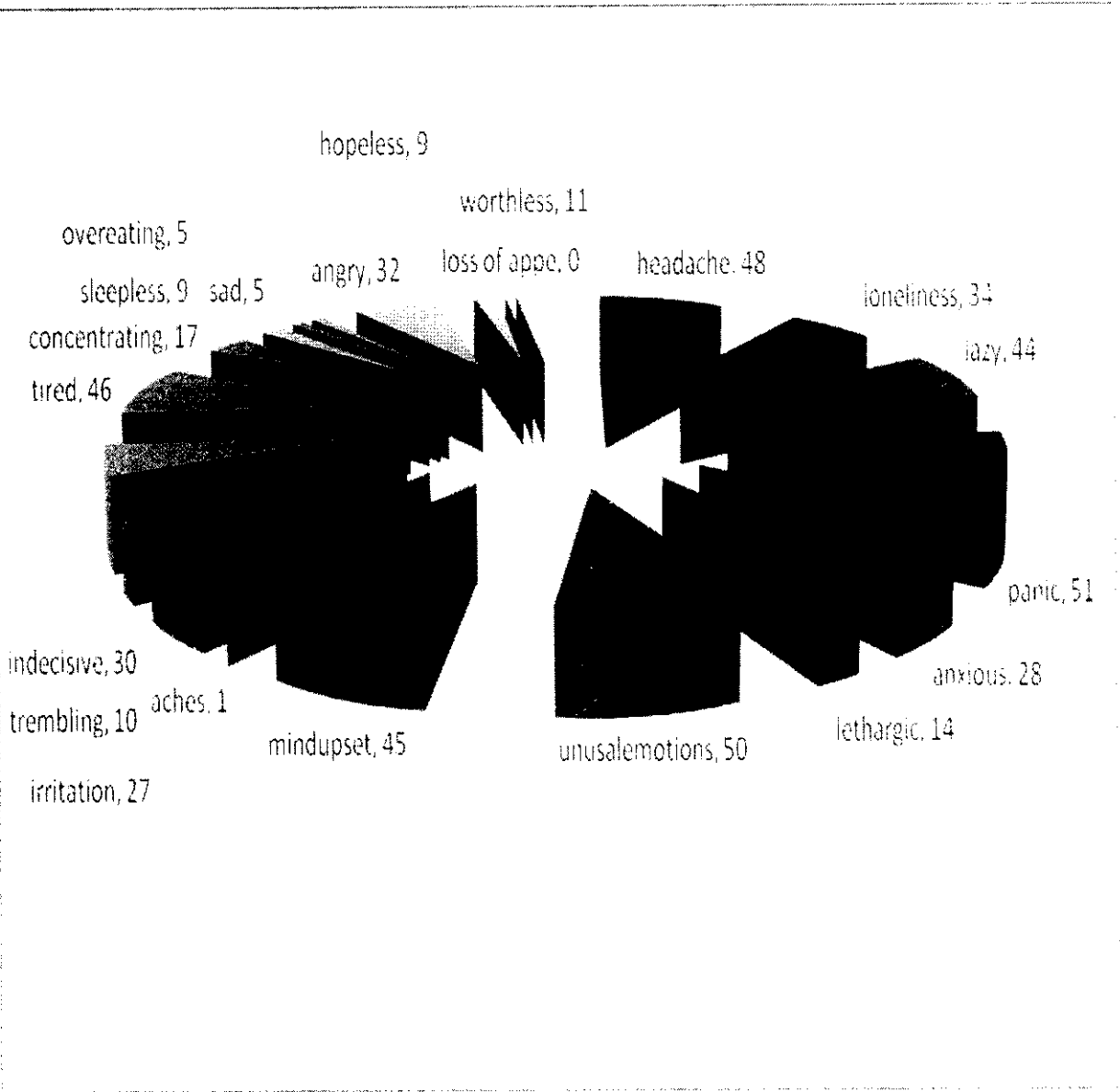**FIGURE 4.14:**

EFFECTS OF STRESS:

