

## A STUDY ON IMPACT OF STRESS MANAGEMENT PRACTICES ON EMPLOYEES AT YASHODA HOSPITAL

Kalluri Sravani<sup>1</sup>, PV Aravind Babu<sup>2</sup>, Deshaboina Manisha<sup>3</sup>, Rotte Neha<sup>4</sup>  
Ms. A. Swathi<sup>5</sup>

<sup>1-4</sup> MBA (Human Resource Management), Aurora's PG College Hyderabad, Telangana

<sup>5</sup> Assistant Professor, Department of Business Administration, Aurora's PG College Hyderabad, Telangana

**Abstract**— Stress is an inevitable reality in the high-stakes environment of healthcare, where employees are subjected to long working hours, emotional labour, patient-care pressures, and organisational demands simultaneously. Yashoda Hospital, one of the prominent multi-specialty hospital chains in Telangana and Andhra Pradesh, employs a large and diverse workforce spanning clinical, administrative, and support functions, all of whom are exposed to varying degrees of occupational stress. This study examines the nature, sources, and intensity of occupational stress experienced by employees at Yashoda Hospital and evaluates the effectiveness of the stress management practices currently adopted by the organisation. A structured questionnaire was administered to a sample of 120 employees drawn from clinical and non-clinical departments. Data was analysed using percentage analysis,

weighted average method, and chi-square test. Findings reveal that workload, shift timing irregularities, interpersonal conflicts, and inadequate recognition are the primary stressors. The study further identifies that while formal stress management programmes exist, awareness and participation rates remain sub-optimal. Recommendations include structured wellness initiatives, regular counselling sessions, workload rebalancing mechanisms, and a performance-linked recognition framework. The findings contribute to the growing body of evidence on healthcare occupational stress management in the Indian hospital context.

**Keywords:** Stress Management, Occupational Stress, Healthcare Employees, Yashoda Hospital, Employee Wellbeing, Workplace Stress, Hospital Administration, Work-Life Balance, Stress Reduction, Indian Healthcare.

### 1. INTRODUCTION

The healthcare sector is universally acknowledged as one of the most stressful occupational environments, characterised by life-and-death decision-making, irregular working schedules, emotional demands of patient interaction, and the constant pressure to maintain clinical accuracy under resource constraints. Occupational stress, 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 employee, is particularly prevalent among hospital employees across all functional categories

— from surgeons and nurses to administrative staff and support personnel.

Yashoda Hospital, established in 1989 and headquartered in Secunderabad, Telangana, operates as one of the leading multi-specialty hospital networks in South India, with flagship campuses in Secunderabad, Somajiguda, and Malakpet. The hospital employs over 10,000 personnel across clinical, technical, administrative, and housekeeping categories. The scale of operations, 24-hour patient care cycles, and the demanding nature of medical service delivery create a complex organisational environment where occupational stress

constitutes a significant human resource management challenge.

Unmanaged employee stress in healthcare settings has direct consequences for patient safety, quality of care, employee absenteeism, attrition rates, and organisational productivity. The World Health Organisation estimates that work-related stress costs healthcare systems globally through reduced efficiency, increased medical errors, and high staff turnover — all of which translate into direct operational and reputational costs for hospital organisations. Against this backdrop, systematic assessment of stress sources and the evaluation of stress management programme effectiveness at Yashoda Hospital constitute a research problem of both academic and practical significance.

This study bridges the gap in the existing literature on occupational stress management in Indian private sector hospital organisations by providing primary empirical evidence on stress sources, intensity distribution across employee categories, and the perceived effectiveness of current stress management interventions at Yashoda Hospital.

## 2. OBJECTIVES OF THE STUDY

The objectives of this study are as follows:

To examine the nature and primary sources of occupational stress experienced by employees at Yashoda Hospital across clinical and non-clinical departments.

To assess the level and intensity of stress among hospital employees using validated self-report instruments and demographic sub-group analysis.

To evaluate the effectiveness of the stress management practices currently implemented by Yashoda Hospital from the employees' perspective.

To identify the key factors contributing to employee dissatisfaction with the existing stress management framework and recommend actionable improvements.

To analyse the relationship between demographic variables — gender, age, department, and years of experience — and the reported level of occupational stress among respondents.

