EMPLOYEE ENGAGEMENT – A MEDIATOR FOR MANAGING OCCUPATIONAL STRESS AMONG WOMEN NURSES – A STUDY WITH SPECIAL REFERENCE TO SELECTED HOSPITALS IN KANCHIPURAM DISTRICT

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Abstract

Health care is the primitive and essential service entity in the life of common man. It is the sector in which the work pattern is rigid and attitude of providing the care is flexible. The nature of job demands commitment and consideration. The empathy is the prime element that should be reckoned during the time of serve the patients. Among the various job roles in health care, especially in hospital industry, nursing is the profession which surmounts pressure and profound psychological involvement. The nature of job performed by nurses is timeless in nature and leads to occupational stress. The level of occupational stress is comparatively high among women nurses than male due to the physical, family and psychological background of women. In this aspect, the various panaceas attempted for managing occupational stress among women nurses through physical, psychological, social, family, personal, environmental and organizational levels. The present day working environment requires continuous presence at work places; it also adds involvement and rigid work structure. In this aspect, in order to manage occupational stress among women nurses and also make them to work with commitment and involvement, employee engagement in various formal and informal avenues have been taken as imperative source by psychologist and social thinkers. Employee engagement helps to engage the employee on their preferred work avenues and which also help them to fit themselves in their physical, mental and work related circumstances. By keeping this view as the central focus, the present study has been attempted of understanding the role of employee engagement on managing occupational stress among the women nurses in selected hospitals in Kanchipuram District.

Keywords:
Employee Engagement, Occupational Stress, Commitment, Rigid Work Structure, Work Pattern

1. INTRODUCTION

"Engagement" is the positive emotional connection of an employee at work place. It is the structured commitment of an employee at work place with respect to their work, task, expectations and responsibilities. The highly engaged employee deliver productivity and efficiency at work related environments. But the level of employee engagement will differ from organization to organization. It also differs from work to work and time to time with the same organization\either by department or by nature of work. Some time the employee engagement is measured as psychological attribute among the employees since it deals with the emotional involvement and understanding about the work and work related issues. But at the same time, employee engagement can be viewed as the solution for the issues related to occupational stress. Dillard & Fritz, (1995) [1] highlighted that employee engagement deliver

outcomes ranging from "passive to active dislike, animosity, disrespect or destructive mutual interaction" within the organization. Resultant causes include job stress, burnout, personal injuries and negative turnovers that eventually cumulate into loss of earnings to both employee and the organization. They also expressed employee engagement at work place leads to work involvement and loyalty. In this aspect, the modern day work environment, the horizontal with in job solution for occupational stress could be viewed through employee engagement. The health care industry has undergone dramatic changes in the past 20 years and these changes affect both workers and patients. The hospital sector is restructured in terms of organization, ownership, regulation of health care providers and in the delivery of services. Cost concerns, increasing competition, influence of investor priorities, technological advances, changing social attitudes and aging and increasingly diverse populations are factors that will sustain this dynamic situation. Increasingly complex inter-organizational patterns have evolved, including multi-hospital systems, provider networks and formal linkages between hospitals, physician groups and insurers. Powerful buyers-big employers, insurance companies and managed care companies are putting pressure on hospitals demanding contracts with deep discounts in order to cut their insurance bills. Hospitals have adopted strategies such as hospital-to-hospital and hospital-to-physician collaborations in order to offer managed care organizations a continuum of services for their patients, improve efficiency and lower costs. Health care firms are looking to re-engineer internal organizations to increase efficiency, save money and improve patient (customer) satisfaction. Changes are being made not only in how work is organized, but also in the workplace culture. In health care, re-engineering seems to involve breaking down departmental barriers and professional alliances; re-examining and reconfiguring job requirements and skills; and bridging the "great divide" of inpatient and outpatient services [2]. Traditionally, hospitals have been structured along departmental lines organized by skill area and professional scopes of practice. For example, the respiratory therapy aide and the respiratory therapist can be found in the Pulmonary Medicine Department and report to the Director of Pulmonary Medicine. When a hospital patient requires respiratory therapy or tests of pulmonary function, such services are "ordered" from the Pulmonary Medicine Department. When, with work restructuring, such services are provided by a member of a patient care team on a hospital unit, departmental barriers may be blurred or broken because the respiratory aide on the care team now reports to the nurse who heads the team instead of, or in addition to, the Director of Pulmonary Medicine. If, as a