TABLE 4.15:

METHODS FOLLOWED BY RESPONDENTS TO OVERCOME STRESS:

method	percentage
yoga	12
exercise	31
music	29
work	37
friends	38
sleep	31
meditate	15
read	16

INTERPRETATION:

The above table shows the various techniques followed by the respondents to overcome stress.Each one of the value in the table is out of hundred.12% have said that they will do yoga to reduce stress, 31% said they will do exercise, 29% opted for musi, 37% opted for work, 38% opted for spending time with friends, 31% opted for sleepig, 15% opted for meditation and 16% opted for reading books to overcome stress.

FIGURE 4.15:

METHODS FOLLOWED BY RESPONDENTS TO OVERCOME STRESS:

overcome stress

meditate 7% read 7% yoga 6% exercise 15%

sleep 15%

music 14%

friends 18%

work 18%
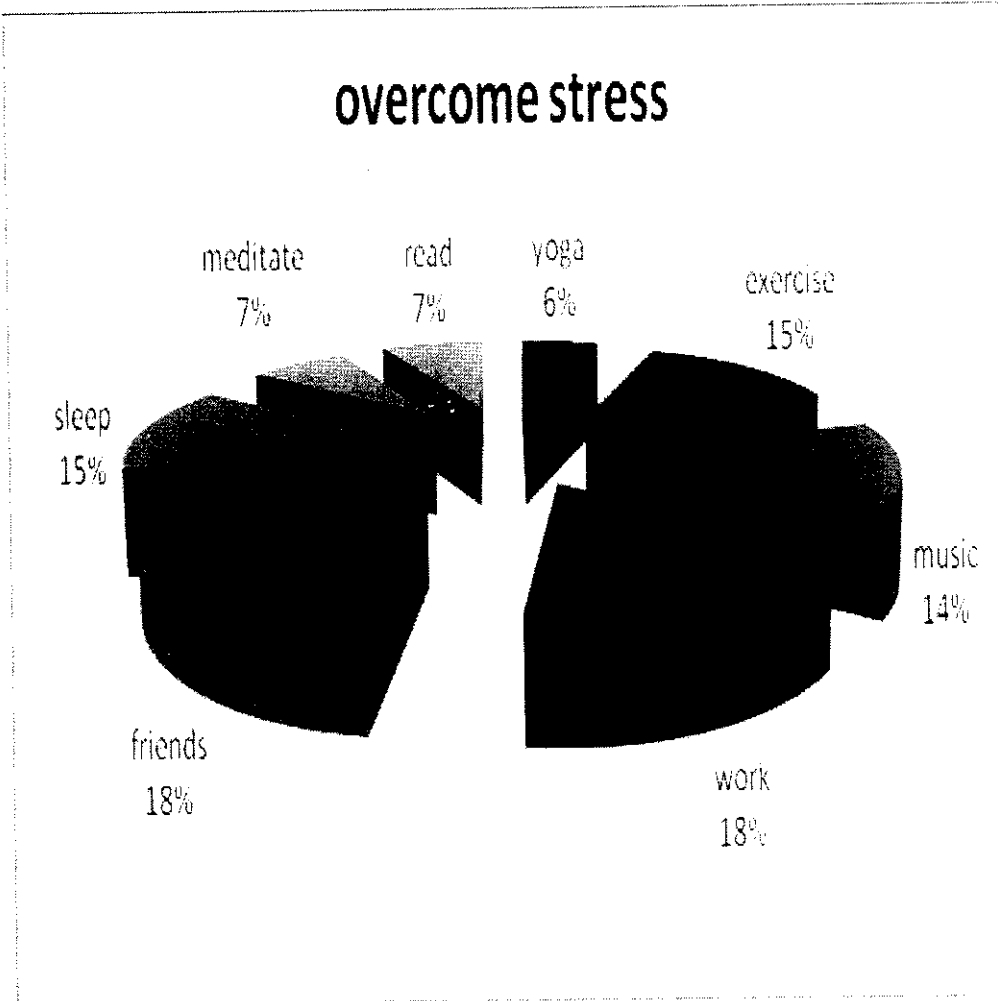
TABLE 4.16:

