



WORK-STRESS AND WORK-PRESSURE OF WOMEN NURSING STAFF IN CORPORATE HOSPITALS DURING COVID-19 PANDEMIC: A STUDY IN VISAKHAPATNAM CITY

**Dr.Sateesh kumar,
T**

Dy. Medical Superintendent, Apollo Hospitals.

Y V B Madhavi*

Research scholar – Andhra University. *Corresponding Author

ABSTRACT Traditionally, the role of woman was confined to cooking, cleaning and taking care of her children. They were looked upon as care giver or as home maker and were denied access outside home. But now the situation has been changed because they have to play many important roles even outside their home. The main objective of this study is to find out the work-stress and work-pressure of nursing women in corporate hospitals during Covid-19 pandemic. For this purpose the primary data was collected from the female nurses of selected 17 Corporate Hospitals in Visakhapatnam, Andhra Pradesh, India. Totally there are about 1500 population of women nurses working in various departments of medical, surgery, outpatient and ICU in selected Corporate Hospitals. While the Google sample size calculator indicates 306 as sample for the total population with different demographic backgrounds has been selected randomly for the study purpose. The data was analysed by SPSS package and revealed that hard working groups found less work-stress and work-pressure than their counterparts due to their job commitments at the work place. This highlights the critical need for corporate hospitals to equip employees at all levels with the tools necessary to confront bias and act as allies, as well as take bold steps to address burnout. They must recognise and reward the women nurses who are advancing the profession in every way. Additionally, they must engage in the extensive cultural work necessary to create an environment where all women feel valued.

KEYWORDS : Work-stress and work-pressure, health care professionals, Corporate Hospitals, Nursing Women.

Introduction

Women in India now have more educational options than men, notably in the healthcare field. This has extended vistas, improved awareness, and increased employment and personal growth chances. Women are expected to play multiple roles at once, each with its own set of difficulties. In the healthcare industry, multiple role-playing has been discovered to have both positive and harmful effects on women's mental and physical health. A working woman in the healthcare industry must also balance two roles: professional and personal. This has a tremendous impact on a person's performance, especially in the healthcare field. The converse relationship, which is personal stress affecting job performance, can also produce role conflict. There are many competing demands on the time and energy, and the women need to manage them out in a way that makes this group feel happy and fulfilled.

Women nurses are in high demand not just because of the appealing compensation and work stability, but also because of the passionate care they provide (Neates, 2010). Healthcare work force includes nurses, diagnostic assistants, post-care supporters, health advisors, operating room assistants, health counsellors, health promoters, administrators, health researchers and supervisors. Their job profile includes provision of the regular treatment and care with compassion and empathy. In modern health care there is extra burden added to their primary job responsibility in the form of maintenance of proper documentation to meet NABH and JCI standards which led to increase in professional stress and dissatisfaction. Other factors that contributes to mental stress and job pressure includes improper work-life balance, poor physical health or fitness, unfavourable working conditions, prejudice and distrust (Lambert et al., 2010). The increased need for nurses is also assumed to be a result of emigration (May, 2010).

Women nurses operate in a variety of settings, including government and corporate hospitals. The main benefits of working as a government nurse include monetary compensation, employment security, and job satisfaction as a result of increased exposure and experience. Working in government hospitals has the following drawbacks: Working long hours and having a limited supply of resources. Working as a nurse in a corporate hospital has several advantages, including better technology and the ability to multitask. Their compensation is much lower than that of government nurses, which is a disadvantage. Furthermore, patients' exposure to cases is limited due to their reduced strength (Violanti, 2010)

When management encourages healthy work environment, the quality of health care offered improves (Parker, 2010). Support from management is also a sign of good care, patient satisfaction, employee satisfaction, and the hospital's long-term success. The availability of a

good work environment results in an increase in the intake of trained nurses, retention, job satisfaction, commitment, and dedication, as well as overall favourable health care provision (Corporate Reporting System, 2010). Work environment related wellness activities include training and development programmes, health awareness programmes, soft-skill programmes such as stress management, conflict resolution, leadership skills, workshops on talent technology in medicine and work-life balance workshops (Wilkerson, 2010).

Literature Review

Taking care of patients with Covid-19 is a new experience that makes nurses happy, even though Covid-19 is a very serious disease that can have a big impact on nurses and their families (Rathnayake S, et al., 2021). The findings of the study "Work-Life Balance of Nurses During Pandemic" by Angel Raja Kumari Karunakaran et al., (2020) show that work-life balance is important for the health and well-being of all professionals, including nurses. The study found that 15% of nurses had poor work-life balance during the pandemic. Xiaoning Zhang et al., in a study called "Analysis of the relationship between resilience and burnout of front-line nurses at the peak of the Covid-19 pandemic: Positive and negative affect as mediators." People who work in healthcare need to know how resilience affects burnout, as well as how different backgrounds and situations can help and hurt people, and how policymakers can use resilience interventions to help front-line healthcare workers.

Despite the fact that female nurses have a decent work-life balance, hospital administration rarely pays attention to formulating and formalising work-life management policies (Siva Prasad K.I., et al., 2019). According to Anis Fathima (2018), the idea of work-life balance is important for organisational success, with a strong positive significant relationship between socioeconomic and demographic characteristics and the level of influence of work-life balance on female nurses' personal lives. Nurses' health and well-being are also negatively impacted by incorrect work scheduling and extended working hours (Ghousinnisa, S. et al., 2016). In another study called 'Resilience and Work-Life Balance in First-Line Nurse Managers,' Kim et al. (2015) found that dynamic, reflecting processes changed how people thought about work-life balance and resilience. As a result, positive thinking, being flexible, taking responsibility, and separating work and life were found to be traits of resilience. To help people shift their focus away from bad experiences, rigidity and task-centered thinking and toward people and their lives, they need a mindset that is resilient. Work-life balance is an issue that both the government and private hospitals should address. They should also encourage female nurses to manage their work-life balance so that they can do a better job (Santhana Lakshmi, 2012). This means nurses in both government and private institutions seem to have a hard time finding a balance between

their work and home lives. The author also did this study in Visakhapatnam because there was no research on the work-life balance of nursing women in corporate sector hospitals, especially during the Covid-19 pandemic, so she did it there.

Need for the study

The Indian healthcare sector is one of the world's largest and fastest growing industries. The healthcare industry has the potential to be a significant contributor to the economy of a country. The Indian healthcare industry is growing to meet a wide range of demands and aspirations. The extraordinary improvements in India's healthcare industry pave the door for a source of employment that is in a favourable proportion. As a result of healthcare privatisation, corporate hospitals are facing fierce competition. Internally and internationally, they encounter a number of problems offered by the business environment. Despite these challenges, hospitals compete to fulfil their goals in the most effective and efficient way possible. As a result of technology advancements and the high rate of competition in this sector, personnel at corporate hospitals, particularly frontline staff (nurses), are affected by workforce changes. Rapid changes in work style, work culture, family requirements and obligations, and work demands are resulting in a rise in the dual role of communities to earn couples, which is impacted by the nuclear family system and eldercare responsibilities. Employees and organisational performance may suffer as a result of these increased changes.