member of the care team, the respiratory therapy aide is now trained to perform other patient care functions as well, or if nurses or nurses' aides are also trained to perform some activities previously only performed by respiratory therapy aides, the clear alliance to one profession or discipline is challenged. Healthcare professionals, with particular regard to nurses, are exposed to several job stressors that can adversely affect both their mental and physical health and also decrease work engagement. Work engagement can be considered as the positive opposite of burnout and it is characterized by energy, involvement and professional efficacy. A stable and productive health service is of vital importance to any country. The health service would include the nursing profession, which comprises by far the greatest component of this service sector. Nursing is seen as a stressful and emotionally demanding profession [3]; [4]; [5]; [6]; [7], which makes nurses exceptionally susceptible to burnout.

Occupational stress has several negative effects, such as impaired performance and effectiveness, reduction in productivity, diminishing levels of customer service, health problems, absenteeism, turnover, industrial accidents, alcohol and drug usage, purposefully destructive behaviors, example spreading of rumors and stealing [8]; [9]; [10]; [11] and even suicide [12]. The potential direct and indirect costs associated with various stress-related consequences command more than just adequate attention from the manager of any business. Stress is seen by [13] as the main contributing factor to burnout.

Schaufeli et al. (2002) [14] argue that the simultaneous empirical investigation of burnout and engagement would be impossible with one instrument. Based on a theoretical analysis, burnout and engagement are conceptually related to each other, resulting in two work-related dimensions of well-being, namely (1) activation, ranging from exhaustion to vigor and (2) identification, ranging from cynicism to dedication [15]. Personal accomplishment and absorption were also included in the burnout and engagement constructs respectively, but not in an antithetical manner. It was argued that personal accomplishment was added only afterwards in the development of the Maslach Burnout Inventory (MBI), when a third factor was discovered during a factor analysis of a preliminary version of the MBI [16].

Engagement is therefore defined as a positive, fulfilling, work related state of mind that is characterized by three dimensions, namely vigour, dedication and absorption [14]. Vigour refers to having high energy levels, resilience regarding work activities, investing effort in one's work and persistence in difficult circumstances. Dedication includes a sense of significance, enthusiasm, inspiration, pride and challenge, while absorption is characterized by full concentration on and engrossment in one's work and finding it difficult to detach oneself from work [14]. Absorption comes close to the concept of 'flow', which is characterized by an optimal state in which focused attention, a clear mind, unison of body and mind, effortless concentration, complete control, loss of self-consciousness, time distortion and intrinsic enjoyment are experienced [17]. Engagement is theoretically viewed as the opposite end of the continuum from burnout that cannot be effectively measured by the Maslach Burnout Inventory (MBI), but is measured by its own survey, the Utrecht Work Engagement Scale (UWES) [17]. Since employee engagement has been taken as primitive mediating source for managing occupational stress among the nursing profession, the present study has been attempted to verify the role of employee engagement on occupational stress moderation of women nurses in selected hospitals under the category of government, private and corporate entities.

1.1 STATEMENT OF THE STUDY PROBLEM

Occupational stress is the inevitable element related to any job. The amount of occupational stress encountered by working group in different categories; result in different outcomes. The effect of facing occupational stress invokes personal, physical, family and work related avenues. In addition to that, it is highly significant in terms of its impact based on gender background. In this aspect, the role and outcome of occupational stress in hospital industry is always needed to be reckoned since the outcome of individual occupational stress have major impact on patient health management. The influence of occupational stress in terms of work, personal and psychological background of women nurses' have effect on their involvement on patient care and satisfaction. It also leads to the critical impact on organizational branding and its service value. But even though various forms of strategies are suggested by personal and organizational viz. media to manage and control occupational stress, majority of the time it showed only less amount of success, in this aspect, a new phenomenon based on the inbuilt work structure base need to be identified and suggested. In this aspect, the source of influence of employee engagement on managing occupational stress can be viewed and imperative to be prescribed. Due to this reason, the present study has coined the role of employee engagement on occupational stress management of women nurses with special reference to selected hospitals.

