

Determinants and Consequences of Occupational Stress Among Female Nurses: Evidence from A Private Hospital in Kerala

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Abstract

Occupational stress has emerged as a critical challenge in healthcare organizations due to its adverse implications for employee well-being, job performance, and patient care quality. Female nurses are particularly vulnerable to workplace stress because of demanding clinical responsibilities, shift duties, emotional labour, staff shortages, inadequate compensation, and work–family conflicts. The present study investigates the determinants and consequences of occupational stress among female nurses employed at New Alma Hospital, Mannarkkad, Kerala. A descriptive research design was adopted, and primary data were collected from 50 female nurses using a structured questionnaire. Percentage analysis, Karl Pearson’s correlation coefficient, and Chi-square test were employed for data analysis. The findings indicate that occupational stress is highly prevalent among respondents, with workload, irregular salary payments, staffing inadequacies, and work–family imbalance emerging as major stressors. The study further reveals that occupational stress adversely affects nurses’ health, family relationships, and work performance. The paper recommends comprehensive stress management programmes, adequate staffing policies, employee counselling services, flexible scheduling systems, and improved compensation practices to enhance employee well-being and organizational effectiveness.

I. INTRODUCTION

The healthcare sector represents one of the most demanding service industries, characterized by continuous patient interaction, high accountability, emotional involvement, and operational complexity. Nurses constitute the backbone of healthcare delivery systems and play a pivotal role in ensuring patient safety and quality healthcare services. However, the demanding nature of nursing work exposes nurses to substantial occupational stress.

Occupational stress refers to the physical, emotional, and psychological reactions arising when workplace demands exceed an individual's capabilities, resources, or coping mechanisms. Healthcare professionals frequently encounter stressors such as excessive workload, long working hours, shift duties, inadequate staffing, emotional exhaustion, and workplace conflicts.

Female nurses face additional challenges because they often balance professional obligations with family responsibilities. Persistent exposure to occupational stress may lead to burnout, reduced job satisfaction, absenteeism, diminished organizational commitment, and compromised patient care quality.

Given the increasing complexity of healthcare systems and growing patient expectations, understanding occupational stress among nurses has become a strategic necessity for healthcare administrators. This study

examines occupational stress among female nurses employed at New Alma Hospital, Mannarkkad.

II. REVIEW OF LITERATURE

Rees and Cooper (1992) observed that healthcare professionals experience considerable stress due to excessive workload, organizational pressures, and interpersonal conflicts.

Alipour and Kamaee Monfared (2015) reported a significant negative relationship between occupational stress and organizational commitment among nurses.

Badil et al. (2016) found that tertiary-care nurses experience high stress levels resulting from workload pressures, staffing shortages, and emotional demands associated with patient care.

Labrague et al. (2017) emphasized that coping strategies and managerial support significantly influence nurses' ability to manage workplace stress.

Gonzalez and Simoes (2019) identified workload, role ambiguity, poor work-life balance, and lack of organizational support as major contributors to occupational stress among nurses.

Recent studies indicate that occupational stress among Indian nurses is driven by inadequate resources, staff shortages, irregular work schedules, emotional demands, and organizational challenges. These studies consistently report significant associations between occupational stress, burnout, reduced job satisfaction, and deteriorating health outcomes.

III. RESEARCH GAP

Although substantial research has examined occupational stress among nurses in large public and tertiary healthcare institutions, limited empirical studies have investigated occupational stress among female nurses employed in private hospitals located in semi-urban regions of Kerala. Existing studies have predominantly focused on organizational outcomes, while insufficient attention has been paid to the

combined effects of occupational stress on health, family relationships, and workplace performance. The present study attempts to bridge this gap by examining the determinants and consequences of occupational stress among female nurses working in a private healthcare institution.

IV. CONCEPTUAL FRAMEWORK

The study proposes that occupational stress among female nurses is influenced by multiple organizational and personal factors.

Independent Variables

- Workload
- Shift Duties
- Salary Regularity
- Organizational Support
- Staff Shortages
- Work–Family Conflict

Dependent Variable

- Occupational Stress

Outcome Variables

- Health Problems
- Family Relationship Problems
- Reduced Job Satisfaction
- Work Performance Issues

V. OBJECTIVES OF THE STUDY

1. To assess the level of occupational stress among female nurses.
2. To examine organizational factors contributing to occupational stress.
3. To analyse the impact of occupational stress on personal and family life.
4. To identify coping mechanisms adopted by female nurses.
5. To suggest measures for reducing occupational stress.

VI. HYPOTHESES

H01: There is no significant relationship between age and occupational stress.

H02: There is no significant relationship between work experience and occupational stress.

H03: There is no significant relationship between salary regularity and satisfaction with the working environment.

H04: Occupational stress does not significantly affect family relationships.

VII. THEORETICAL FOUNDATION

A. Job Demand–Control Model

The model suggests that stress occurs when employees face high job demands combined with limited decision-making authority.

B. Effort–Reward Imbalance Theory

Stress emerges when employees perceive a mismatch between effort invested and rewards received.

