

OCCUPATIONAL STRESS AMONG WOMEN ADMINISTRATIVE SUPPORT STAFF IN HEALTHCARE SECTOR DURING COVID-19

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Abstract *Healthcare workers experience multiple sources of stress. A substantial contributor to poor physical and mental health, substance abuse, tardiness at work, absenteeism, and emigration rates is workplace stress due to menial job workers, technical and non-technical workers in private hospitals. The main aim of the study is to measure the occupational stress among women administrative support staff in healthcare sector. The questionnaires were distributed to 750 healthcare workers were selected for the study; 630 questionnaires were selected for the study with the response rate of 84%. It is found that menial workers and technical workers are having more physiological, psychological and behavioural problems compared to non-technical workers working in healthcare sector. Non-technical workers are having less physiological, psychological and behavioural problems compared to menial and technical workers working in healthcare sector during COVID.*

Keywords *Occupational Stress, Women Administrative Support Staff, Healthcare, Physiological, Psychological, Behavioural Problems*

INTRODUCTION

Due to a mismatch among the job's demands and the abilities, skills, and needs of the worker, occupational stress is damaging and, in its chronic form, is known as "Burnout." Healthcare workers experience multiple sources of stress. It affects between 27 and 87.4% of healthcare practitioners. A substantial contributor to poor physical and mental health, substance abuse, tardiness at work, absenteeism, and emigration rates is workplace stress. It may also result in worries about patient safety and subpar medical care. Some of the factors significantly associated with occupational stress among health care professionals included the mismatch among the job demands and the resources at their disposal, work overload, working conditions, previous experience, conflict at work, discrimination based on gender, marital status, educational status, job satisfaction, and not being rewarded. Additional pressures brought on by the coronavirus disease 2019 (COVID-19) pandemic include worker redeployment and infection anxiety. The healthcare workers has been deemed essential by the WHO for achieving complete health coverage without suffering financial hardship. To do this, it is essential to ensure the physical and emotional health of healthcare personnel. The need of the hour is to provide early treatments that are culturally and organizationally suitable in order to stop a health care worker from reaching a stress level that is insurmountable and beyond their capacity to cope.

In the healthcare industry, stress has become a pervasive issue, contributing to health-related issues that reduce effectiveness and productivity. Healthcare employees experience multiple sources of stress. Some of the factors significantly associated with psychological stress among healthcare professionals included the mismatch between job requirements and the resources at their disposal, work overload, working environment, work experience, workplace conflict, discrimination based on gender, marital status, educational status, satisfaction with work, and not being rewarded. Additional pressures brought on by the coronavirus disease 2019 (COVID-19) pandemic include worker redeployment and infection anxiety. Good basic healthcare is essential to achieving universal health coverage (UHC) without facing financial hardship, according to the World Health Organisation (WHO). To do this, it is essential to ensure the physical and emotional health of healthcare personnel. The Maslach Burnout Inventory (MBI) is still the de facto tool for measuring burnout in healthcare workers. The need of the hour is to provide early treatments that are culturally and organizationally suitable in order to stop a health care worker from reaching a stress level that is insurmountable and beyond their capacity to cope.

Medical staff are more likely than the general population to be exposed to a variety of risk factors for mental health issues, including strained doctor-patient relationships, accumulated resentment over patient deaths, and increased government

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oversight of professional activities (Paiva et al., 2018; Huo et al., 2021). In addition, COVID-19 puts healthcare professionals at risk for extra psychological stress, such as infection anxiety, social isolation, and a sense of urgency at work. According to earlier research, the COVID-19 pandemic has caused severe mental stress and psychological issues in healthcare personnel (Lai et al., 2020; Zhang et al., 2020). One of the biggest problems with the epidemic is minimising the harm COVID-19 has done to the mental health of healthcare workers (Feng & Yin, 2021). However, primary healthcare has received little attention in research to date, which has mainly paid attention to evaluating the psychological responses of the overall medical team (Wang et al., 2020; Xu et al., 2021).