1.2 NEED AND IMPORTANCE OF THE PRESENT STUDY

Occupational stress is the primitive work imbalance factor in the age of present day working condition. The cause and effect of occupational stress are more in service sector than manufacturing sector. In addition to that, the impact of occupational stress is highly counted by female work category than male due to their personal, family and physical commitments. In this aspect, health care sector which employs major female work force where in the role and consequences of occupational stress are high. It is the industry that continuously deploys various combinations of tactics for reducing and managing occupational stress among women nurses. But at the same time, due to the changes in the demographic and work related environment an in-built system of moderating variable related to occupational stress needed to be evolved. Based on the attempts made in introducing the strategy of employing employee engagement and the mediating source for managing occupational stress, the present study has been made to understate the role of employee engagement in managing occupational stress among female work force under the category of nurses in hospital sector.

1.3 REASON FOR CHOOSING THE STUDY UNIT

Kanchipuram is emerging as one of the noted landmark in the pie of Indian industrialization process. In addition to that, Chennai is identified as the best place for health care treatments by people within and from outside India. But many Government and private hospitals have opted the suburban like Kanchipuram. Due to the industry cum tourism viability, in recent years Kanchipuram has emerged as a destination for health care treatment. By keeping this view and also the availability of plenty of health care services, Kanchipuram has been chosen as the present study location.

1.4 OBJECTIVES OF THE STUDY

- To understand the background profile of women nurses employed in selected hospitals in Kanchipuram District.
- To verify the opinion of women nurses about the influence of occupational stress on work related avenues.
- To describe the employee engagement practices of women nurses at their respective work places.
- To verify the opinion of women nurses on the importance of employee engagement
- To highlight the impact of employee engagement on occupational stress management among women nurses.

1.5 STATEMENT OF HYPOTHESES

1) The source of engagement for managing occupational stress do not significantly differ based on age, marital status, designation, type of hospitals and experience
2) The impact of engagement on occupational stress does not significantly differ based on designation and type of hospital employed.

1.6 SCOPE OF THE STUDY

The present study of employee engagement role on managing occupational stress among women nurses focused to describe the personal and professional background of women nurses in various hospitals in the selected study area. It also reviewed the opinion of women nurses about the level of occupational stress encountered by them along with its various sources. The study described the outcome of occupational stress encountered by women nurses on their related work and personal related avenues. The study introduced the importance of employee engagement among the women nurses on the dimension of its role, influence and outcome on managing occupational stress and which in turn affect the aspects of work and patient care.

2. RESEARCH METHODOLOGY

The present study aims to describe the role of engagement of employees on the controlling and managing of occupational stress of women nurses in selected hospitals in Kanchipuram District and which is labeled as descriptive in nature. The women nurses working in corporate, private and government hospitals in Kanchipuram District have been chosen has population for the study. The sampling frame has been obtained from the concerned hospitals through the pay roll system of employees. The sampling unit of women nurses has been taken from the background of their cadres. The number of hospitals has been chosen through random basis. The sample size of women nurses has been limited to 165 and which has been constructed arbitrarily. The number of hospitals under private, government and corporate levels has been chosen on judgmental basis based on the reach ability, number of women nurses employed and years of service. In order to construct the study both primary and secondary data has been used. The secondary data have been collected through literature reviews, books and magazines. The primary data has been collected from women nurses through personal interview. The convenience sampling method has been used for the study. The constructive questionnaire has been used for collecting primary data. The pre-constructed questionnaire with personal background and questions related to occupational stress, employee engagement and its impact on occupational stress have been pre-tested for its content, criteria and consistency. The scaling related to opinion on the impact of occupational stress and the influences of employee engagement have been tested for its reliability mostly through test – retests. The obtained reliability values proved the consistency around 75 percent. The collected data through questionnaire has been tested for its outcome and influence of employee engagement on occupational stress for the framed hypotheses through the statistical tools of independent sample T-test and ANOVA. The outcome of present study also helped the researcher to attempt for the hypothesized model of relating employee engagement and occupational stress.