C. Transactional Theory of Stress and Coping

Stress outcomes depend upon individual appraisal and coping responses.

D. Conservation of Resources Theory

Stress arises when valuable resources such as time, energy, health, and social support are threatened or depleted.

VIII. RESEARCH METHODOLOGY

Research Design

The study adopted a descriptive research design.

Population

The population consisted of female nurses working at New Alma Hospital, Mannarkkad.

Sample Size

A sample of 50 female nurses was selected.

Sampling Technique

Convenience sampling technique was employed.

Sources of Data

Primary data were collected using a structured questionnaire. Secondary data were obtained from journals, books, reports, and online sources.

Statistical Tools

- Percentage Analysis
- Karl Pearson's Correlation Coefficient
- Chi-Square Test

IX. RESULTS AND DISCUSSION

TABLE I

DEMOGRAPHIC PROFILE OF RESPONDENTS

Particulars	Percentage
Age Group 35–45 Years	36%
Married	76%
Experience Above 3 Years	Majority

The demographic profile indicates that most respondents belong to the economically productive age group and possess considerable nursing experience.

TABLE II

OCCUPATIONAL STRESS LEVEL

Stress Category Percentage

High Stress	42%
Moderate Stress	30%
Extreme Stress	16%
Low Stress	12%

A substantial majority of respondents reported moderate to high occupational stress, indicating the prevalence of workplace pressure among nurses.

TABLE III

IMPACT OF STRESS ON FAMILY LIFE

Particulars	Percentage
Family Relationships Affected	86%
Adequate Family Time Available	24%

The findings indicate that occupational stress significantly affects family relationships and work-life balance.

TABLE IV

SALARY AND JOB SATISFACTION

Particulars	Percentage
Irregular Salary Payment	56%
Dissatisfied with Income	80%

Compensation-related issues emerged as a major source of dissatisfaction among respondents.

TABLE V

CONSEQUENCES OF OCCUPATIONAL STRESS

Consequence	Percentage
Health Problems	32%
Work Problems	28%
Family Problems	18%

Consequence Percentage

Psychological Problems 16%

The results demonstrate that occupational stress adversely affects physical health, psychological well-being, family life, and workplace effectiveness.

TABLE VI

COPING MECHANISMS ADOPTED

Coping Strategy Percentage

Medication	40%
Exercise	20%
Yoga	16%
Reading	14%

Medication emerged as the most frequently adopted coping strategy, suggesting the need for healthier organizational interventions.

X. DISCUSSION

The study reveals that occupational stress is highly prevalent among female nurses. The findings are consistent with previous studies that identified workload, staffing inadequacies, and work-family conflict as major stressors within healthcare organizations.

The finding that 80 percent of nurses experience occupational stress supports earlier evidence suggesting that nursing remains one of the most stressful healthcare professions. Family relationship difficulties reported by a majority of respondents indicate that occupational stress extends beyond the workplace and affects personal well-being.

Compensation-related dissatisfaction observed in the study supports the Effort-Reward Imbalance Theory, which argues that stress increases when employees perceive insufficient rewards relative to their efforts. Similarly, the negative relationship between age and stress levels suggests that experienced nurses may develop stronger coping mechanisms over time.

The findings highlight the need for healthcare organizations to adopt proactive stress-management strategies that address both organizational and personal determinants of occupational stress.

XI. FINDINGS

1. Occupational stress was prevalent among 80 percent of respondents.
2. High stress levels were reported by 42 percent of nurses.
3. Work-related stress adversely affected family relationships.
4. Irregular salary payments contributed to employee dissatisfaction.
5. Health-related issues represented the most common consequence of stress.
6. Medication was the most frequently used coping mechanism.
7. Older nurses experienced comparatively lower stress levels.
8. No significant relationship was observed between salary regularity and satisfaction with the working environment.

XII. SUGGESTIONS

1. Introduce structured employee counselling programmes.
2. Ensure adequate nurse-patient staffing ratios.
3. Improve salary administration and compensation practices.
4. Implement flexible work schedules.
5. Conduct regular stress-management workshops.
6. Promote wellness programmes including yoga and mindfulness training.
7. Strengthen supervisory support mechanisms.
8. Establish employee assistance programmes for mental health support.

XIII. LIMITATIONS OF THE STUDY

1. The study was limited to a single hospital.
2. The sample size was restricted to 50 respondents.
3. Convenience sampling limits generalizability.
4. The study relied on self-reported responses.

XIV. CONCLUSION

Occupational stress among female nurses represents a multidimensional challenge influenced by organizational, occupational, and personal factors. The study demonstrates that workload pressures, compensation concerns, staffing shortages, and work-family conflict significantly contribute to occupational stress. The consequences extend beyond the workplace and affect nurses' health, family relationships, and professional effectiveness. Healthcare organizations must adopt comprehensive employee well-being strategies to reduce occupational stress and improve organizational performance. Effective stress-management interventions can enhance job satisfaction, employee retention, and patient care quality.

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