METHODS AND MATERIALS

Before the survey, the respondents were informed about the purpose of the study. The questionnaires were distributed to menial job workers, technical workers and non-technical workers in the hospitals in Tirunelveli District. The researcher explained the questionnaire to the respondents. The researcher confined to do the research by giving equal weightage to each category of administrative support staff i.e. menial job workers, technical and non-technical workers in private hospitals. In this study, a total of 750 healthcare workers were selected for the study; 630 questionnaires were selected for the study with the response rate of 84%. The questionnaire was structured with socio-demographic characteristics like age, education, marital status, years of experience, work hours in a day and measure the occupational stress of the administrative support staff by analysing the physiological problems, behavioural problems and psychological problems.

RESEARCH QUESTION

What is the different level of physiological, psychological and behavioural problems among administrative support staff due to occupational stress?

RESULTS AND DISCUSSION

The following describes the basic demographic profile of the respondents and level of stress among women administrative support staff working in private hospitals:

Regarding age, 56 per cent of the menial job respondents are in the age above 45 years, 61 per cent of the technical job respondents are in the age up to 30 years and 52 per cent of the non-technical job respondents are in the age group between 31-45 years. Regarding marital status, 85 per cent

of the menial job respondents are married, 75 per cent of the technical job respondents are married, 64 per cent of the non-technical job respondents are married. Regarding educational qualification, 62 per cent of the menial job respondents have completed up to 8th std, 68 per cent of the technical job respondents have completed technical course and 42 per cent of the non-technical job respondents are graduates. Regarding years of job experience, 67 per cent of the menial job respondents are having upto 10 years of experience in the job, 75 per cent of the technical job respondents are having experience between 11 to 20 years and 56 per cent of the non-technical job respondents are having experience up to 10 years. The selected respondents are not having more than 20 years of experience. Regarding working experience, 65 per cent of the menial job respondents are working 11-12 hours in a day, 52 per cent of the technical job respondents are working 11-12 hours in a day. Regarding shift system, 58 per cent of the menial job respondents are working in morning shift, 72 per cent of the technical job respondents are working in morning shift, 100 per cent of the non-technical job respondents are working in rotation.

Table 1: Showing Occupational Stress among Administrative Support Staff with Physiological, Psychological and Behavioural Problems

Administrative Support Staff	Mean	SD	F Value	P Value
Physiological Problems				
Menial Job Workers	35.22	3.59	3.678	0.001**
Technical Workers	32.15	3.06		
Non-Technical Workers	33.31	3.31		
Psychological Problems				
Menial Job Workers	34.36	4.12	4.176	0.003**
Technical Workers	32.13	3.75		
Non-Technical Workers	33.27	3.96		
Behavioural Problems				
Menial Job Workers	37.38	4.87	5.111	0.001**
Technical Workers	33.09	4.01		
Non-Technical Workers	34.44	4.53		

Source: Primary data.

The above table shows the significance difference between menial workers, technical workers and non-technical workers with physiological, psychological and behavioural problems. Since P value is less than 0.01, null hypothesis is rejected at 1 per cent level with regard to physiological, psychological and behavioural problems. Hence, there is a significant difference between menial workers, technical workers and non-technical workers with physiological, psychological and behavioural problems.

CONCLUSION

Overall, more than half of the healthcare workers are suffering from severe physiological, psychological and behavioural problems. More importantly, this study found that COVID-19-related work stress significantly predicted physiological, psychological and behavioural problems due to fear of spread of COVID and depression. It is found that menial workers and technical workers are having more physiological, psychological and behavioural problems compared to non-technical workers working in healthcare sector. Non-technical workers are having less physiological, psychological and behavioural problems compared to menial and technical workers working in healthcare sector during COVID. It shows that menial workers need to be recognised properly and need guidance to burnout their stress to lead a happy and healthy life in the workplace. Technical workers are afraid to check the patients due to spread of COVID. The hospital management should take necessary steps to help the workers to burnout their stress with proper coping up strategies for the improvement of mental health well-being during COVID-19.

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