

A Model to Mitigate Stress Levels in the Digital Age

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ABSTRACT

The mundane tasks done daily accumulate into larger than life problems forming the 'daily hassles' part of life and seem to offer no worry until they assume large amounts affecting changes in the digital transformation age. This brings in the concept of 'key human resources competencies of stress aversion techniques to handle digital transformation' which happens when one gains competence through overcoming the little daily hassles of life and is better-equipped to control the sea of qualms entralling one's mind.

Stress and well-being are two sides of the same coin. If the dominant side is everyday stress then it continues to build till it puts a victim to lie in a state of distress or in worse cases, within a medical shelter, attended to by caregivers and one's acquaintances. This is the condition of the common man in the digital eon. A peek into the life of a caregiver like a hospital administrator is bound to follow suit. Based on qualitative research, we are assuming that there exists such everyday stress amongst hospital administrators. So we reduce and eliminate the stress levels through quantitative research, by constructing an appropriate model.

In this research paper a model has been constructed to mitigate assumed stress levels among administrators of hospitals in Greater Mumbai in the digital age.

The work explains stress levels depending on parameters, may be computed in order to hire fresh talent at optimum levels for the digital era.

Keywords: Indian service sector, hospital management, hospital administrator, stressors, stress mitigation model

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INTRODUCTION

The global healthcare market spending is high with occasional dips and rises in its nature. The healthcare industry in the Indian service sector is currently booming. The hospital industry is a prominent feature with lots of scope to emerge as a growing economy for India. The ratio of patients to hospital beds is a major area of concern to most Indian hospitals. Due to the opening of the economy, nowadays a large number of hospitals are entering the private domain. Due to the emergence of private hospitals the government and municipal hospitals are gearing up to deal with the loss in market share. In Greater Mumbai at the advent of rigorous urbanization a lot of changes in terms of travel by upcoming metros and the spurs of digital India have made the healthcare market here taste a slice of western modernization.

Amidst all this digital structural anarchy, the emergence of the role of an administrator of a hospital is of prime importance. The hospital administrator acts as a mediator between the members having ownership or founding members and the day-to-day running-around required by its doctors, nursing and hospital staff. The concept of a hospital administrator emerged in the last few decades in India (Government of India, 2018).

Earlier the hospital management trustees used to manage hospital related issues along with trusted hospital staff including doctors or nurses. New hospital soft wares to ensure digital transformation are threatening the older aged employees. There are various other parameters on which stress levels may vary in the context of the job of a hospital administrator. Apart from the daily hassles which comprise the stress level cases, we have tried to compare them depending upon the type of hospital, monthly income, gender, age and marital status. There are numerous daily hassles in the form of dealings with friends or family, watching entertainment programmes, work related pressures, finances, health issues, personality problems, climatic conditions, political fears, home problems, vehicle maintenance, recreation forms, legal matters, social advices. These vary

across different hospital types, income groups, gender-wise and age-wise (Baru, 2010).

It is an exhaustive overhaul to manage a multi-specialty hospital with latest techniques and cramped by the mannerisms of a digitized environment. In order to attain self-efficacy, hospital management system software is designated to do the job neatly. There are different hospital software systems used by different hospitals. The basic systems involve different user interfaces and data analysis portals to the IT administrator. The users may involve doctors, nurses, attendants, helpers, customer service and other hospital staff. The hospital administrator acts as a key to maneuvering the smooth running of such hospitals (Practo, 2015) and their complex technological advancements.

Stress management techniques have evolved over time. The ones we will be considering are the daily uplifts like the same daily hassles seen in the positive light of uplift. They again comprise dealings with friends or family, watching entertainment programmes, work related pressures, finances, health issues, personality problems, climatic conditions, political fears, home problems, vehicle maintenance, recreation forms, legal matters, social advices. These vary across different hospital types, income groups, gender-wise and age-wise. Due to the alarms of digital transformation embracing the entire country of India, its reach amongst the hospital industry is nonetheless evolving at a greater pace than before. The Indian government has started an online portal called Department of Health and Family welfare to address these concerns in a systemized way. However, right from admission to a private hospital up to the exit of a patient, in good earnest, every tiny detail gets recorded digitally. Hence we will be concerned with the stress levels in such 62 private hospitals in digital India (Government of India, 2018).