Despite the fact that nurses, particularly female nurses, make up the bulk of the workers in the healthcare industry, they serve vital responsibilities in a wide range of departments. A female nurse's employment entails working in shifts for longer periods of time with little or no breaks. As a result, female nurses are finding it difficult to experience work-stress and work-pressure due to Covid-19 pandemic while juggling duties at home and at work. On the one hand, they must care for a variety of health-affected patients, while on the other, they must deal with issues that arise from other health-care workers, such as bullying, harassment, unreasonably high demands, improper or misleading communications, workplace politics, and coworker conflict. Female nurses are put under a lot of stress as a result of these factors, which can have an impact on their personal lives as well as their work environments. As a result, one of the key variables that impacts the work-stress and work-pressure create physical and mental disruptions, as well as lowering employee productivity. The current study on work-stress and work-pressure of women nursing staff in Corporate Hospitals is thought vital in this environment, particularly during the Covid-19 pandemic.

Significance of the study

Women can work in a range of professions in the healthcare sector. They can choose a career path based on their skills and qualifications. In this perspective, nursing is one of the most significant professions. Nursing personnel play a key role in the health-care industry, which is entirely service-oriented. Due to an ageing population, changing lifestyles, and the everyday spread of numerous diseases, the need for health care services is increasing. Covid 19 is a rapidly spreading community acquired infection in which health care workers are most exposed to get this disease during their job activity which gave a significant mental stress to them, in a fear of life threat. This also include the psychological stress because of the working style including the self protective care like wearing mask and PPE kit which is very uncomfortable. The quarantine and isolation protocols, staying away from family periodically to reduce the possibility of spread of infection has added to the mental stress in these working group. Nonetheless, the health-care sector is in a growth phase with certain limitations and regulations including the standardizations as per NABH or JCI which includes lot of documentations to provide a quality and safety healthcare. In this scenario, an attempt has been made to analyse the work-stress and work-pressure of female nurses working in Corporate Hospitals in Visakhapatnam, particularly during the Covid-19 pandemic, would be more noteworthy. As a result, this paper carried out with the following objectives in mind.

Objectives of the study

1. To study the stress levels experienced by women nurses during Covid-19 pandemic in Corporate Hospitals.
2. To analyse level of work pressure experienced by women nurses during Covid-19 pandemic in Corporate Hospitals.
3. To examine the difference in experience of stress by various demographic group women nurses in Corporate Hospitals.

4. To examine the difference in work pressure experience by various demographic group women nurses in Corporate Hospitals.

Scope of the study

Nurses who are happy at work are important to the healthcare industry's efficiency and future growth (Day, 2010). The Covid-19 pandemic has put a lot of stress on nurses around the world, especially in corporate hospitals. Providing care has caused physical and psychological distress for nurses, especially women, but it is a new experience that makes them feel good about their work and their commitment to their patients (Rathnayake S, et al., 2021). Women who work in corporate hospitals in Visakhapatnam are the subject of this study. As a result, the goal of this study is to look into the work-stress and work-pressure experienced by nursing women at corporate hospitals, with reference to Covid-19 epidemic. In this study, it looks at how women nurses work-stress and work-pressure are linked to their demographic characteristics and the kinds of solution they want.

Methodology

Definition:

Work stress: (effect) "stress that is generated due to conflicting demands in a job" Psychological, Physiological and Behavioural, Leads to burnt out syndromes Work pressure (cause) "subjective state of tension associated with current and anticipated execution of work task"

A descriptive research design was proposed for this study, which deals with qualitative and quantitative analysis of respondents' responses. Primary data was collected for this purpose using a survey method with a questionnaire as the tool, which was adapted from a research questionnaire used by Parameshwaraiah P (2020) for his Doctor of Philosophy award at Davangere University. Secondary information was gathered from journals and research articles. As a result, the questionnaire is divided into two parts: Part I is a demographic profile of the respondents, and Part II is a list of ten statements each for work-stress and work-pressure for employees (women nurses) in corporate hospitals. As a result, primary data were gathered from female nurses at 17 Corporate Hospitals in Visakhapatnam, Andhra Pradesh, India. In total, approximately 1500 women nurses are working in various departments of medical, surgery, outpatient, and ICU in selected Corporate Hospitals. While the Google sample size calculator indicates 306 as a sample for the total population, 306 people from various demographic backgrounds were chosen at random for the study. As a result, primary data were collected from respondents between April and June 2021, and the distribution of the sample women nurses is shown in Table-1.

Table-1: Distribution of sample women nurses in Corporate Hospitals

Demographic profile	Variables	N	Percentage
Age	Below 30 years	94	14.0
	30 - 40 years	103	21.6
	40 - 50 years	66	33.7
	Above 50 years	43	30.7
Working area	General wards	146	47.7
	High dependent units (HDU)	100	32.7
	Intensive Care Units(ICU)	60	19.6
Educational Qualification	GNM	116	22.6
	B.Sc nursing	121	39.5
	M.Sc nursing	69	37.9
Marital status	Married	169	58.5
	Unmarried	137	41.5
Job experience	Below 5 years	111	11.4
	5-10 years	99	19.9
	10-15 years	61	32.4
	Above 15 years	35	36.3
Income (per month)	Below 20 thousand	112	42.5
	20-30 thousands	130	36.6
	30-40 thousands	19	6.2
	40-50 thousands	26	8.5

	Above 50 thousands	19	6.2
No. of hours spend in the hospital in a day	1-6Hrs (single shift)	151	33.3
	6-8 Hrs (general shift)	102	49.4
	Above 8 Hrs (night shift)	53	17.3
	Total	306	100.0

Source: Survey data

The Table-1 shows the demographic profile of the sample women nurses working in selected corporate hospitals. Here it shows that out of the total sample of women nurses participated in this piece of work, as many as above one-third (33.7%) are in the age group of 40-50 years followed by 30.7 percent are in above 50 years age group, 21.6 percent are in 30-40 years, and the remaining 14.1 percent are in below 30 years age group. In the working area distribution it is found that a major group of 47.7 percent of the women nurses is working in general wards followed by 32.7 percent are working in high dependent units (HDU) and the rest 19.6 percent are in incentive care units (ICU). According to the education qualification of the nurses it is found that 39.5 percent are with graduation (B.Sc nursing), 37.9 percent are with post graduation (M.Sc nursing) and 22.6 percent are with GNM (general nursing and midwifery) qualification. The distribution of the sample by their marital status it shows that 58.5 percent are married and 41.5 percent are unmarried. The job experience of the nurses indicates that a major group of 36.3 percent are working since more than 15 years, followed by 10-15 years (32.4%), and from the remaining 19.9 percent are working between 5-10 years and 11.4 percent are working below 5 years. Regarding monthly income levels of the women nurses in the corporate hospitals the data reveals that 42.5 percent said below 20 thousand, 36.6 percent said their income between 20-30 thousands, and from the remaining 6.2 percent are earning between 30-40 thousands, 8.5 percent are earning 40-50 thousands and 6.2 percent are earning above 50 thousands per month. Finally the working hours of the nurses is very much important which influences the work-life balance. In this regard the study reveals that a predominant group of 49.4 percent work for 6-8 hours in a day, and from the remaining 33.3 percent are working for 6 hours and 17.3 percent are working for above 8 hours.