WHETHER THE METHODS FOLLOWED BY RESPONDENTS ARE EFFECTIVE?

methods	percentage
not effective	7
slightly effective	28
average	35
good	21
excellent	9

INTERPRETATION:

The above table shows that 7% of the respondents feel that the method followed by them is not effective, 28% said slightly effective, 35% said the method gives average effect, 21% said it is good and 9% said it is excellent.

FIGURE 4.16:

WHETHER THE METHODS FOLLOWED BY RESPONDENTS ARE EFFECTIVE?
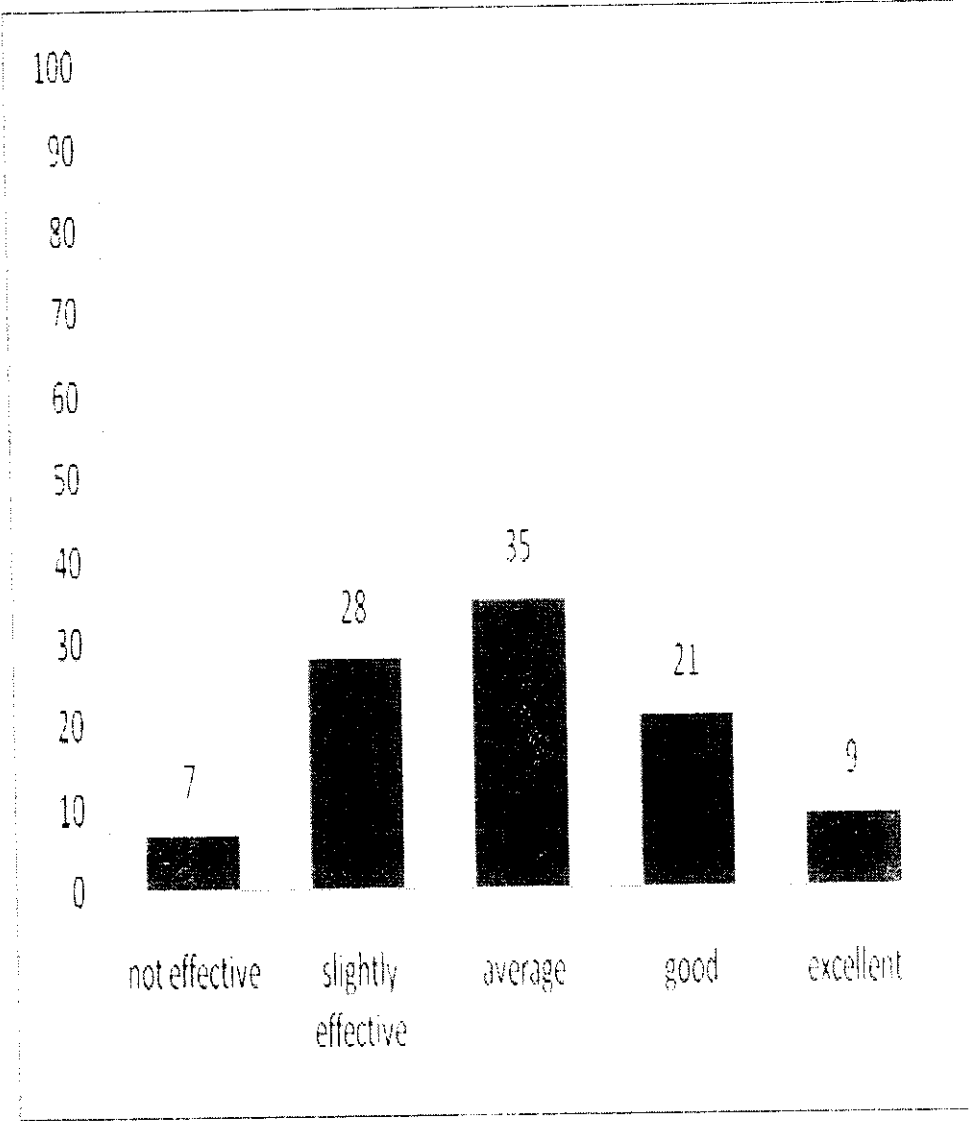
TABLE 4.17:

