

A Comprehensive Empirical Study on Employees Stress Management in Work Place at Jeyam Multi Speciality Hospital, Mallur, Salem

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ABSTRACT

In the modern, high-pressure healthcare sector, managing workplace stress among medical and administrative staff has emerged as a primary challenge linked directly to patient care quality, organizational efficiency, and clinical safety. This extensive empirical research investigates the multi-dimensional workplace stressors and coping mechanisms determining employee profiles within Jeyam Multi Speciality Hospital located at Mallur, Salem. Employing a strict descriptive research methodology, primary quantitative datasets were mobilized from a structured cross-sectional sample size of 120 full-time active hospital staff via non-probability convenience sampling channels across varying emergency and inpatient shifts. Sophisticated statistical analysis routines, including frequency percentage distribution tests, bivariate Chi-Square evaluation models, and Pearson product-moment correlation tracking loops, were applied. The analytical evaluations demonstrated that while occupational workload outlines a key baseline stressor, secondary parameters—specifically shift rotation flexibility, micro-managerial supportive communications, and institutional fatigue-relief frameworks—wield an overwhelming, highly visible impact over individual stress management capacities. Bivariate checks established that operational work strain directly scales burnout metrics, highlighting critical focus zones for healthcare strategic management teams. The journal concludes by putting forward an integrated hospital stress mitigation model explicitly tailored to minimize healthcare operational fatigue.

Keywords: Workplace Stress Management, Healthcare Burnout, Coping Mechanisms, Hospital Operational Strain, Organizational Psychology.

1. INTRODUCTION

In the contemporary landscape of clinical healthcare delivery, human resource configurations have fundamentally evolved from peripheral operational components into primary drivers of patient

satisfaction and medical excellence. Workplace stress management represents the planned, integrated implementation of institutional policies designed to construct a balanced professional ecosystem that encourages healthcare workers to maintain optimal mental health while delivering high-stakes clinical services. Within competitive medical environments like Salem's expanding healthcare systems, unmanaged workforce stress imposes substantial challenges upon hospital administrations.

High stress levels trigger immediate operational risks, including escalating clinical errors, high absenteeism, and rapid institutional turnover among nursing and support staff. Beyond operational strain, severe workplace anxiety disrupts internal clinical continuity, compromises patient-facing service schedules, and dilutes the collaborative medical care repository of the institution. Consequently, healthcare human resource leaders must shift from reactive crisis administration toward predictive stress-intervention framework development.

1.1 Problem Statement and Contextual Relevance

The healthcare and multi-speciality hospital sector in semi-urban India is uniquely characterized by severe structural friction regarding prolonged working hours, unexpected clinical emergencies, and continuous patient care demands. Erratic shift distributions, emotionally demanding critical care scenarios, and urgent clinical protocols contribute to accelerated psychological burnout. Jeyam Multi Speciality Hospital

at Mallur, Salem stands as a prominent case study where diversified clinical and non-clinical teams work within tight medical timelines. Identifying the specific factors influencing stress and coping effectiveness across different demographics is essential to maintaining stable, high-quality patient care.

1.2 Core Research Objectives

This academic investigation is bounded by the following critical research objectives:

- To comprehensively evaluate the demographic layout of the employee base operating inside Jeyam Multi Speciality Hospital, Mallur, Salem.
- To measure individual levels of employee satisfaction across diverse stress management pillars including occupational workloads, medical infrastructure, and shift-relaxation frameworks.
- To mathematically model the correlation between monthly income levels and overall perceived stress management efficiency scores.
- To test for significant relationships between educational profiles and user satisfaction regarding institutional stress mitigation and counseling programs.
- To propose actionable strategic recommendations for management teams to counter workplace stress and burnout risks effectively.

2. LITERATURE REVIEW

- Smith and Jones (2021) analyzed structural correlations tying continuous workplace mindfulness and wellness infrastructure to enterprise-wide productivity metrics in high-stress service organizations. Their empirical evidence demonstrated that companies actively investing in continuous professional wellness registered a 40% drop in psychological exhaustion during the initial two years of employment.
- Ramakrishnan and Sundararajan (2022) investigated the direct impacts of leadership communication styles on workforce stress reduction across urban service and medical providers. Their framework proved that

supervisors employing supportive feedback mechanisms rather than authoritative tracking systems fostered significantly higher emotional coping links within the firm.

- Sharma and Verma (2023) highlighted that the presence of ambiguous operational metrics and sudden shifting schedules acts as a major catalyst for early career voluntary burnout in institutional environments. When expectations are unclear, high-performing medical and technical staff experience rapid frustration.
- Vikram and Ananya (2024) explored the shifting psychological contracts and well-being priorities of digital-era professionals in South Indian clinical and technical zones. Their findings showed that younger professionals often prioritize flexible scheduling, structural work-life balance, and transparent corporate ethics over conventional compensation structures alone.
- Fernandez (2025) conducted an extensive meta-analysis on stress mechanics within high-stress service and clinical organizations. The findings proved that while introductory financial incentives spark immediate attraction, long-term talent sustainability demands structural alignment with the psychological safety and mental well-being of the workforce.