Questionnaire:

- 1) I used to work for long hours or overtime even in holidays
- 2) More health care worker are turning covid positive while on work, increased the work stress
- 3) increased work stress because of salary reduction due to decreased revenue from non covid patients to my hospitals
- 4) My efficiency levels get lower when I work under stressful situation
- 5) Feeling more stress with attending Covid-19 patients in the hospital
- 6) Suffer from fear of getting the diseases due to spending more time with covid-19 patients
- 7) I am unable to take leave in past 12 months due to heavy work load with covid-19 patients
- 8) Limited resources and insufficient infra structure due heavy patient load leading to helplessness
- 9) Negligence of the staff towards covid-19 patients in critical situations gives more pressure
- 10) Dealing with death and dying increases the stress levels in me

Statistical methods for data analysis

Statistical data analysis typically requires the use of statistical tools, which a layperson cannot perform without statistical knowledge. Statistical data analysis can be performed using a variety of software packages. Statistical Analysis System (SAS), Statistical Package for the Social Sciences (SPSS), Stat soft, and other software are included in this category. Since, the researcher used SPSS in this study to analyse the data. Thus, after data collection from the selected respondents, it will be feed into the computer through SPSS software and process the data with percentage analysis for perceptions of the respondents, rank analysis on perceptive scores, and ANOVA test for distingue the perceptive scores among various demographic groups in analyzing the data.

Work-stress of women nurses in corporate hospitals

Today we found women nurses perceived more work-stress because of working in dedicated Covid-19 hospitals all over India. Sources of stress for women nurses include night calls, long hours of work, monotony of the job, less time for leisure, poor pay and poor working condition. There is growing interest in and awareness of the importance of the psychosocial work environment for the delivery of high quality healthcare. Thus, the following tables indicate the

perceptions of women nurses in corporate hospital towards work stress with handling of Covid-19 patients.

Table-2: Perceptive analysis of women nurses in corporate sector hospitals on work stress during Covid-19 pandemic

SL. No	Work stress with Covid-19	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1	I used to work for long hours or overtime even in holidays	144 (47.1)	86 (28.1)	64 (20.9)	9 (2.9)	3 (1.0)	306 (100.0)
2	More health care worker are turning covid positive while on work, increased the work stress	135 (44.1)	78 (25.5)	29 (9.5)	51 (16.7)	13 (4.2)	306 (100.0)
3	Salary reduction due to decreased revenue from non covid patients to the hospitals with increased work stress	127 (41.5)	96 (31.4)	33 (10.8)	43 (14.1)	7 (2.3)	306 (100.0)
4	My efficiency levels get lower when I work under stressful situation	129 (42.2)	66 (21.6)	46 (15.0)	57 (18.6)	8 (2.6)	306 (100.0)
5	Feeling more stress with attending Covid-19 patients in the hospital	165 (53.9)	98 (32.0)	21 (6.9)	15 (4.9)	7 (2.3)	306 (100.0)
6	Suffer from fear of getting the diseases due to spending more time with covid-19 patients	78 (25.5)	56 (18.3)	30 (9.8)	91 (29.7)	51 (16.7)	306 (100.0)
7	I am unable to take leave in past 12 months due to heavy work load with covid-19 patients	72 (23.5)	51 (16.7)	43 (14.1)	99 (32.4)	41 (13.4)	306 (100.0)
8	Limited resources and insufficient infra structure due heavy patient load leading to helplessness	180 (58.8)	41 (13.4)	32 (10.5)	30 (9.8)	23 (7.5)	306 (100.0)
9	Negligence of the staff towards covid-19 patients in critical situations gives more pressure	179 (58.5)	54 (17.6)	41 (13.4)	17 (5.6)	15 (4.9)	306 (100.0)
10	Dealing with death and dying increases the stress levels in me	164 (53.6)	64 (20.9)	23 (8.5)	26 (8.5)	29 (9.5)	306 (100.0)

The above Table-2 indicates that the work-stress in the hospitals with Covid-19 regarding the statement “I used to work for long hours or overtime even in holidays”. It describes that out of the total women nurses, 47.1 percent opined strongly agree, 28.1 percent said agree, 20.9 percent of the women nurses are neutral 2.9 percent said disagree and remaining 1.0 percent opined strongly disagree with the statement. According to the data presents the statement “More health care worker are turning covid positive while on work, increased the work stress” 44.1 percent opined strongly agree, 25.5 percent said agree, 9.5 percent said neutral, 16.7 percent opined strongly disagree and remaining 4.2 percent of the women nurses are disagree with the statement. From the total women nurses 41.5 percent expressed strongly agree, 31.4 percent said agree, 10.8 percent remain neutral, 14.1 percent opined disagree and remaining 2.3 percent of the women nurses are strongly disagree with the statement “Salary reduction due to decreased revenue from non covid patients to the hospitals with increased work stress”. Among the total women nurses in the sample 42.2 percent said strongly agree, 21.6 percent said agree, 15.0 percent said neutral, 18.6 percent opined disagree and remaining 2.6 percent of the women

nurses strongly disagree with the statement of “My efficiency levels get lower when I work under stressful situation”.

Regarding to the data it infers the statement “Feeling more stress with attending Covid-19 patients in the hospital”, 53.9 percent opined strongly agree, 32.0 percent said agree, 6.9 percent of the women nurses are neutral, 4.9 percent opined disagree and remaining 2.3 percent said strongly disagree with the statement. According to the total data (25.5) opined strongly agree, 18.3 percent said agree, 9.8 percent said neutral, 29.7 percent opined disagree and remaining 16.7 percent of the women nurses strongly disagree among the statement “Suffer from fear of getting the diseases due to spending more time with covid-19 patients”. Out of the total majority of the women nurses (32.4 %) disagree, 23.5 percent strongly agree, 16.7 percent agree, 14.1 percent neutral and 13.4 percent strongly disagree with the statement “I am unable to take leave in past 12 months due to heavy work load with covid-19 patients”. Regarding to the data it infers the statement “Limited resources and insufficient infra structure due heavy patient load leading to helplessness”, 58.8 percent opined strongly agree, 17.6 percent agree, 13.4 percent respond neutral, 5.6 percent disagree and remaining 4.9 percent said strongly disagree.