SOURCES OF STRESS:

SOURCES OF STRESS	PERCENTAGE
Lack of Communication	46
Lack of Responsibility	27
Family problems	10
Money Problems	13
Management issues/rules/policies	4

INTERPRETATION:

The above table shows that 46% of the respondents said that they feel stress when there is no communication , 27% said it is due to lack of responsibility , 10% said it is due to family problems, 13% said it is due to money problems and 4% said it is due to management issues.

FIGURE 4.17:

SOURCES OF STRESS:
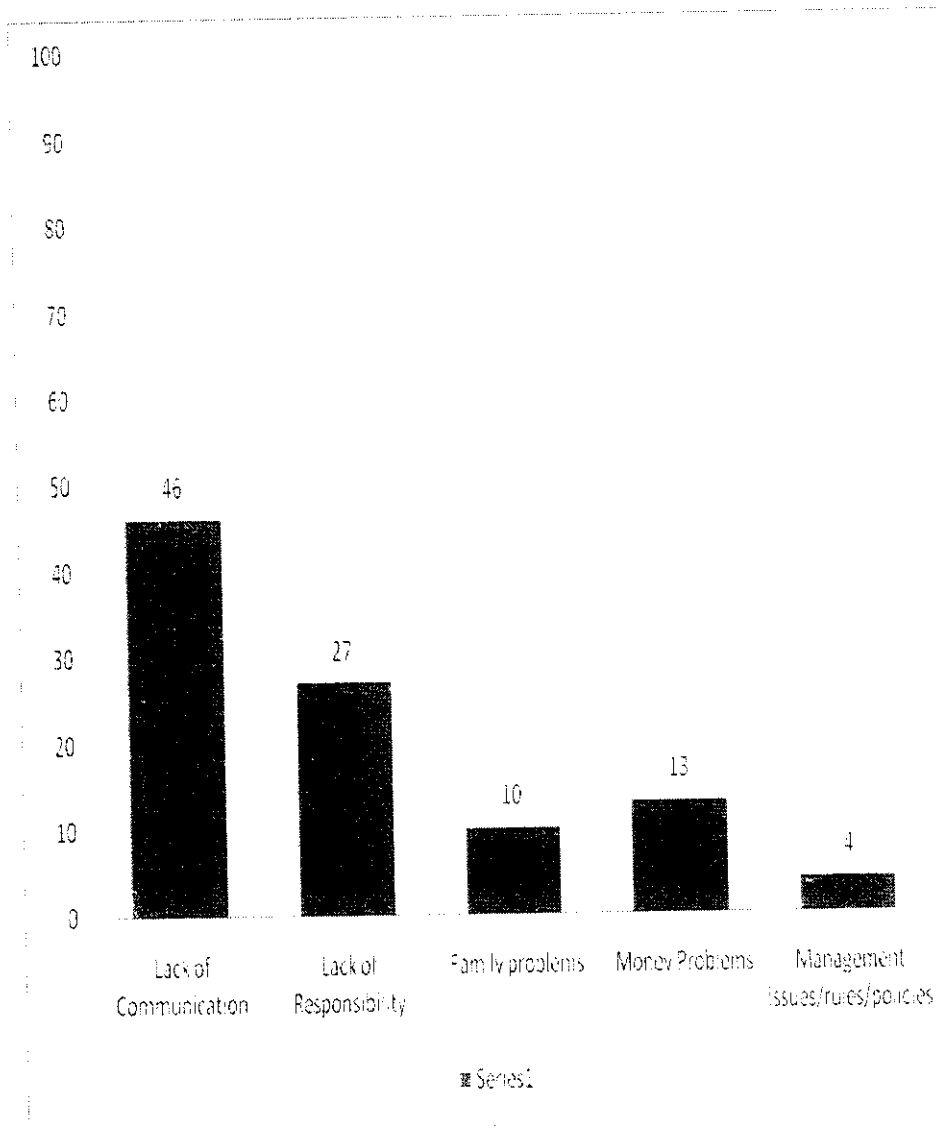
CORRELATION:

