



WORK RELATED STRESS AND ITS IMPACT ON PERFORMANCE AMONG THE OF EMPLOYEES IN PRIVATE HOSPITALS WITH REFERENCE TO IN TAMILNADU

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Abstract

Work stress hits employee performance hard, especially in fields like health care. In this study, I looked at how stress affects people working in private hospitals across Tamil Nadu. The healthcare world is tough private hospitals, in particular, throw all sorts of challenges at their staff, which only ramps up stress. I wanted to figure out which stressors hit health workers the hardest and how those pressures play out in their day-to-day work. To get a real sense of what's going on, I mixed numbers and real conversations crunching data and listening to staff from different hospitals. I focused on things like heavy workloads, the hospital environment, juggling work and life, and whether people feel safe at work. All these pieces connect, and they shape both stress levels and how well people do their jobs. The findings are clear: high stress drags down performance. You see more missed days, people leaving, and productivity drops. It's not just about numbers, either. When stress takes over, patient care suffers. What really stood out was how much good support and smart stress management can help. If hospitals step up and tackle stress, staff well-being goes up, and so does the quality of care. This study shines a light on what's happening inside Tamil Nadu's private hospitals and why targeted solutions matter. If hospitals want better results, they have to take staff stress seriously. In the end, healthier workers mean healthier patients.

Keywords: Job Satisfaction, Working Conditions, Overall Performance, Leading To Lower Productivity, Higher Absenteeism and Turnover.

Introduction

Work-related stress is a growing problem across all sorts of industries, and it hits employee well-being and organizational performance pretty hard. In healthcare, especially in private hospitals, things can get intense. The workload is heavy, everything moves fast, and the stakes are high. Private hospitals in Tamil Nadu are right in the thick of it. They play a crucial role in the healthcare system, but their employees—doctors, nurses, admin staff, and everyone else deal with long shifts, a constant stream of patients, and the unending pressure to do everything right. It's no surprise that these conditions crank up stress levels. If nobody manages that stress, performance slips. People burn out. That's the heart of this study: looking at how work-related stress connects to employee performance in private hospitals in Tamil Nadu. The idea is to pinpoint the main sources of stress and figure out how they impact things like productivity, job satisfaction, and overall job performance. This research matters. First, it fills a gap there's not much out there about work stress in Tamil Nadu's health sector, so this adds some much-needed local perspective. It also puts the spotlight on mental health, which is a big deal if hospitals want to keep standards high for patient care. On top of that, the study aims to offer real, practical advice for hospital managers on how to handle stress and support their teams. To dig into all this, the study uses a mix of numbers and real stories—quantitative research and in-depth interviews. This way, it doesn't just scratch the surface. It looks closely at things like workload, workplace atmosphere, work-life balance, and job security, and how these factors tie into stress and performance. The goal? To help hospitals come up with solid strategies that lower stress, boost employee performance, and raise the overall

quality of care. When managers and policymakers really understand what's going on with occupational stress, they can build a healthier, more supportive environment. That's good for everyone employees, hospitals, and the people they care for.

Review of Literature

Seranmadevi, Senthil Kumar (2019), The study points out that lecturers in UPET colleges face a lot of stress. It's not just their problem—if this stress drags on, it hurts the whole institution. The answer isn't complicated: build a better work environment. Academic leaders need to put their people first, treating faculty with real respect and trust, instead of just worrying about ticking boxes for the institution. Looking ahead, research should go bigger—maybe cover the whole country or compare different types of technical schools to get a clearer picture and find better solutions.

Kumar, B. Senthil, Shastri, Deepti, Vendhan, K. Ezhil, (2023), concluded The study concluded that the main causes of work-related stress are excessive workloads due to insufficient staffing and unrealistic deadlines. To alleviate this stress, it is recommended that administration and leaders recruit and train more faculties, delegate tasks more effectively, ensure fair distribution of work, and promptly address employee's complaints. In addition, providing stress-relieving and refreshing activities such as office parties and professional support counseling can help improve the overall well-being of employees.

Mr.Mohamed Mohideen, Dr. Ashok Kumar Katta (2023) stated that stress is a common problem that requires immediate attention, especially for those working in training professions where it represents a significant workplace risk. However, when properly recognized and managed, stress can actually increase productivity and creativity. During times of severe stress or difficulty, it is helpful to keep busy and channel negative energy into constructive activities. Adopting a positive mindset and practicing meditation can help manage stress. Expanding your perspective on life can also change how you experience stress. By making stress a manageable part of our lives, we can promote organizational wellness as well as our own personal health.

Objectives of the Study:To analysis the Work Related Stress and its Impact on Performance among the of Employees in Private Hospitals with Reference to in Tamil Nadu.