According to the data presents the statement “Negligence of the staff towards covid-19 patients in critical situations gives more pressure” 58.5 percent opined strongly agree, 17.6 percent said agree, 13.4 percent said neutral, 5.6 percent strongly disagree and 4.9 percent of the women nurses are disagree with the statement. From the total women nurses 39.5 percent of said strongly agree, 20.9 percent said agree, 8.5 percent said neutral and disagree and remaining 9.5 percent of the women nurses are strongly disagree with the statement “Dealing with death and dying increases the stress levels in me”.

Table-3: Perceptive score analysis of women nurses work-stress in Corporate Hospitals during Covid-19 pandemic

SL. No	Work stress with Covid-19	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Total
	Scale value	5	4	3	2	1	
1	I used to work for long hours or overtime even in holidays	144 (47.1)	86 (28.1)	64 (20.9)	9 (2.9)	3 (1.0)	306 (100.0)
	Frequency X scale value	720	344	192	18	3	1277 – III
2	More health care worker are turning covid positive while on work, increased the work stress	135 (44.1)	78 (25.5)	29 (9.5)	51 (16.7)	13 (4.2)	306 (100.0)
	Frequency X scale value	675	312	87	102	13	1189 – VII
3	Salary reduction due to decreased revenue from non covid patients to the hospitals with increased work stress	127 (41.5)	96 (31.4)	33 (10.8)	43 (14.1)	7 (2.3)	306 (100.0)
	Frequency X scale value	635	384	99	86	7	1211 – VI
4	My efficiency levels get lower when I work under stressful situation	129 (42.2)	66 (21.6)	46 (15.0)	57 (18.6)	8 (2.6)	306 (100.0)
	Frequency X scale value	645	264	138	114	8	1169 – VIII
5	Feeling more stress with attending Covid-19 patients in the hospital	165 (53.9)	98 (32.0)	21 (6.9)	15 (4.9)	7 (2.3)	306 (100.0)
	Frequency X scale value	825	392	63	30	7	1317 – I
6	Suffer from fear of getting the diseases due to spending more time with covid-19 patients	78 (25.5)	56 (18.3)	30 (9.8)	91 (29.7)	51 (16.7)	306 (100.0)
	Frequency X scale value	390	224	90	182	51	937 – IX

7	I am unable to take leave in past 12 months due to heavy work load with covid-19 patients	72 (23.5)	51 (16.7)	43 (14.1)	99 (32.4)	41 (13.4)	306 (100.0)
	Frequency X scale value	360	204	129	198	41	932 – X
8	Limited resources and insufficient infra structure due heavy patient load leading to helplessness	180 (58.8)	41 (13.4)	32 (10.5)	30 (9.8)	23 (7.5)	306 (100.0)
	Frequency X scale value	900	164	96	60	23	1243 – IV
9	Negligence of the staff towards covid-19 patients in critical situations gives more pressure	179 (58.5)	54 (17.6)	41 (13.4)	17 (5.6)	15 (4.9)	306 (100.0)
	Frequency X scale value	895	216	123	34	15	1283 – II
10	Dealing with death and dying increases the stress levels in me	164 (53.6)	64 (20.9)	23 (8.5)	26 (8.5)	29 (9.5)	306 (100.0)
	Frequency X scale value	820	256	69	52	29	1226 – V
	Total possible score						11784
	Maximum score of Performance Appraisal	5 (Maximum score points) X 500(number of respondents) X 10(number of statements)					15300
	Percentage of the Performance Appraisal	Total score for Corporate Sustainability /Maximum Possible Score X 100					77.0
	Average						1178

The Table-3 represents the perceptive score analysis of women nurses on work-stress in corporate sector hospitals during Covid-19 pandemic. There are ten statements and each one is moving a score on the basis of perceptions of the respondents. The data reveals that 1st rank is given to the statement in which “Feeling more stress with attending Covid-19 patients in the hospital”, with a scale value of 1317. It is found from the data that 2nd rank has been given to the statement in which “Negligence of the staff towards covid-19 patients in critical situations gives more pressure”, with a scale value of 1283. It is observed that the 3rd rank is given to the statement that “I used to work for long hours or overtime even in holidays”, which is secured a scale value of 1277, and the 4th rank is given to “Limited resources and insufficient infra structure due heavy patient load leading to helplessness”, with a scale value of 1243. Concerning to the data that 5th rank is given to the statement in which “Dealing with death and dying increases the stress levels in me”, with a scale value of 1226, and the 6th rank is given to “Salary reduction due to decreased revenue from non covid patients to the hospitals with increased work stress”, with a scale value of 1211. It is also observed that 7th rank is given to the statement in which “More health care worker are turning covid positive while on work, increased the work stress”, which is carrying a scale value of 1189.

Among the total respondents that 8th rank has been given to the statements “My efficiency levels get lower when I work under stressful situation”, with a scale value of 1169, and the 9th rank is given to the statement in which “Suffer from fear of getting the diseases due to spending more time with covid-19 patients”, with a scale value of 937 and the finally 10th rank has been given to the statements “I am unable to take leave in past 12 months due to heavy work load with covid-19 patients” with a scale value of 932.

According to the scores of the ten statements the total score obtained was 11784 and the average score is 1178. Hence, the statements are separated by more positive and less positive statements according to their individual scores.

From the above analysis, as per the perceptual score analysis, it is observed that the majority of respondents voted for “Feeling more stress with attending Covid-19 patients in the hospital”, with a scale value of 1371, whereas the lowest number given to the statement that “I am unable to take leave in past 12 months due to heavy work load” with a scale value of 932.

H₀₁: There is no significant difference in stress levels of various demographic group women nurses in Corporate Hospitals during Covid-19 pandemic.

Table-4: Perspective score differences among various demographic group women nurses towards work-stress in corporate hospital during Covid-19 pandemic