Correlation is a statistical technique which can show whether and how strongly pairs of variables are related. Correlation is only appropriate for certain kinds of data. Correlation works for data in which numbers are meaningful, usually quantities of some sort. It cannot be used for purely categorical data, such as gender, brands purchased or favorite color. The main result of a correlation is called the *correlation coefficient* (or "r"). It ranges from -1.0 to +1.0. The closer r is to +1 or -1, the more closely the two variables are related. If r is close to 0, it means there is no relationship between the variables. If r is positive, it means that as one variable gets larger the other gets larger. If r is negative it means that as one gets larger, the other gets smaller (often called an "inverse" correlation).Pearson correlation technique works best with linear relationships: as one variable gets larger, the other gets larger (or smaller) in direct proportion. It does not work well with curvilinear relationships.

TABLE 4.18:

STRESS AFFECTS VS MISUNDERSTANDING:

	stress affects	misunderstanding
stress affects pearsoncorrelation		0.1345
N		(100)
Sig.		0.1822
Misunderstanding pearsoncorrelation	0.1345	
N	(100)	
Sig.	0.1822	

Interpretation:

The above table shows the correlation between the variables stress and misunderstanding. From the above table it is clear that these two variables have a positive relationship (i.e.) as the misunderstanding among employees increases the stress level also increases which affect their performance.

TABLE 4.19:

STRESS AFFECTS VS COMPENSATION:

	compensation	stressaffects
Compensation **pearsoncorrelation**		-0.1331
N		(100)
Sig.		0.1868
Stress affects **pearsoncorrelation**	-0.1331	
N	(100)	
Sig.	0.1868	

Interpretation:

The above table shows the correlation between the variables stress and compensation. From the above table it is clear that these two variables have a negative relationship (i.e.) as the employees are given more compensation their stress level decreases and if they feel they are given low compensation their stress level decreases.

TABLE 4.20:

ARGUMENTS VS INSECURITY IN JOB:

Correlations

		arguments	insecurity
Arguments	**pearsoncorrelation**		-0.1087
	N		(100)
	Sig.		0.2817
Insecurity	**pearsoncorrelation**	-0.1087	
	N	(100)	
	Sig.	0.2817	

Interpretation:

The above table shows the correlation between the variables communication and misunderstanding. From the above table it is clear that these two variables have a negative relationship (i.e.) as the arguments increases among the employees increases, the employees feel that their job becomes more insecure.

TABLE 4.21:

RECOGNITION VS INSECURITY:

Correlations

		recognition	insecurity
Recognition	**pearsoncorrelation**		0.1545
	N		(100)
	Sig.		0.1247
Insecurity	**pearsoncorrelation**	0.1545	
	N	(100)	
	Sig.	0.1247	

Interpretation:

The above table shows the correlation between the variables Recognition and misunderstanding. From the above table it is clear that these two variables have a positive relationship (i.e.) as the recognition increases for the employees increases, the employees feel that their job becomes secure.