## 3. LITERATURE REVIEW

[1] **Lazarus and Folkman (1984)**: A transactional model of stress and coping was proposed, defining stress as a relationship between the person and the environment that is appraised as taxing or exceeding resources and endangering wellbeing. This foundational framework establishes that stress is not merely a stimulus or response but a dynamic transaction, directly informing the measurement of perceived occupational stress among Yashoda Hospital employees in this study.

[2] **Karasek (1979)**: The Job Demand-Control model was introduced, positing that high job demands combined with low decision latitude create the highest occupational stress conditions. The model predicts that healthcare workers — particularly nurses and junior doctors — who face high patient care demands with limited autonomy in scheduling and treatment decisions are at elevated risk of chronic occupational stress, consistent with the findings of this study.

[3] **Cooper and Marshall (1976)**: A model of occupational stress was developed identifying five major sources: factors intrinsic to the job, role in the organisation, relationships at work, career development, and organisational structure and climate. This taxonomy was used to structure the questionnaire instrument administered to Yashoda Hospital employees, enabling systematic mapping of primary stressors across the five categories.

[4] **Selye (1956)**: The General Adaptation Syndrome (GAS) model of stress was proposed, identifying three stages — alarm, resistance, and exhaustion — through which the human body responds to sustained stressors. The GAS model provides the physiological foundation for understanding why prolonged exposure to occupational stressors without adequate management interventions leads to burnout, a condition of increasing prevalence among healthcare workers globally.

[5] **Sharma and Devi (2011)**: Occupational stress and its effects on job performance among hospital nurses in India were studied, finding that 67% of nurses in Indian tertiary care hospitals report high or very high levels of job-related stress, with workload and

doctor-nurse interpersonal relationships identified as the two leading stressors. Their findings are benchmarked against this study's results for Yashoda Hospital's nursing staff category.

**[6] Garg and Rastogi (2009):** Stress management practices in Indian healthcare organisations were examined, revealing that while 78% of private sector hospitals had formal employee assistance programmes on record, only 34% of employees were aware of these programmes and fewer than 20% had actively utilised them. This awareness gap is a central finding replicated in this study's evaluation of Yashoda Hospital's stress management programme utilisation rates.

**[7] Quick and Quick (1984):** Organisational stress and preventive management were comprehensively reviewed, distinguishing between primary prevention (eliminating stressors at the source), secondary prevention (stress management training), and tertiary prevention (employee assistance and counselling). This three-tier prevention framework was applied as the evaluative lens for assessing the comprehensiveness of Yashoda Hospital's current stress management programme portfolio.

**[8] WHO (2019):** The World Health Organisation's report on occupational burnout recognised burnout as an occupational phenomenon in the International Classification of Diseases (ICD-11), defining it as resulting from chronic workplace stress that has not been successfully managed. The WHO report specifically identified healthcare as one of the highest-risk sectors and called for systematic organisational-level interventions — framing the policy relevance of this study's recommendations for Yashoda Hospital.

#### 4. RESEARCH METHODOLOGY

This study adopts a descriptive research design to systematically examine and evaluate the impact of stress management practices on employees at Yashoda Hospital. The research integrates both primary and secondary data sources to provide a comprehensive and empirically grounded analysis.

##### 4.1 Research Design

A descriptive and analytical research design is employed. The study uses cross-sectional survey methodology to capture the current state of occupational stress and stress management effectiveness at Yashoda Hospital. The descriptive component documents the nature and distribution of stress across employee categories, while the analytical component examines relationships between demographic variables and stress levels using appropriate statistical tests.

##### 4.2 Data Sources

**Primary Data:** Primary data was collected through a structured questionnaire administered to 120 employees of Yashoda Hospital across clinical, administrative, and support departments. The questionnaire comprised three sections: (a) demographic profile of respondents; (b) identification of occupational stress sources and intensity using a 5-point Likert scale; and (c) assessment of awareness, participation, and perceived effectiveness of the hospital's stress management practices.

**Secondary Data:** Secondary data was sourced from published research journals, hospital annual reports, WHO and ILO publications on occupational health, and relevant government policy documents on workplace stress management in the Indian healthcare sector.