Demographic profile	Variables	N	Mean	Std. Dev	Std. Err	f-value	p-value
Age	Below 30 years	94	38.80	5.371	0.554	4.550**	0.004
	30 - 40 years	103	38.98	4.957	0.488		
	40 - 50 years	66	39.05	4.669	0.575		
	Above 50 years	43	35.93	4.421	0.674		
	Total	306	38.51	5.045	0.288		
Gender	Male	192	38.47	4.8	0.346	0.156	0.876
	Female	114	38.57	5.455	0.511		
Working area	General wards	146	38.53	5.042	0.417	0.013	0.987
	High dependent unit (HDU)	100	38.54	5.175	0.517		
	Intensive Care Units (ICU)	60	38.42	4.914	0.634		
	Total	306	38.51	5.045	0.288		
Educational Qualification	GNM	116	39.03	5.445	0.506	2.224	0.110
	B.Sc nursing	121	38.63	4.692	0.427		
	M.Sc nursing	69	37.43	4.849	0.584		
	Total	306	38.51	5.045	0.288		
Marital status	Married	169	38.33	4.946	0.38	0.706	0.481
	Unmarried	137	38.74	5.174	0.442		
Experience in the profession	Below 5 years	111	39.61	4.834	0.459	8.188**	0.000
	5-10 years	99	38.88	5.277	0.53		
	10-15 years	61	37.87	4.671	0.598		
	Above 15 years	35	35.09	4.097	0.693		
	Total	306	38.51	5.045	0.288		
Income Level per month	Below 20,000	112	37.71	5.455	0.515	4.573**	0.001
	20-30 thousand	130	39.48	4.826	0.423		
	30-40 thousand	19	40.00	3.283	0.753		
	40-50 thousand	26	35.69	4.057	0.796		
	Above 50 thousand	19	38.95	4.743	1.088		
	Total	306	38.51	5.045	0.288		
No. of hours spend in the hospital in a day	1-6 Hrs (single shift)	151	39.42	5.085	0.414	9.616**	0.000
	6-8 Hrs (general shift)	102	38.48	5.21	0.516		
	Above 8 Hrs (night shift)	53	35.98	3.613	0.496		
	Total	306	38.51	5.045	0.288		

* Significant level @ 5% ** Significant level @ 1%

The Table-4 represents the perspective score analysis of the work-stress of women nurses in hospital with Covid-19 pandemic. It shows that among age group that the average score of 39.05 perceived by 40-50 years found higher than the other age groups and the least average score of 35.93 percent perceived by above 50 years age group and their respective standard deviations are 4.669 and 4.421. Since the calculated f-value 4.550 is a significant difference at 1% level because the p-value is 0.004. This indicates that there is a significant difference among age group in their perception towards the work stress in the hospital during Covid-19 Pandemic.

It is observed that between two gender groups among the working stress in the hospital. The average perceptible score of male is 38.47 found lesser than the average perceptible score of female (38.57), and their respective standard deviation are 4.8 and 5.455. Since the calculated f value 0.156 indicates that no significant difference because p value is 0.876. This infers that there is no significant difference in the perceptions of male and female towards the work stress in the hospital during Covid-19 Pandemic.

It shows that among the specialization of the work stress in the hospital that the average perceptible score of nurses in high dependent unit (HDU) is 38.54 found higher than the other groups and the least average score of nurses in intensive care units (ICU) 38.42 and their respective standard deviation are 5.175 and 4.914. Since the calculated f value 0.013 indicates that there is no significant difference because p value is 0.987. This infers that there is no significant difference in the perceptions of specialization group towards the work stress in the hospital during Covid-19 Pandemic.

According to the educational level wise analysis it shows that the average perceptible score of GNM is 39.03 found significantly higher

than the remaining education groups and the least average score of 37.43 perceived by M.Sc nursing group and their respective deviation 5.445 and 4.849. The calculated f value 2.224 is no significant difference because the p-value is 0.110. This infers that there is no significant difference among educational level in their perceptions towards the work stress in the hospital during Covid-19 Pandemic.

Among the marital status wise analysis it shows that the maximum average score of 38.33 perceived by married group found lesser than and the average score of 38.74 perceived by unmarried group and their respective standard deviations are 4.946 and 5.174. Since the calculated f value 0.706 have no significant difference because the p-value is 0.481. This indicates that there is no significant difference among married and unmarried in their perceptions towards the work stress in the hospital during Covid-19 Pandemic.

According to the experience level in the profession wise analysis it shows that the maximum average score of 39.61 perceived by below 5 years found significantly higher than the remaining groups and the least average score of 35.09 perceived by above 15 years and the respective standard deviations are 4.834 and 4.097. Since the calculated f-values 8.188 is significant level at 1% because the p-value is 0.000. This indicates that there is a significant difference in the perceptions of experience level among the work stress in the hospital during Covid-19 Pandemic.

According to the monthly income wise analysis it shows that the maximum average score of 40.00 perceived by 30-40 thousand income group significantly higher than the remaining groups and the least average score of 35.69 perceived by 40-50 thousand income group and the respective standard deviations are 3.283 and 4.057. Since the calculated f values 4.573 is significant difference at 1% level because the p-value is 0.001. This indicates that there is a significant difference in the perceptions towards the work stress in the hospital during Covid-19 Pandemic.

It is observed that the no of hours spend in the hospital in a day, the average perceptible score of 1-6 hrs is 39.42 found higher than the other groups and the least average score of 35.98 are spend above 8 hrs in a hospital and their respective standard deviation are 5.085 and 3.613 since the calculated f-value 9.616 indicates that there is significant level at 1% because p-value is 0.000. This infers that there is a significant difference in the perceptions of the work stress in the hospital.

The perspective score differences among various demographic group women nurses on work stress in corporate hospitals during Covid-19 pandemic observed that there is a significant difference found among the women nurses of various age groups, experience in the profession, monthly income levels and number of hours spend in the hospital in a day, where as there is no significant difference found among the groups of gender, working area, education qualification and marital status. It is observed that out of the 8 demographic variables 4 are found significant difference, hence the null hypothesis is rejected.

Work-pressure on women nurses in corporate hospitals

Continuous exposure to stressors at the workplace, such as work at shifts, excessive workload, poor communication with superiors, and more pressure of women nurses from the management as well as Covid-19 cases lead to mental and physical exhaustion, professional burnout. Thus, the perceptions of the respondents towards work pressure in corporate hospitals during Covid-19 pandemic are presented in the following table.

Table-5: Perceptive analysis women nurses towards work-pressure in corporate hospitals during Covid-19 pandemic

SL. No	Work pressure during Covid-19	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1	Sometimes it becomes problem for me to make adjustment between hospital work and personal work	117 (38.2)	74 (34.2)	56 (18.3)	42 (13.7)	17 (5.6)	306 (100.0)
2	Certain works have been unwillingly done by me due to management pressures	96 (31.4)	92 (30.1)	54 (17.6)	40 (13.1)	24 (7.8)	306 (100.0)

3	Clear instructions & sufficient facilities regarding the new assignments of Covid-19 have not been provided by the management	96 (31.4)	77 (25.2)	61 (19.9)	50 (16.3)	22 (7.2)	306 (100.00)
4	The new rules and regulations of the hospital during Covid-19 make me pressure	127 (41.5)	78 (25.5)	54 (17.6)	25 (8.2)	22 (7.2)	306 (100.00)
5	The work during covid-19 give more pressure and tension	109 (35.6)	70 (22.9)	49 (16.0)	48 (15.7)	30 (9.8)	306 (100.00)
6	Get more depression due to daily attending Covid-19 patients	117 (38.2)	95 (31.0)	40 (13.1)	35 (11.4)	19 (6.2)	306 (100.00)
7	During Covid-19 forcibly stayed away from family members to protect them from infections	167 (54.6)	81 (26.5)	32 (10.5)	17 (5.6)	9 (2.9)	306 (100.00)
8	Due to work pressure in hospital I could not personally contact my family members for days together	111 (36.3)	95 (31.0)	48 (15.7)	36 (11.8)	16 (5.2)	306 (100.00)
9	Difficult to get adjusted to multi tasking activity in resource limited setting	133 (43.5)	76 (24.8)	27 (8.8)	48 (15.7)	22 (7.2)	306 (100.00)
10	Management put more pressure to attend more patients and assign more work	121 (39.5)	95 (31.0)	28 (9.2)	48 (15.7)	14 (4.6)	306 (100.00)