TABLE 4.22:

OVERLOAD VS JOB DESCRIPTION:

. Correlations

		overload	jobdes
Overload	**pearsoncorrelation**		-0.1414
	N		(100)
	Sig.		0.1604
Jobdes	**pearsoncorrelation**	-0.1414	
	N	(100)	
	Sig.	0.1604	

Interpretation:

The above table shows the correlation between the variables job overload and job description. From the above table it is clear that these two variables have a negative relationship (i.e.) as the job overload increases for the employees they feel that the description given about the job decreases.

TABLE 4.23:

COMMUNICATION VS ARGUMENTS:

		communication	arguments
Communication **pearsoncorrelation**			-0.2786
	N		(100)
	Sig.		0.0050
Arguments **pearsoncorrelation**		-0.2786	
	N	(100)	
	Sig.	0.0050	

Interpretation:

The above table shows the correlation between the variables communication and arguments. From the above table it is clear that these two variables have a negative relationship (i.e.) as the communication between the staff members increases the arguments between them gets reduced.

TABLE 4.24:

RECOGNITION VS INDECISIVE:

	recognition	indecisive
recognition		0.2476
		(100)
		0.0130
indecisive	0.2476	
	(100)	
	0.0130	

Interpretation:

The above table shows the correlation between the variables recognition and indecisive.. From the above table it is clear that these two variables have a positive relationship (i.e.) as the recognition increases the staff feel that they are indecisive. This may be taken as the staff are given more recognition their stress to work hard and maintain that status increases.

WEIGHTED AVERAGE:

TABLE 4.25:

RANKING OF VARIABLES RELATED TO STRESS:

	Never (5)	Occasionally (4)	Sometimes (3)	Often (2)	Always (1)	Weight	Mean	Rank
frequent arguments	20	27	26	23	4			
	100	108	78	46	4	336	67.2	1
misunderstanding	18	30	25	21	6			
	90	120	75	42	6	333	66.6	2
communication	17	31	28	12	12			
	85	124	84	24	12	329	65.8	3
routine work	4	29	34	26	7			
	20	112	102	52	7	293	58.6	4
job description	7	16	46	24	7			
	35	64	138	48	7	292	58.4	5
conflicting roles	3	25	41	22	9			
	15	100	123	44	9	291	58.2	6
overload	4	24	34	27	11			
	20	96	102	54	11	283	56.6	7
support	10	14	37	21	18			
	50	56	111	42	18	277	55.4	8
sufficient timings	8	20	20	43	8			
	40	80	60	86	8	274	54.8	9
insecurity	6	20	32	25	17			
	30	80	96	50	17	273	54.6	10
recognition	8	17	28	30	17			
	40	68	84	60	17	269	53.8	11

INTERPRETATION:

According to the above table it can be seen that frequent arguments is ranked one as the main source of stress. Misunderstanding between employees and communication gap, routine work and not enough job description occupies the 2nd, 3rd, 4th and 5th ranks respectively. Conflicting roles in job, overload of work support from co-workers, timings of work, insecurity

CHAPTER 5
FINDINGS AND CONCLUSIOS

about job and recognition are ranked next to the above variables (ie.) these variables do not cause much of stress.

5) CONCLUSION:

5.1) RESULTS AND DISCUSSIONS:

It is noted that more than half of the respondents feel stress in their work. But it is found that increase in stress does not affect their job satisfaction level.

It is noted that nearly half of the employees feel that their performance is affected under stressful situations.

There is a high level of job dissatisfaction among the respondents. It is found out that this job dissatisfaction is mainly due to less compensation. Half of the respondents are not satisfied with the compensation and salary benefits.

It is noted that 57% of the respondents have said that they are not taking breaks at appropriate time. Routine work is ranked fourth among the eleven variables which are reasons for stress.

It is noted that 51% of the respondents have said that it is hard to take time-of during their work time to take care of their family.

It is noted that three-fourth of the employees had experienced misunderstanding with their co-workers. Also it is found out that the main source of stress is due to the misunderstanding among the employees. Misunderstanding is ranked as the second reason for stress among workers.