3. DATA ANALYSIS AND INTERPRETATION

Table.1. Personal Background of Women Nurses

Sl. No.	Attributes	Classification	Number of Respondents	Percentage to Total
1	Age	Less than 25 Years	48	29
2		26-30	33	20
3		31-35	17	10
4		36-40	14	8
5		41-45	15	9
6		46-50	16	11
7		Above 50	22	13
1	Educational Background	HSC	26	16
2		Diploma	44	27
3		Degree	39	24
4		PG	32	18
5		Others	24	15
1	Marital Status	Single	62	38
2		Married	83	50
3		Others	20	12
1	Monthly Income	Less than 15000	57	35
2		15001-20000	86	52

3		Above 20001	22	13
1	Nature of Family	Nuclear	99	60
2		Joint	66	40
1	Location Background	Urban	54	33
2		Semi urban	59	35
3		Rural	52	32
	Total		165	100

Source: Primary Data

The Table 1 indicates the personal background of women nurses selected for the study. Regarding their age background 29 percent are in the category of less than 25 years, 27 percent are diploma holders in nursing and 18 percent are post graduates. In case of their marital status 50 percent are married. 52 percent of nurses are receiving monthly income between Rs.15001 - 20000. Regarding their nature of family, 60 percent are in nuclear family and 35 percent are from semi urban location.

Table.2. Career Background of Women Nurses

Sl. No.	Attributes	Classification	Number of Respondents	Percentage to Total
1	Designation	ANM	53	32
2		Staff Nurse	32	19
3		Head Nurse	28	17
4		Matron (or) Nursing Superintendent	52	32
1	Type of Hospitals Employed	Private	73	44
2		Government	57	35
3		Public Health Care Centers	23	14
4		Funded	12	7
1	Experience	Less than 5 Years	49	28
2		6-10	52	32
3		11-15	24	15
4		16-20	11	7
5		More than 20 Years	29	18
	Total		165	100

Source: Primary Data

The Table 2 shows the career background of women nurses. In terms of their designation, 32 percent are in the cadres of ANM and another 32 percent at matron level. 44 percent are employed in private hospital in the study location and 35 percent in government hospitals. Regarding their experience 32 percent have experience between 6 - 10 years and only 7 percent have 11 - 15 years of experience.

Table.3. Influence of Occupational Stress on Work Related Avenues

Sl. No.	Work Related Avenues	Total Score	Mean Score	Rank
1	Hours of Work	8220	49.81818	2
2	Involvement in Work	8460	51.27273	4
3	Flexibility of work	8480	51.39394	5
4	Outcome of the work (Patient Care)	8180	49.57576	1
5	Assuming Additional Responsibilities	8420	51.0303	3
6	Tenure Stability	8520	51.63636	6
7	Work Loyalty and \Commitment	10300	62.42424	7

Source: Primary Data

The Table 3 infers the influence of occupational stress on various dimensions among women nurses. By applying Garrett Ranking, it is observed that work loyalty and commitment is influenced high due to occupational stress and next to that tenure stability and flexibility of work, where as the least influence is on the outcome of work.

Table.4. Avenues of Engagement by Women Nurses at Work Places

Sl. No.	Avenues of Engagement	Total Score	Mean Score	Rank
1	Patient Interaction	9420	57.09	3
2	Training and Development	10860	65.818	7
3	Further Studies related to job avenues	9480	59.63	4
4	Job rotation	8680	52.06	2
5	Preparation for further promotion	9880	59.88	5
6	Organizational development	7520	45.57	1
7	Creativity management	10100	61.212	6

Source: Primary Data

The Table 4 highlights the avenues of engagement by women nurses at work place. By applying Garrett Ranking it indicates that training and development is the major engagement avenue for women nurses through on-the-job training, next to that creativity management at workplaces and preparation for career advancement. It is also observed that focus on organizational

development not given too much of focus with respect to engagement.

Table.5. Importance of Engagement towards Managing Occupational Stress

Sl. No.	Avenues of Engagement	Total Score	Mean Score	Rank
1	Managing Occupational Stress	10620	64.36	3
2	Managing work place pressure	9860	59.75	2
3	Managing Individual issues related to health and psychological	8540	51.75	1

Source: Primary Data

The Table 5 indicates the importance of engagement towards managing occupational stress. It is inferred that through Garrett Ranking managing occupational stress is the major avenue of engagement compared to work place pressure and health management.