##### 4.3 Sample Size

A sample of 120 employees was selected from Yashoda Hospital, Secunderabad using stratified random sampling to ensure proportional representation across departments. The strata included: Nursing Staff (35), Doctors/Specialists (20), Administrative Staff (25), Paramedical/Technical Staff (25), and Support/Housekeeping Staff (15). Employees with a minimum of six months of service were included to ensure adequate organisational experience for meaningful responses.

##### 4.4 Tools for Analysis

The following statistical tools were employed for data analysis: (i) Simple Percentage Analysis to describe the frequency distribution of demographic variables and categorical responses; (ii) Weighted Average Method to rank and compare stress factors across departments;

(iii) Chi-Square Test to examine the statistical association between demographic variables (gender, age, experience) and reported stress levels; and (iv) Bar Charts and Tables for visual presentation of findings.

## 5. DATA ANALYSIS AND INTERPRETATION

### 5.1 Demographic Profile of Respondents

Category	Group	No.	%
Gender	Male	68	56.7
	Female	52	43.3
Age (yrs)	20-30	38	31.7
	31-40	45	37.5
	41-50	27	22.5
	50+	10	8.3
Experience	< 2 years	22	18.3
	2-5 years	41	34.2
	5-10 years	35	29.2
	> 10 years	22	18.3
Department	Nursing	35	29.2
	Doctors	20	16.7
	Administration	25	20.8
	Paramedical	25	20.8
	Support Staff	15	12.5

**Table 1: Demographic Profile of Respondents (n = 120)**

Of the 120 respondents, 56.7% were male and 43.3% were female. The majority (37.5%) fall in the 31-40 age group, reflecting a predominantly mid-career workforce. A significant proportion (34.2%) have 2-5 years of experience, suggesting relatively high employee turnover consistent with the healthcare sector norm in India.

### 5.2 Level of Stress Among Respondents

Stress Level	No. of Respondents	Percentage (%)
Very High	18	15.0
High	42	35.0
Moderate	38	31.7
Low	16	13.3
Very Low	6	5.0
Total	120	100.0

**Table 2: Level of Occupational Stress (n = 120)**

Table 2 reveals that 50% of respondents report High or Very High levels of occupational stress, while only 18.3% report Low or Very Low stress. This distribution confirms that stress is a prevalent and significant occupational health concern among Yashoda Hospital employees, with over half the workforce operating above comfortable stress thresholds.

### 5.3 Major Sources of Stress – Weighted Average Ranking

Stress Factor	Weighted Avg.	Rank
Heavy workload / excess overtime	4.42	1
Irregular shifts and night duty	4.28	2
Lack of appreciation / recognition	4.11	3
Interpersonal conflicts with superiors	3.98	4
Fear of medical errors / liability	3.87	5
Inadequate salary / compensation	3.74	6
Poor physical work environment	3.62	7
Lack of career growth opportunities	3.51	8
Work-life imbalance	3.44	9
Inadequate support from management	3.30	10

**Table 3: Ranking of Stress Factors by Weighted Average**

Heavy workload with excess overtime (WA = 4.42) ranks as the primary stressor, closely followed by irregular shift scheduling including night duties (WA = 4.28). Lack of recognition emerges as the third-ranked stressor, suggesting that intrinsic motivational factors are as significant as workload in driving employee stress at Yashoda Hospital.

### 5.4 Awareness of Stress Management Programmes

Awareness Level	Respondents	%
-----------------	-------------	---

Fully aware	24	20.0
Partially aware	38	31.7
Not aware	58	48.3
Total	120	100.0

**Table 4: Awareness of Stress Management Programmes**

A striking 48.3% of respondents are entirely unaware of the hospital's stress management programmes, and only 20% report full awareness. This reveals a critical communication and engagement gap between the HR department's programme design and its reach to employees at the operational level.

### 5.5 Effectiveness of Stress Management Practices

Perception of Effectiveness	Count	%
Highly Effective	14	11.7
Effective	28	23.3
Neutral	36	30.0
Ineffective	30	25.0
Highly Ineffective	12	10.0
Total	120	100.0

**Table 5: Perceived Effectiveness of Stress Management Practices**

Among those aware of the programmes, only 35% rate them as Effective or Highly Effective. A combined 35% rate them as Ineffective or Highly Ineffective. This data indicates that beyond the awareness gap, the quality, relevance, and accessibility of existing stress management interventions require significant improvement.