Nearly half of the respondents have insecurity about the job. And it is found that insecurity in job increases due to frequent arguments and insecurity can be decreased through proper recognition for workers. It is noted that frequent arguments among the employees can be reduced through facilitating proper communication and information exchange among the employees. Frequent arguments are found as the main reason for most of the stressful situations.

It is noted that recognition, motivation and support from co-workers is high in the organization. It is noted that as the staff are given more recognition their stress level increases due to the urge to maintain their recognition for their performance..

It is noted nearly half of the respondents feel that their work is overloaded. It is noted that as the job overload increases for the employees they feel that the description given about the job decreases (i.e.) they do not get enough details which is required to perform their job.

One fourth of the employees said that they face conflicting roles and responsibilities in their work.

At the time of stress it is noted that

50% of the employees felt unusual emotions

48% reported headache

51% reported panic

48% reported excessive tiredness

45% reported mind upset

44% reported lazy

34% reported loneliness

30% indecisive, angry, anxious, irritation

15% reported that they experienced lethargic attitude, difficulty in concentrating

10% reported that they felt worthless, hopeless, sad, sleepless and trembling of hands and legs.

It is found that above one third of the employees overcome stress by invloing themseleves in more work and another one thid of the employees saidthey will be spendingtime with their friends. The remaining opted for methods like exercise, yoga and music.

It is noted that more than half of the employees have said that the method followed by them to reduce stress is effective.

The respondents have said that nearly half of the stressful situations arise due to lack of communication.

One fourth of the employees have said that 27% said stress is due to lack of responsibility and only around 10% said it is due to family problems, money problems.

Only a minimum percentage has said that management issues are the main source for their stress. So it is revealed that the organizations attitude towards workers is in the right direction i.e.) organizations attitude is not creating stress among the workers.

5.2) RECOMMENDATIONS:

The most direct way to reduce stress at work is improving working conditions. It involves the identification of stressful aspects of work (e.g., frequent arguments, routine work) and the design of strategies to reduce or eliminate the identified stressors.

Compensation issues can be discussed with employee unions or representatives and the management should make the employees realize that they are given higher salaries for their work.

The management can go for making convenient changes in shift system for making employees feel that they are not undergoing routine heavy work which is resulting in stress.

Also the changes should be made in dividing and allocating of jobs to the employees so that the is no place for employees to feel that they are not given enough responsibility and power.

Clear job specifications should be made and proper communication channel should be formed and it should be made clear to the employees.

A healthy organization is defined as one that has low rates of illness, injury, and disability in its workforce and is also competitive in the marketplace. Organizational characteristics are also associated with both healthy, low-stress work and high levels of productivity. Examples of these characteristics include the following:

- Recognition of employees for good work performance
- Opportunities for career development
- An organizational culture that values the individual worker
- Management actions that are consistent with organizational values

Stress management training for their workforces. Stress management programs teach workers about the nature and sources of stress, the effects of stress on health, and personal skills to reduce stress-for example, time management or relaxation exercises. Stress management training may rapidly reduce stress symptoms such as anxiety and sleep disturbances.

The organization, with good Trade Union and Health & Safety representative structures in place, can go for forums for raising these issues. Early discussion can then lead to general acceptance within the organisation that there may be a problem to be addressed.

This can prompt discussion of the principles of Risk Assessment, therefore lead to simple or more sophisticated audit processes. All such audits must be confidential, open and transparent and apply to all workers.

A combination of organizational change and stress management is often the most useful approach for preventing stress at work.