Methodology

This study digs into how work-related stress affects employees' performance in private hospitals across Tamil Nadu, using both numbers and stories to get the full picture. Here's how it works: First, there's a quantitative survey. We're gathering data on stress levels and job performance—real numbers that show what's happening. Then, we use qualitative interviews. These conversations go deeper, capturing personal stories and the different factors that shape how stress shows up at work.

Research Design

The Research Design Comprises Two Main Components

Quantitative Survey: To collect numerical data on stress levels and performance metrics.

Qualitative Interviews: To gain in-depth insights into personal experiences and contextual factors influencing stress and performance.

Sampling

Sample Size: The plan is to reach 400 employees from a mix of private hospitals, making sure we hear from people in different roles, departments, and levels in the organization. This way, the study reflects a broad range of experiences.

Hypothesis of the Study

H₀: There is no significant difference between the Personal Factors and Information provided at registration in the Private hospitals.

H₁: There is significant difference between the Personal Factors and Information provided at registration in the Private hospitals.

H₀: There is no significant difference between Personal Factors and Formalities for registration in the Private hospitals

H₁: There is significant difference between Personal Factors and Formalities for registration in the Private hospitals.

Type of family

The type of family for a patient in a government hospital is typically determined by the patient's immediate relatives or legal guardians who are responsible for providing support and making medical decisions on behalf of the patient. The type of family profile of the respondents has been presented in the following table 1.

Table 1:Type of Family

S. No	Type of family	No. of Respondents	Percent
1.	Joint	186	46.5
2.	Nuclear	241	53.5
	Total	400	100

Source: Primary Data

Table 1 indicated that 46.5 percent of the respondents have joint family and remaining 53.5 percent of the respondents are with nuclear family.

It is quite clear from the above analysis that the majority, 53.5 percent of the respondents are with nuclear family.

Family size

The family size for a patient in a government hospital varies, ranging from individuals with no immediate family to those with larger extended families involved in their care. The family size profile of the respondents has been presented in the following table 2.

Table 2:Family size

S. No	Family size	No. of Respondents	Percent
1.	Up to 2	223	55.8
2.	3-4	119	29.8
3.	Above 4	58	14.5
	Total	400	100

Source: Primary Data

Table 2 indicated that 55.8 percent of the respondents have the family size, up to 2. 29.8 percent of respondent's have 3-4 and remaining 14.5 percent of the respondents have above 4.

It is quite clear from the above analysis that the majority, 55.8 percent of the respondents have up to 2 members.

Area of Residence

The area of residence for a patient in a government hospital is typically based on their registered address or the location where they primarily reside. The area of residence profile of the respondents has been presented in the following table 3.

Table 3: Area of Residence

S. No	Area of Residence	No. of Respondents	Percent
1.	Rural	254	63.5
2.	Urban	146	36.5
	Total	400	100

Source: Primary Data

Table 3 indicated that 63.5 percent of the respondents are from rural and remaining 36.5 percent of the respondents are urban based.

It is quite clear from the above analysis that the majority, 63.5 percent of the respondents are from rural.

Analysis of Variance (ANOVA)

When demographic variables are taken as independent variables, the dependency of other variables on demography has been checked with the help of one-way ANOVA (Analysis of Variance). ANOVA is a technique where the influence of one factor on another is checked. The researcher has employed ANOVA for inspecting the response of the sample depending on demographic variables (ages, gender, educational level, income level) or not.

The One-way analysis of variance has been used to examine the association between the dependent and independent variables of customers with the help of the following formula:

$$F \text{ ratio} = \frac{\text{Variance between groups}}{\text{Variance within groups}}$$

Difference between Personal Factors and Information provided at registration in the Private hospitals

H₀: There is no significant difference between the Personal Factors and Information provided at registration in the Private hospitals.

H₁: There is significant difference between the Personal Factors and Information provided at registration in the Private hospitals.

Table 4: Difference Between The Personal Factors And Information Provided At Registration In The Private Hospitals

Personal Factors	Source of variation	Sum of Squares	df	Mean Square	F	Sig.	Results
Age	Between Groups	9.144	4	2.286	1.949	.275	Accepted
	Within Groups	463.254	395	1.173			
	Total	472.398	399				
Gender	Between Groups	1.382	4	.345	1.390	.936	Accepted

	Within Groups	98.196	395	.249			
	Total	99.578	399				
Education qualification	Between Groups	88.371	4	22.093	8.038	.244	Accepted
	Within Groups	1085.626	395	2.748			
	Total	1173.998	399				
Occupation	Between Groups	180.197	4	45.049	9.899	.406	Accepted
	Within Groups	1797.553	395	4.551			
	Total	1977.750	399				
Marital Status	Between Groups	53.347	4	13.337	5.033	.007	Rejected
	Within Groups	350.430	395	.887			
	Total	403.778	399				
Monthly Income	Between Groups	35.217	4	8.804	3.336	.103	Accepted
	Within Groups	260.780	395	.660			
	Total	295.998	399				
Type of family	Between Groups	4.371	4	1.093	4.537	.861	Accepted
	Within Groups	95.139	395	.241			
	Total	99.510	399				
Family size	Between Groups	16.473	4	4.118	1.565	.954	Accepted
	Within Groups	153.965	395	.390			
	Total	170.438	399				
Area of Residence	Between Groups	3.794	4	.948	4.213	.002	Rejected
	Within Groups	88.916	395	.225			
	Total	92.710	399				
Nature of the treatment in this hospital	Between Groups	81.924	4	20.481	8.555	.054	Accepted
	Within Groups	945.654	395	2.394			
	Total	1027.578	399				