The Table 6 shows the opinion about the source of engagement on managing occupational stress based on designation of women nurses. The opinion aspects were taken as dependent variable and which were measured through interval scale from very low to very high. The personal and career backgrounds like age, marital status, designation and type of employed hospitals were taken as independent variables and which was taken through categorical variables. By applying ANOVA, it is observed that the aspects related to source of engagement like work related issues, work place commitment and involvement, attitude on advancement and achievement, patient care and level of contribution significantly differ among the women nurses based on their age, marital status, designation and nature of employment. It also shows that the common opinion as engagement is the mediator for managing occupational stress but the elements covered under engagement towards occupational stress significantly differ.

Table.7. Impact of Engagement on Occupational Stress

Impact of engagement on occupational stress and outcome	Significance of selected background Profile	
	Designation	Type of Hospitals
Health Management	.032	.046
Interpersonal effectiveness	.041	.014
Proactive and patient care	.021	.034
Interest on long term employment	.036	.022

Source: Primary Data

The Table 7 outlines the impact of engagement on occupational stress. In order to verify the significance based on designation and type of hospitals employed by women nurses, one way ANOVA has been employed. The aspects like health management, interpersonal effectiveness, proactive and patient care and interest on long term employment significantly differ based on designation and type of hospitals.
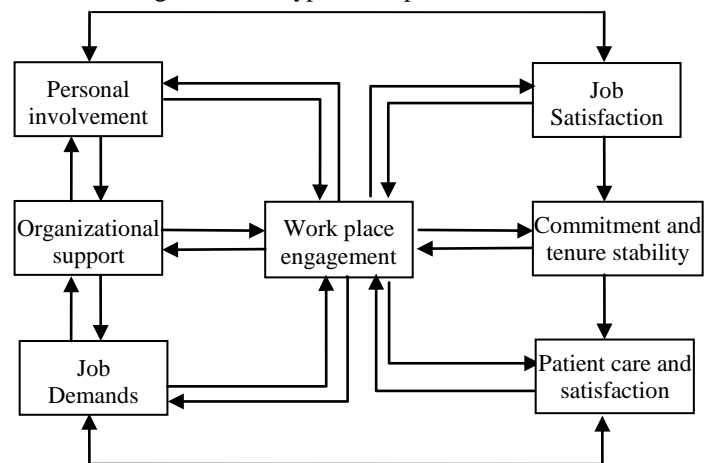

Fig.1. Hypothesized Model on Mediation Role of Engagement on Occupational Stress and Outcome

Table.6. Opinion about the Source of Engagement on Managing Occupational Stress based on Selected Personal and Career Factors

Opinion about the source of engagement on managing occupational stress	Significance based on selected personal and career factors				
	Age	Marital Status	Designation	Type of Hospital Employed	Experience
Work related issues	.000	.002	.026	.0420	.001
Work place commitment and involvement	.020	.000	.034	.011	.022
Attitude on advancement and achievement	.011	.0328	.034	.030	.011
Patient care	.050	.029	.012	.011	.0341
Level of contribution	.001	.000	.021	.000	.000

Source: Primary Data

The hypothesized model describes the role of work place engagement of women nurses on their occupational stress. The sources for work place engagement come from personal interest, organizational background and job demands. Based on these aspects, the level of engagement takes place among women nurses. The influence of high engagement leads to reduction of occupational stress and which in turn increase job satisfaction, commitment and tenure stability and patient care and satisfaction. It is observed that work place engagement as the effective mediating source for managing occupational stress of women nurses at their work places. It is also observed that the level of engagement leads to job satisfaction, loyalty and commitment.

4. CONCLUSION

Occupational stress is an unavoidable element at work places. The level of stress differs among the individuals with respect to their nature of job and work place. There are various personal, social, organizational and health related strategies employed to manage and reduce occupational stress. But in recent years it is observed that the ideal engagement system at work places will help to reduce occupational stress and which in turn helps to increase productivity among work community. Especially in the health care sector, among nursing community occupational stress is unavoidable and employee engagement system with tailor made backgrounds will help to manage occupational stress and will help the nurses to focus on their patient care management.

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