5.3) CONCLUSIONS:

The study reveals that nearly half of the employees are affected by stress and the respondents feel that stress is mainly due to lack of communication or lack of required information within the workplace. The organization should take care of this issue ensuring smooth relationship among workers to avoid misunderstanding by emphasizing on team work. Also performance level of the employees is affected by the work stress so the organization must focus on ways to train employees to face stress and to overcome stress without affecting their performance. The bond between the organization and the workers should be improved by transparent communication and taking personal care of employees. The organization should take steps to reduce stress level of the employees through various techniques. Also the health of the employees should be taken care as because most employees reported signs like headache, excessive tiredness, trembling etc., which in long time are proven to bring in severe medical effects like heart disease. So the organization should take steps to reduce the level of stress among their employees as early as possible.

ANNEXURE

QUESTIONNAIRE

1.

a) Name (optional): ....

b) Age

☐ <=20   ☐ 21-30   ☐ 31-40   ☐ 41-50   ☐ >50

c) Gender:

☐ Male   ☐ Female

d) Designation: ....

e) Marital status:

☐ Single   ☐ Married

f) Qualification:

☐ School   ☐ Diploma   ☐ Graduate   ☐ Post graduate

g) Experience in years:

☐ <=5   ☐ 6-10   ☐ 11-15   ☐ 16-20   ☐ >20

2. Please put a tick mark for the following in the appropriate place:

	YES	NO
a. Are you satisfied with your job?	☐	☐
b. Does the compensation meet your needs and wants?	☐	☐
c. Do you take breaks at appropriate times in the work?	☐	☐
d. Do you think you are over qualified for this work?	☐	☐
e. Is it hard to take time off during your work to take care of your family?	☐	☐
f. Does the demands of your family interfere with your Job?	☐	☐
g. Does the stress in your work affect your performance at work?	☐	☐

3. Rate the following:

	Never	Occasionally	Sometimes	Often	Always
1) Adequate support from colleagues	☐	☐	☐	☐	☐
2) Adequate communication	☐	☐	☐	☐	☐
3) Misunderstanding with others	☐	☐	☐	☐	☐
4) Frequent arguments	☐	☐	☐	☐	☐
5) Insecurity about job	☐	☐	☐	☐	☐
6) Recognition and Motivation from the superior	☐	☐	☐	☐	☐
7) Stress at work place	☐	☐	☐	☐	☐
8) Overload at work	☐	☐	☐	☐	☐
9) Routine work	☐	☐	☐	☐	☐
10) Sufficient timings to complete your work	☐	☐	☐	☐	☐
11) Clear job description	☐	☐	☐	☐	☐
12) Conflicting roles &responsibilities	☐	☐	☐	☐	☐

4. At time of stress do you experience the following?

☐ Headache ☐ Loneliness ☐ Lazy

☐ Panic ☐ Anxiousness ☐ No Energy/Lethargic

☐ Unusual emotions ☐ Mind upset ☐ Physical Aches or Pains

☐ Irritation ☐ Trembling of hands/legs ☐ Indecisive

☐ Excessive tiredness ☐ Difficulty Concentrating ☐ Sleepless

☐ Sad and/or Crying ☐ Overeating or Not Eating ☐ Angry

☐ Hopeless ☐ Loss of Appetite ☐ Worthless

5. How do you face your stress in the workplace?

☐ Control your feelings and emotions

☐ Get angry and irritated

☐ Get depressed

☐ Find ways to reduce it

☐ Think clearly and stay focused

☐ Try to understand the situation

6. When do you feel stress at work?

☐ Lack of Communication

☐ Lack of Responsibility

☐ Family problems

☐ Money Problems

☐ Management issues/rules/policies

☐ If other please specify...........................

7. What kinds of activities and past times do you enjoy?

☐ TV/cinema/Music   ☐ Books   ☐ Spending time with family   ☐ Friends

8. How do you overcome stress?

☐ Exercise   ☐ Conversation with Friends

☐ Listening to music   ☐ Sleep

☐ Yoga   ☐ Meditation

☐ Work   ☐ Reading

9. Do you think the method followed by you to reduce stress is effective?

☐ Not Effective   ☐ Slightly Effective

☐ Average   ☐ Good

☐ Excellent

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