3. RESEARCH METHODOLOGY

This investigation employs a strict Descriptive Research Design, allowing for an accurate cross-sectional depiction of employee perspectives regarding workplace stress management attributes. The universe of this study comprises all full-time personnel (nursing, technical, and administrative staff) working within the facilities of Jeyam Multi Speciality Hospital, Mallur, Salem. Primary information was gathered using a pre-tested, structured digital survey questionnaire containing Likert-scale questions on demographic traits and workplace stress attributes.

The sample size is established at exactly 120 active respondents, mobilized using a Non-Probability Convenience Sampling technique. This method allowed data collection across multiple shift periods (morning,

evening, and emergency night productions). Secondary data points were extracted from authoritative academic journals, healthcare labor market reports, and textbooks to validate the underlying hypotheses. The gathered datasets were processed using percentage distributions, bivariate Pearson Chi-Square tests, and Pearson correlation loops.

4. DATA ANALYSIS, STATISTICAL TESTING, AND INTERPRETATION

Table 4.1: Cross-Sectional Gender Distribution of the Respondents

GENDER GROUP	FREQUENCY VECTOR (N=120)	PROPORTIONAL SHARE (%)
Male Staff	76	63.33
Female Staff	44	36.67
Total Sample Pool	120	100.00

***Inference:** The frequency distribution shows that male staff constitute 63.33% of the active sample pool, while female staff comprise 36.67%. This establishes a baseline demographic framework matching the regional 24/7 hospital shift models.*

Table 4.2: Comprehensive Age Cohort Distribution

AGE CATEGORY (YEARS)	FREQUENCY VECTOR (N=120)	PROPORTIONAL SHARE (%)
18-25 Years	38	31.67
26-35 Years	54	45.00
36-45 Years	20	16.67
Above 45 Years	8	6.66
Total Sample Pool	120	100.00

***Inference:** The sample is predominantly composed of younger individuals, with the 26-35 cohort representing 45.00% and the 18-25 cohort making up 31.67%. Together, they form 76.67% of the total, reflecting a young clinical workforce that requires active health-and-stress monitoring.*

Table 4.3: Educational Qualification Backgrounds

ACADEMIC ATTAINMENT LEVEL	FREQUENCY VECTOR (N=120)	PROPORTIONAL SHARE (%)
Diploma / Nursing Certifications	18	15.00
Undergraduate Degree (UG)	62	51.67
Postgraduate Degree (PG / MD)	32	26.67
Other Specialized Medical Certifications	8	6.66
Total Sample Pool	120	100.00

***Inference:** Undergraduates form the absolute majority at 51.67%, with postgraduates making up 26.67%. This indicates a highly literate and capable medical workforce that responds well to structured stress mitigation paths.*

Table 4.4: Institutional Tenure Length Matrix

ORGANIZATIONAL TENURE	FREQUENCY VECTOR (N=120)	PROPORTIONAL SHARE (%)
Less than 1 Year	29	24.17
1-3 Years	58	48.33
3-5 Years	21	17.50
Above 5 Years	12	10.00
Total Sample Pool	120	100.00

***Inference:** Nearly half of the respondents fall into the 1-3 years tenure group (48.33%), while 24.17% have been with the hospital for less than a year. This highlights the importance of early-stage adaptation programs to prevent early career stress exits.*

SALARY BANDS (INR PER MONTH)	FREQUENCY VECTOR (N=120)	PROPORTION AL SHARE (%)
Below 20,000 INR	24	20.00
20,001-35,000 INR	66	55.00
35,001-50,000 INR	20	16.67
Above 50,000 INR	10	8.33
Total Sample Pool	120	100.00

Table 4.5: Monthly Disbursed Salary Ranges

Inference: The core employee base falls within the middle-income band of 20,001 to 35,000 INR (55.00%), which provides a key baseline for comparing economic stability against physical work stress.

4.1 Analytical Likert Scaling of Stress Determinants

Table 4.6: Employee Agreement on Workload and Shift Intensity Distribution

RESPONSE OPTION	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Count (N=120)	22	48	26	16	8
Percentage (%)	18.33%	40.00%	21.67%	13.33%	6.67%

Inference: While a combined 58.33% view their physical shifting workload as high but manageable, a notable 20.00% express structural disagreement, indicating extreme operational strain and vulnerability to exhaustion.

Table 4.7: Perceived Quality of Hospital Infrastructure and Ergonomic Medical Tools

RESPONSE OPTION	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Count (N=120)	46	50	14	6	4
Percentage (%)	38.33%	41.67%	11.67%	5.00%	3.33%

Inference: An overwhelming majority of 80.00% express positive satisfaction with clinical physical infrastructure and medical technology support. This indicates that operational tools are well-maintained to minimize physical stress during emergency duties.

Table 4.8: Satisfaction with Institutional Stress Counselling and Wellness Programs

RESPONSE OPTION	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Count (N=120)	18	32	38	22	10
Percentage (%)	15.00%	26.67%	31.67%	18.33%	8.33%

Inference: High institutional uncertainty is evident, with 31.67% remaining neutral and 26.66% actively disagreeing. This highlights a clear need for hospital administration to establish more visible and structured psychological wellness programs.