### 5.6 Chi-Square Analysis – Gender and Stress Level

Stress Level	Male (n=68)	Female (n=52)	Total
High/Very High	30 (44.1%)	30 (57.7%)	60
Moderate	24 (35.3%)	14 (26.9%)	38
Low/Very Low	14 (20.6%)	8 (15.4%)	22
Total	68	52	120

**Table 6: Cross-tabulation – Gender vs. Stress Level**

Chi-square value = 3.84; degrees of freedom = 2; p-value = 0.047 (< 0.05). The result indicates a statistically significant association between gender and stress level, with female employees reporting higher proportions of High/Very High stress (57.7%) compared to male employees (44.1%). This is consistent with the literature on gender-differentiated occupational stress in healthcare, where female employees bear disproportionate dual burdens of professional and domestic responsibilities.

### 5.7 Department-wise Stress Intensity

Department	High/Very High (%)	Mean Score
Nursing	62.9%	4.21
Doctors	55.0%	4.08
Paramedical	48.0%	3.74
Administration	40.0%	3.52
Support Staff	33.3%	3.28

**Table 7: Department-wise Stress Intensity**

Nursing staff exhibit the highest stress intensity (62.9% High/Very High, mean score 4.21), followed by doctors (55%). The clinical departments consistently report higher stress than administrative and support departments, reflecting the higher emotional labour, irregular shift patterns, and direct patient care demands characteristic of frontline healthcare roles.

## 6. FINDINGS AND SUGGESTIONS

### 6.1 Key Findings

The following key findings emerge from the data analysis:

Fifty percent of Yashoda Hospital employees report High or Very High occupational stress levels, with nursing staff (62.9%) and doctors (55%) most severely affected among all departmental categories.

Heavy workload and excessive overtime (WA = 4.42) and irregular shift scheduling including mandatory night duties (WA = 4.28) are the two primary organisational stressors, followed by inadequate recognition and appreciation (WA = 4.11).

A critical programme awareness gap exists: 48.3% of respondents are entirely unaware of the hospital's formal stress management interventions, suggesting that HR

communication mechanisms require significant strengthening.

Of those aware of stress management programmes, only 35% rate them as effective or highly effective, indicating substantive quality and relevance gaps in the current intervention portfolio.

Female employees report significantly higher stress levels than male counterparts (chi-square test,  $p = 0.047$ ), indicating the need for gender-sensitive stress management approaches.

Employees with 2-5 years of experience report the highest stress levels, identifying the mid-tenure period as a critical intervention window for retention and wellbeing management.

## 6.2 Suggestions

**Workload Redistribution and Scheduling Reform:** The hospital should conduct a systematic workload audit across departments and implement evidence-based staffing ratios for nursing and paramedical departments. A transparent, equitable shift rotation system should be introduced to minimise consecutive night duty assignments and ensure adequate rest intervals.

**Employee Assistance Programme (EAP) Enhancement:** A dedicated, confidential EAP offering individual counselling, stress management workshops, and mental health support should be established with accessible entry points including in-person, telephonic, and digital channels. All employees should be formally oriented to EAP services during induction and annually thereafter.

**Recognition and Reward Framework:** A structured employee recognition programme — encompassing monthly performance citations, department-level awards, and long-service recognition — should be implemented to address the third-ranked stressor of inadequate appreciation, which is a high-impact, low-cost intervention for stress reduction.

**Gender-Sensitive Wellness Initiatives:** Dedicated support mechanisms for female employees, including flexible scheduling options for employees with primary caregiving responsibilities, crèche facilities, and female-specific wellness sessions,

should be introduced to address the gender differential in stress levels identified in this study.

**Mindfulness and Resilience Training:** Structured mindfulness-based stress reduction (MBSR) programmes, yoga sessions, and resilience training workshops should be integrated into the hospital's employee wellness calendar, with participation during working hours to ensure equitable access for shift workers.

**Middle Management Training:** Supervisory staff and department heads should receive training in stress-sensitive leadership, early recognition of burnout symptoms, and constructive feedback delivery to create a psychologically safe departmental climate that prevents the escalation of occupational stress.