The above Table-5 indicates that the work pressure in the hospitals regarding the statement “Sometimes it becomes problem for me to make adjustment between hospital work and personal work”. It describes that out of the total employees, 38.2 percent opined strongly agree, 34.2 percent said agree, 18.3 percent of the employees are neutral 13.7 percent said disagree and remaining 5.6 percent opined strongly disagree with the statement. According to the data presents the statement “Certain works have been unwillingly done by me due to management pressures” 31.4 percent opined strongly agree, 30.1 percent said agree, 17.6 percent said neutral, 13.1 percent opined strongly disagree and remaining 7.8 percent of the employees are disagree with the statement. From the total employees 31.4 percent of said strongly agree, 25.2 percent said agree, 19.9 percent said neutral, 16.3 percent opined disagree and remaining 7.2 percent of the employees are strongly disagree with the statement “Clear instructions & sufficient facilities regarding the new assignments of Covid-19 have not been provided by the management”. Among the total employees in the sample 41.5 percent said strongly agree, 25.5 percent said agree, 17.6 percent said neutral, 8.2 percent opined disagree and remaining 7.2 percent of the employees strongly disagree with the statement of “The new rules and regulations of the hospital during Covid-19 make me pressure”.

Regarding to the data it infers the statement “The work during covid-19 gives more pressure and tension”, 35.6 percent opined strongly agree, 22.9 percent said agree, 16.0 percent of the employees are neutral, 15.7 percent opined disagree and remaining 9.8 percent said strongly disagree with the statement. More than thirty percent (38.2) opined strongly agree, 31.0 percent said agree, 13.1 percent said neutral, 11.4 percent opined disagree and remaining 6.2 percent of the employees strongly disagree among the statement “Get more depression due to daily attending Covid-19 patients”. Out of the total majority of the employees (54.6%) strongly agree, 26.5 percent agree, 10.5 percent neutral, 5.6 percent disagree and 2.9 percent strongly disagree with the statement “During Covid-19 forcibly stayed away from family members to protect them from infections”. Regarding to the data it infers the statement “Due to work pressure in hospital I could not personally contact my family members for days together”, 36.3 percent opined strongly agree, 31.0 percent agree, 15.7 percent respond neutral, 11.8 percent disagree and remaining 5.2 percent said strongly disagree.

According to the data presents the statement “Difficult to get adjusted to multi tasking activity in resource limited setting” 43.5 percent opined strongly agree, 24.8 percent said agree, 8.8 percent said neutral, 15.7 percent opined strongly disagree and 7.2 percent of the women nurses are disagree with the statement. From the total employees 39.5 percent of said strongly agree, 31.0 percent said agree, 9.2 percent said neutral, 15.7 percent opined disagree and remaining 4.6 percent of the women nurses are strongly disagree with the statement “Management put more pressure to attend more patients and assign more work”.

Table-6: Perceptive score analysis of women nurses on work-pressure in Corporate Hospitals during Covid-19

SL. No	Work pressure during Covid-19	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1	Sometimes it becomes problem for me to make adjustment between hospital work and personal work	117 (38.2)	74 (34.2)	56 (18.3)	42 (13.7)	17 (5.6)	306 (100.00)
	Frequency X scale value	585	296	168	84	17	1150 – VII
2	Certain works have been unwillingly done by me due to management pressures	96 (31.4)	92 (30.1)	54 (17.6)	40 (13.1)	24 (7.8)	306 (100.00)
	Frequency X scale value	480	368	162	80	24	1114 – VIII
3	Clear instructions & sufficient facilities regarding the new assignments of Covid-19 have not been provided by the management	96 (31.4)	77 (25.2)	61 (19.9)	50 (16.3)	22 (7.2)	306 (100.00)
	Frequency X scale value	480	308	183	100	22	1093 – X
4	The new rules and regulations of the hospital during Covid-19 make me pressure	127 (41.5)	78 (25.5)	54 (17.6)	25 (8.2)	22 (7.2)	306 (100.00)
	Frequency X scale value	635	312	162	50	22	1181 – II
5	The work during covid-19 give more pressure and tension	109 (35.6)	70 (22.9)	49 (16.0)	48 (15.7)	30 (9.8)	306 (100.00)
	Frequency X scale value	545	280	147	96	30	1098 – IX
6	Get more depression due to daily attending Covid-19 patients	117 (38.2)	95 (31.0)	40 (13.1)	35 (11.4)	19 (6.2)	306 (100.00)
	Frequency X scale value	585	380	120	70	19	1174 – IV
7	During Covid-19 forcibly stayed away from family members to protect them from infections	167 (54.6)	81 (26.5)	32 (10.5)	17 (5.6)	9 (2.9)	306 (100.00)
	Frequency X scale value	835	324	96	34	9	1298 – I
8	Due to work pressure in hospital I could not personally contact my family members for days together	111 (36.3)	95 (31.0)	48 (15.7)	36 (11.8)	16 (5.2)	306 (100.00)
	Frequency X scale value	555	380	144	72	16	1167 – VI
9	Difficult to get adjusted to multi tasking activity in resource limited setting	133 (43.5)	76 (24.8)	27 (8.8)	48 (15.7)	22 (7.2)	306 (100.00)
	Frequency X scale value	665	304	81	96	22	1168 – V
10	Management put more pressure to attend more patients and assign more work	121 (39.5)	95 (31.0)	28 (9.2)	48 (15.7)	14 (4.6)	306 (100.00)
	Frequency X scale value	605	380	84	96	14	1179 – III

Total possible score						11622
Maximum score of Performance Appraisal	5 (Maximum score points) X 500(number of respondents) X 10(number of statements)					15300
Percentage of the Performance Appraisal	Total score for Corporate Sustainability /Maximum Possible Score X 100					75.9
Average						1162

The Table-6 represents the perceptive score analysis of work-pressure of women nurses in corporate sector hospitals of work pressure during Covid-19 there are 10 statements and apiece one is carrying a score on the basis of perceptions of the respondents. It is observed from the data that 1st rank is given to the statement in which “During Covid-19 forcibly stayed away from family members to protect them from infections”, with a scale value of 1298. It is found that out of total respondents that 2nd rank is given to the statement in which “The new rules and regulations of the hospital during Covid-19 make me pressure”, with a scale value of 1181, and the 3rd rank is given to “Management put more pressure to attend more patients and assign more work”, with a scale value of 1179. Concerning to the data that 4th rank is given to the statement that “Get more depression due to daily attending Covid-19 patients”, which is carrying a scale value of 1174, and the 5th rank has been given to “Difficult to get adjusted to multi tasking activity in resource limited setting”, with a scale value of 1168. It shows that above table data that 6th rank is given to the statement in which “Due to work pressure in hospital I could not personally contact my family members for days together”, with a scale value of 1167. From this data, it can be understood that the 7th rank has been given to the statement in which “Sometimes it becomes problem for me to make adjustment between hospital work and personal work”, which is secured a scale value of 1150.