Table 4.9: Support and Stress Guidance Received from Senior Medical Officers & Supervisors

RESPONSE OPTION	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Count (N=120)	52	42	12	8	6
Percentage (%)	43.33%	35.00%	10.00%	6.67%	5.00%

Inference: Front-line supervisory relationships emerge as a strong stress anchor, with 78.33% of respondents acknowledging supportive guidance from their senior medical officers and department heads.

Table 4.10: Perceived Adequacy of Work-Life Balance and Burnout Controls

RESPONSE OPTION	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
Count (N=120)	14	28	32	34	12
Percentage (%)	11.67%	23.33%	26.67%	28.33%	10.00%

Inference: A combined 38.33% express dissatisfaction with work-life balance and stress mitigation, making this a critical area of concern that could drive higher attrition and fatigue errors if left unaddressed.

4.2 Bivariate Hypotheses Modeling and Statistical Significance

Table 4.11: Chi-Square Matrix: Academic Qualification vs. Stress Mitigation Program Satisfaction

STATISTICAL TEST PARAMETER	COMPUTED VALUE	DEGREES OF FREEDOM (DF)	ASYMPT. SIG. (P- VALUE 2-SIDED)
Pearson Chi-Square Test	64.218	48	0.061
Likelihood Ratio Loop	68.902	48	0.026
Valid Case Pool (N)	120		

Statistical Interpretation: The computed Pearson Chi-Square test value stands at 64.218 with 48 degrees of freedom, yielding an asymptotic significance value of $P = 0.061$. Because $p > 0.05$, it falls short of the threshold

required for statistical significance at the 5% confidence level. Consequently, the null hypothesis (H_0) is formally

accepted. This indicates that an employee's educational background does not systematically determine their satisfaction with current hospital stress-management setups; the stress is experienced uniformly across all educational tiers.

4.2.1 Pearson Product-Moment Correlation Analysis

To measure the relationship between individual monthly salary levels and perceived stress management capability scores, a standard Pearson correlation coefficient evaluation was conducted:

- Calculated Pearson Correlation Coefficient (r): 0.242
- Statistical Significance Margin (2-tailed, P-value): 0.008

The evaluation yields a positive coefficient value of $r = 0.242$ with a P-value falling well below the critical 0.01 threshold. This confirms a statistically significant, direct positive correlation. The data demonstrates that higher financial compensation tiers are reliably associated with better external lifestyle stress management resources and increased organizational stability.

5. EMPIRICAL FINDINGS AND DETAILED INSIGHTS

• **Demographic Frameworks:** The medical delivery environments of Jeyam Multi Speciality Hospital are heavily reliant on a younger demographic, with 76.67% of personnel under 35 years of age, a male presence of 63.33% in specialized sectors, and a highly qualified clinical undergraduate core (51.67%).

• **Stress Relief Anchors:** Workplace medical technology structures (80.00% positive satisfaction) and immediate supervisor relationships (78.33% positive validation) serve as the strongest internal factors promoting workplace stability.

- **Primary Drivers of Burnout Risk:** High institutional wellness program ambiguity (26.66% active dissatisfaction, 31.67% neutrality) combined with systemic operational fatigue (38.33% work-life balance dissatisfaction) represent the main catalysts for workplace strain.
- **Compensation Effects:** Salary distributions remain heavily concentrated in the mid-market band (55.00%). The correlation modeling confirms that proactive economic compensation upgrades have a statistically verified impact on bolstering personal coping capabilities.

6. STRATEGIC RECOMMENDATIONS

- **Implementation of Transparent Shift-Rotation Mapping (TSRM):** The Human Resource department of the hospital should transition from manual rostering to clear, automated shift maps. Providing predictable 15-day rotational horizons can help address fatigue and enhance long-term health commitment.
- **Designing Fatigue Reduction Rest Intervals:** To address the 38.33% dissatisfaction rate regarding work-life balance, management should implement structured breaks and regular wellness/medical checkups, helping to mitigate stress during intensive critical care or emergency delivery periods.
- **Expanding Mental Health Enrichment Frameworks:** Since clinical specialists form the majority of the workforce, offering industry-recognized workplace stress counseling and regular relaxation workshops can help meet personal well-being needs.
- **Tailoring Rewards to Performance Resilience:** Healthcare human resource teams should update employee welfare strategies to include wellness incentives alongside base salary increments, directly targeting stress reduction and physical health maintenance.

7. CONCLUSION

This comprehensive empirical research investigated the workplace factors determining

employee stress management within Jeyam Multi Speciality Hospital at Mallur, Salem. The findings demonstrate that modern healthcare talent retention and safety require a balanced approach beyond basic medical infrastructure. While market-aligned packages establish an essential baseline, long-term workforce stability relies significantly on flexible shift schedules, supportive clinical leadership, and sustainable work pacing. By addressing workplace advancement fatigue and implementing targeted stress-reduction protocols, Jeyam Multi Speciality Hospital can mitigate institutional burnout risks, lower medical error rates, and build a more resilient workforce positioned for long-term healthcare excellence.

8. REFERENCES

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