The result of ANOVA presented in table 4 shows that there is no significant difference between age, gender, education qualification, occupation, monthly income, type of family, family size and Nature of the treatment in this hospital and Information provided registration in the Private hospitals. The significance level of F value is greater than 0.05. The result shows that there is significant difference between respondents' marital status and area of residence and Information provided at registration in the Private hospitals.

Difference between Personal Factors and Formalities for registration in the Private hospitals

H₀: There is no significant difference between Personal Factors and Formalities for registration in the Private hospitals

H₁: There is significant difference between Personal Factors and Formalities for registration in the Private hospitals.

Table 5: Difference Between The Personal Factors and Formalities For Registration in the Private Hospitals ANOVA

Personal Factors	Source of variation	Sum of Squares	df	Mean Square	F	Sig.	Results
Age	Between Groups	4.723	4	1.181	.997	.409	Accepted
	Within Groups	467.674	395	1.184			
	Total	472.398	399				
Gender	Between Groups	1.626	4	.406	1.639	.164	Accepted
	Within Groups	97.952	395	.248			
	Total	99.578	399				
Education qualification	Between Groups	130.087	4	32.522	2.306	.278	Accepted
	Within Groups	1043.910	395	2.643			
	Total	1173.998	399				
Occupation	Between Groups	223.832	4	55.958	2.602	.001	Rejected
	Within Groups	1753.918	395	4.440			
	Total	1977.750	399				
Marital Status	Between Groups	66.932	4	16.733	9.622	.069	Accepted
	Within Groups	336.845	395	.853			
	Total	403.778	399				
Monthly Income	Between Groups	37.485	4	9.371	4.319	.082	Accepted

	Within Groups	258.512	395	.654			
	Total	295.998	399				
Type of family	Between Groups	10.068	4	2.517	1.116	.065	Accepted
	Within Groups	89.442	395	.226			
	Total	99.510	399				
Family size	Between Groups	25.886	4	6.471	7.684	.025	Rejected
	Within Groups	144.552	395	.366			
	Total	170.438	399				
Area of Residence	Between Groups	5.017	4	1.254	5.650	.091	Accepted
	Within Groups	87.693	395	.222			
	Total	92.710	399				
Nature of the treatment in this hospital	Between Groups	113.788	4	28.447	2.297	.074	Accepted
	Within Groups	913.789	395	2.313			
	Total	1027.578	399				

The result of ANOVA presented in table 5 shows that there is no significant difference between age, gender, education qualification, occupation, marital status, monthly income, type of family, area of residence and Nature of the treatment in this hospital and Formalities for registration in the Private hospitals. The significance level of F value is greater than 0.05. The result shows that there is no significant difference between respondents 'occupation and family size, and Formalities for registration in the Private hospitals.

Conclusion

This study set out to see how work-related stress hits employee performance in private hospitals across Tamil Nadu. After digging into both the numbers and real conversations with staff, a few things jumped out. For one, stress isn't some rare thing—almost everyone working in these hospitals feels it. The reasons? The job is tough. There's the constant rush, long shifts, endless streams of patients, and the pressure to deliver top-notch care. People pointed to a few big stressors: too much work, not enough support from management, trouble balancing work and personal life, and always worrying about job security. The research found something pretty clear—when stress goes up, performance drops. Staff get less done, call in sick more often, and many end up leaving their jobs. Plus, stress makes people less satisfied with their work and their lives in general, which then drags down the quality of care patients get. This study really drives home how badly private hospitals need to tackle workplace stress. Hospitals should roll out support systems—like employee assistance programs, stress management training, and a better workplace culture—to help staff handle the pressure. Other big moves? Make sure there are enough people on the team, give folks chances to grow in their careers, and actually support work-life balance. All these findings don't just sit on a shelf—they offer real, practical advice for private hospitals



in Tamil Nadu. If hospital leaders get serious about fixing the root causes of stress and put these recommendations into action, they'll build a better place to work. That's good for staff and, in the end, even better for patients. The bottom line: when employees feel better, everyone wins—the staff, the hospital, and the people they care for. There's still more to learn here, though. Future research needs to track what happens over time, so hospitals can keep fine-tuning how they deal with stress and keep improving care.

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