It is mentioned in the above table data that 8th rank is given to the statement in which Certain works have been unwillingly done by me due to management pressures”, with a scale value of 1114, and the 9th rank is given to “The work during covid-19 give more pressure and tension”, with a scale value of 1098. The data reveals that 10th rank is given to the statement in which “Clear instructions & sufficient facilities regarding the new assignments of Covid-19 have not been provided by the”, with a scale value of 1093.

According to the scores of the fourteen statements the total score obtained was 11622 and the average score is 1162. Hence, the statements are separated by more positive and less positive statements according to their individual scores.

From the above analysis, it is shown from the data that due to perceptual score analysis of respondents on Work pressure during Covid-19 there are ten statements. It is found that highest number of respondents is given to the statement that “During Covid-19 forcibly stayed away from family members to protect them from infections”, with a scale value of 1298, whereas the least number of respondents is given to the statement “Clear instructions & sufficient facilities regarding the new assignments of Covid-19 have not been provided by the management”, with a scale value of 1093.

H₀₂: There is no significant difference in perceived work-pressure among various demographic group women nurses in Corporate Hospitals during Covid-19 pandemic.

Table-7: women nurses towards work pressure in corporate hospitals during Covid-19

Demographic profile	Variables	N	Mean	Std. Dev	Std. Err	F-value	p-value
Age	Below 30 years	94	38.71	5.669	0.585	0.884	0.449
	30 - 40 years	103	39.20	5.92	0.583		
	40 - 50 years	66	35.89	5.959	0.734		
	Above 50 years	43	36.65	4.259	0.649		
	Total	306	37.98	5.783	0.331		
Gender	Male	192	37.90	5.975	0.431	5.934**	0.001
	Female	114	38.11	5.469	0.512		
Working area	General wards	146	38.73	5.409	0.448	2.459	0.087
	High dependant unit (HDU)	100	37.47	6.074	0.607		
	Intensive Care Units (ICU)	60	37.02	6.027	0.778		
	Total	306	37.98	5.783	0.331		

Educational Qualification	GNM	116	38.93	5.745	0.533	3.045*	0.049
	B.Sc nursing	121	37.71	5.579	0.507		
	M.Sc nursing	69	36.86	6.028	0.726		
	Total	306	37.98	5.783	0.331		
Marital status	Married	169	37.81	5.659	0.435	0.567	0.571
	Unmarried	137	38.19	5.948	0.508		
Experience in the profession	Below 5 years	111	39.20	5.676	0.539	3.435*	0.017
	5-10 years	99	37.85	6.082	0.611		
	10-15 years	61	36.41	5.917	0.758		
	Above 15 years	35	37.23	4.187	0.708		
	Total	306	37.98	5.783	0.331		
Income Level per month	Below 20,000	112	36.85	5.917	0.559	3.397*	0.010
	20-30 thousand	130	39.20	5.629	0.494		
	30-40 thousand	19	37.63	5.54	1.271		
	40-50 thousand	26	36.23	5.785	1.135		
	Above 50 thousand	19	39.05	4.708	1.08		
	Total	306	37.98	5.783	0.331		
No. of hours spend in the hospital in a day	1-6 Hrs (single shift)	151	39.03	5.583	0.454	5.081**	0.007
	6-8 Hrs (general shift)	102	37.09	6.219	0.616		
	Above 8 Hrs (night shift)	53	36.72	4.978	0.684		
	Total	306	37.98	5.783	0.331		

* Significant level @ 5% ** Significant level @ 1%

The Perspective differences related to work-pressure in the hospital during Covid-19 pandemic are presented in the Table-7. It shows that among age group on work pressure, the highest average score of 39.20 perceived by 30-40 years age group and the least average score of 35.89 percent perceived by 40-50 years age group and their respective standard deviations are 5.92 and 5.959. Since the calculated f-value 0.884 is not significant as the p-value is 0.449. This indicates that there is no significant difference among age group in their perception towards the work pressure in the hospital during Covid-19 Pandemic. It is observed that between two gender groups among the working conditions of the hospital the average perceptive score of male is 37.90 found lesser than the average perceptive score of female (38.11), and their respective standard deviation are 5.975 and 5.469. Since the calculated f value 5.934 indicates that there is a significant difference at 1% level because p value is 0.001. This infers that there is a significant different in the perceptions of male and female towards the work pressure in the hospital during Covid-19 Pandemic.

It shows that among the specialization of the work pressure in the hospital that the average perceptive score of nurses working in general ward is 38.73 found higher than the other working area groups and the least average score of nurses in intensive care units (37.02) and their respective standard deviation are 5.409 and 6.027. Since the calculated f value 2.459 indicates that it is not significant because p value is 0.087. This infers that there is no significant different in the perceptions of specialization group towards the work pressure in the hospital during Covid-19 Pandemic.

According to the educational level wise analysis it shows that the average perceptive score of GNMgroup is 38.93 found significantly higher than the remaining education groups and the least average score of 36.86 perceived by M.Sc nursing qualified group, and their respective deviation 5.745 and 6.028. The calculated f value 3.045 is significant level at 5% level because the p-value is 0.049. This infers that there is significant difference among educational level in their perceptions towards the work pressure in the hospital during Covid-19 Pandemic.

Among the marital status wise analysis it shows that the maximum average score of 37.81 perceived by married group found lesser than and the average score of 38.19 perceived by unmarried group and their respective standard deviations are 5.659 and 5.948. Since the calculated f value 0.567 have no significant difference because the p-value is 0.571. This indicates that there is no significant difference among married and unmarried in their perceptions towards the work pressure in the hospital during Covid-19 Pandemic According to the experience level in the profession wise analysis it shows that the

maximum average score of 39.20 perceived by below 5 years found significantly higher than the remaining groups and the least average score of 36.41 perceived by 10-15 years and the respective standard deviations are 5.676 and 5.917. Since the calculated f-values 3.435 is significant level at 5% because the p-value is 0.017. This indicates that there is a significant difference in the perceptions of experience level among the work pressure in the hospital during Covid-19 Pandemic. According to the monthly income wise analysis it shows that the maximum average score of 39.20 perceived by 20-30 thousand income group significantly higher than the remaining groups and the least average score of 36.23 perceived by 40-50 thousand income group and the respective standard deviations are 5.629 and 5.785. Since the calculated f values 3.397 is significant difference at 5 % level because the p-value is 0.010. This indicates that there is a significant difference in the perceptions towards the work pressure in the hospital during Covid-19 Pandemic.