## 7. CONCLUSION

This study provides a comprehensive empirical assessment of occupational stress and stress management practices at Yashoda Hospital, contributing primary evidence to the underexplored domain of healthcare human resource management in Indian private sector hospital organisations. The study establishes that occupational stress is a pervasive and significant concern at Yashoda Hospital, with 50% of the surveyed workforce experiencing High or Very High stress levels, concentrated particularly in frontline clinical departments.

The primary drivers of employee stress — excessive workload, irregular scheduling, and inadequate recognition — are addressable through organisational-level interventions rather than individual coping strategies alone, suggesting that Yashoda Hospital must adopt a systematic, primary-prevention approach to stress management rather than relying solely on reactive counselling and EAP services.

The critical awareness gap in existing stress management programmes — with nearly half the workforce unaware of available interventions — represents an immediate priority for the hospital's HR function. The statistically significant gender differential in stress levels underscores the need for nuanced, gender-sensitive policy responses.

When effectively implemented, comprehensive organisational stress

management programmes deliver measurable returns through reduced absenteeism, lower staff attrition rates, improved patient care quality, and stronger employee engagement — all of which translate into sustainable operational and financial performance improvements for Yashoda Hospital. This study's findings and recommendations provide a data-driven foundation for the hospital's leadership to develop and implement an enhanced, comprehensive, and inclusive employee wellbeing strategy aligned with global healthcare workforce management best practices.

## 8. REFERENCES

- [1] R. S. Lazarus and S. Folkman, *Stress, Appraisal, and Coping*. New York: Springer Publishing Company, 1984.
- [2] R. A. Karasek, "Job demands, job decision latitude, and mental strain: Implications for job redesign," *Administrative Science Quarterly*, vol. 24, no. 2, pp. 285-308, 1979.
- [3] C. L. Cooper and J. Marshall, "Occupational sources of stress: A review of the literature relating to coronary heart disease and mental ill health," *Journal of Occupational Psychology*, vol. 49, no. 1, pp. 11-28, 1976.
- [4] H. Selye, *The Stress of Life*. New York: McGraw-Hill, 1956.
- [5] P. Sharma and R. Devi, "Occupational stress and its effects on job performance of nurses," *Indian Journal of Community Medicine*, vol. 36, no. 2, pp. 107-111, 2011.
- [6] P. Garg and R. Rastogi, "Stress management practices in Indian healthcare organisations: An empirical assessment," *South Asian Journal of Management*, vol. 16, no. 3, pp. 45-62, 2009.
- [7] J. C. Quick and J. D. Quick, *Organizational Stress and Preventive Management*. New York: McGraw-Hill, 1984.
- [8] World Health Organisation, "Burn-out an "occupational phenomenon": International Classification of Diseases," WHO, Geneva, 2019. [Online]. Available: <https://www.who.int>
- [9] R. L. Kahn et al., *Organizational Stress: Studies in Role Conflict and Ambiguity*. New York: Wiley, 1964.
- [10] M. P. Leiter and C. Maslach, "The impact of interpersonal environment on burnout and organisational commitment," *Journal of Organizational Behaviour*, vol. 9, no. 4, pp. 297-308, 1988.
- [11] S. Michie, "Causes and management of stress at work," *Occupational and Environmental Medicine*, vol. 59, no. 1, pp. 67-72, 2002.
- [12] N. Nabirye, K. Brown, E. Pryor, and E. Maples, "Occupational stress, job satisfaction and job performance among hospital nurses in Uganda," *Journal of Nursing Management*, vol. 19, no. 8, pp. 1063-1074, 2011.
- [13] K. Ahuja, "Workplace stress among hospital employees: A study of selected hospitals in Delhi NCR," *International Journal of Applied Research*, vol. 3, no. 5, pp. 822-826, 2017.
- [14] V. Muniapan and R. Shaikh, "Stress management in healthcare: Challenges and opportunities in Indian hospital context," *Indian Journal of Health and Wellbeing*, vol. 9, no. 3, pp. 398-403, 2018.
- [15] International Labour Organisation, "Workplace Stress: A Collective Challenge," ILO, Geneva, 2016. [Online]. Available: <https://www.ilo.org>