It is observed that as per the number of hours spend in the hospital in a day, the average perceptible score of 1-6 hrs is 39.03 found higher than the other groups and the least average score of 36.72 are spend above 8 hrs and their respective standard deviation are 5.583 and 4.978 since the calculated f-value 5.081 indicates that there is significant level at 1% because p-value is 0.007. This infers that there is a significant difference in the perceptions of the work pressure in the hospital.

The perspective score differences among various demographic group women nurses on work pressure in corporate hospitals during Covid-19 pandemic, it is observed that there is a significant difference found between male and female women nurses, and among the groups of education qualification, experience in the profession, monthly income levels and number of hours spend in the hospital in a day, whereas there is no significant difference found among the groups of age, specialization and marital status. It is observed that out of the 8 demographic variables as many as 5 are found significant difference; hence the null hypothesis is rejected.

Conclusion

The main objective of this research paper is to study the work-stress and work-pressure of women nurses during Covid-19 pandemic. The data shows that a predominant group of women nurses are feeling more stress with attending Covid-19 patients in the hospital. On the other hand the negligence of the staff towards covid-19 patients in critical situations gives more pressure. During this time most of the nurses used to work for long hours or overtime even in holidays also. Limited resources and insufficient infra structure due to heavy patient load leading to helplessness created more stress among the majority of nurses. In addition to that dealing with death and dying incidents increases the stress levels among the nurses. Furthermore, the Salary reduction due to decreased revenue from non Covid patients to the hospitals with increased work load also gave more stress on the nurses. More health care worker are turning Covid positive while on work, added more stress to the nursing staff. The study reveals that most of the women nurses forcibly stayed away from their family members during Covid-19 to protect them from infections. Moreover, the new rules and regulations of the hospital during Covid-19 make them more stressed with additional pressure. The management put more pressure to attend more patients and assign more work during their working hours. It is found that a dominated group of nurses get more depression due to daily attending Covid-19 patients. Difficult to get adjusted to multi tasking activity in resource limited setting became an important concern among the nurses. Most of the women nurses could not personally contact their family members for days together due to isolation and quarantine protocols which created a psychological stress and added to work pressure and stress.

Covid 19 has created a great panic situation across the globe. Health care workers are considered as the frontline forces to extend their services to treat the covid patients. Nurses played a pivotal role in this aspect putting their lives at risk. Despite the added work-stress and work-pressure exhaustion caused by the Covid-19 pandemic, women nurses done an excellent job particularly in corporate hospitals. It was observed that there was a great compromise in their work-life balance. In corporate hospitals, nurses who work round the clock to provide sophisticated care to patients in critical situations, have gone through a significant stress and pressure at their work place in addition to the psychological trauma they faced because of the life risk at working environment as covid is a deadly pandemic. Nurses undergone high stress and felt pressurized during their work in covid pandemic but its highly evident that their hard work and sacrifice saved many lives. At

this point, corporate hospitals should provide good working environment and equipment for the healthcare workers to have a stressfree work place with least pressure and steps to be taken to address burnout syndromes. Measures to be taken to recognize and reward the female nurses who are the key responsible individuals in health Care.

REFERENCES

1. Angel Raja Kumari Karunagaran et al.,(2020). Work-life Balance of Nurses during Pandemic. *Journal of Nursing and Health Science*, Vol9, Issue 6.
2. Anis Fathima H. et al.,(2018). Work-life balance of women Nurses: Impact on Personal life. *International Journal of Research and Analytical Reviews*, Volume 5, Issue 4
3. Corporate Reporting System (2010). Offender profile. Retrieved June 15, 2010, from http://infonet/pa/corporate_e.asp#5
4. Day, A. (2010). Workplace health and well-being, *RCMP Gazette*, vol. 72, no. 1, pp. 18-19.
5. Ghousinnisa, S. and Dr. Subba Reddy, S. (2016). Work life balance of female nurses: a study with reference to rims, Kadapa, Andhra Pradesh. *International Journal of Current Research*, 8, (05), 32138-32141.
6. Griffin, M. L., Hogan, N. L., Lambert, E. G., Tucker-Gail, K. A. and Baker, D. N. (2010). Job involvement, job stress, job satisfaction, and organizational commitment and the burnout of correctional staff. *Criminal Justice and Behavior*, vol. 37, no. 2, pp. 239-255.
7. Head, D. (2010). Employee and workplace wellness matters, E-mail communication, April 30.
8. Kim, Miyoung; Windsor, Carol (2015). Resilience and Work-life Balance in First-line Nurse Manager. *Asian Nursing Research*, 9(1), 21-27.
9. Lambert, E. G., Hogan, N. L. and Altheimer, I. (2010). An exploratory examination of the consequence of burnout in terms of life satisfaction, turnover intent, and absenteeism among private correctional staff. *The Prison Journal*, vol. 90, no. 1, pp.94-114.
10. May, K. (2010). Government moving on disability crisis: PS 'wellness' strategy aims to take stigma out of mental illness, get workers treated faster. Retrieved June 15, 2010.
11. Neates, M. (2010). Fit for LIFE at the Western Australia Police, *RCMP Gazette*, vol. 72, no. 1, pp. 22-23.
12. Parker, R. (2010). Curbing officer obesity: Arming officers with nutritional choices, *RCMP Gazette*, vol. 72, No.1, pp.26-27.
13. Rathnayake S, Dasanayake D, Maithreepala SD, Ekanayake R, Basnayake PL (2021). Nurses' perspectives of taking care of patients with Coronavirus disease 2019: A phenomenological study. *PLoS ONE* 16(9): e0257064.
14. Santhana Lakshmi k. et al.,(2012). Analysis of Work Life Balance of Female Nurses in Hospitals - Comparative Study between Government and Private Hospital in Chennai, TN., India. *International Journal of Trade, Economics and Finance*, Vol. 3, No. 3.
15. Siva Prasad K.I., P. T. Raveendran,(2019). Work-life Balance among female Nursing employees in Academy of Medical science with special reference to North Kerala. *Asian Journal of Management*. 10(1): 29-32
16. Violanti, J. M. (2010). Dying for work: Stress and health in policing, *RCMP Gazette*, vol. 71, no. 1, pp. 20-21.
17. Wilkerson, B. (2010). Principles of mental health: Charting a new course for the RCMP, *RCMP Gazette*, vol. 72, no. 1, pp. 14-16.
18. Xiaoning Zhang,(2021). Association between resilience and burnout of front-line nurses at the peak of the COVID-19 pandemic: Positive and negative affect as mediators in Wuhan. *International Journal of Mental Health Nurses*, 30(4):939-954.