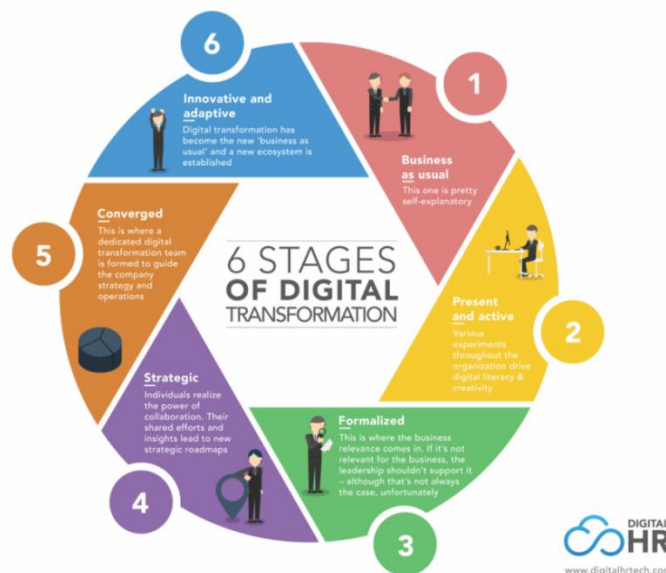
A model to mitigate stress levels has been constructed to predict the necessary control over unlimited stress level concerns. Various parameters have been considered as factors. A brief overview of the insight into this research analysis has been considered in this section and an attempt to

unravel the mystery behind the mismanaged stress level as a key competency to necessitate stress aversion involved in digital transformation.

REVIEW OF LITERATURE

The report for Altimeter, has a stance by Solis stating that there exists six stages of digital transformation as in Figure 1: 6 stages of digital transformation below: 1) Business as usual – One has to affirm that work is to be conducted fairly unassumingly and normally well, 2) Present and active – The entire organization must drive through ways to try out methods that drive digital literacy & creativity, 3) Formalized – the relevance to business as a prime manner in which work is outlined must be meted out, 4) Strategic – Each individual must realize that they are an integral part of the organization, without which no work may be executed to its fullest potential. This shared vision will lead to more enduring strategic outlooks, 5) Converged – A dedicated digital team is formed to guide the entire handholding of the digitized processes, 6) Innovative and adaptive – Digital transformation turns out as the ‘business as usual’ and a well-defined bionetwork is established (Verlinden, 2018).

Figure 1: 6 stages of digital transformation



Averbrook projected one way to gauge at digital transformation is to interpret it as four columns, with technology figuring as the least critical. It is the mindset of both people and the organisation that is the most important avenue to change. He outlines the four pillars, and their weights, as: Mindset: the willingness and enthusiasm for digital endeavours across the organisation – 45%, People: the specific skills and attributes among the workforce – 25%, Processes: The strategies for communicating and effecting change – 25%, and Technology: The actual software tools – 10% (Averbrook, 2018)

Thus Mindset and People contribute 70%, which is more than half of the total contribution. Hence we see that willingness and enthusiasm is construed by less engagement with daily stresses in the form of hassles and forms the basis for a successful digital transformation pathway.

Ordinary existence includes daily hassles as insignificant stressors that are a fragment of it. These stressors negatively influence distinct fitness and happiness as established in various types of study analysis. Daily hassles and global affiliation fulfillment/value are associated negatively as acknowledged in various readings. Extra accurate evidence on by what means daily hassles destabilize affiliations would be delivered to scholars and clinicians by having better unambiguity in results. Thus, in this study we extend the literature on daily hassles and connection excellence by examining the impact of aversion of daily hassles as a key competency in handling digital transformation in Human Resources in hospitals. Positive daily practices, or uplifts, may also show an imperative part above the disorderly properties of daily hassles on single contentment and liaison quality, although exploration has fixated differently. Employees' capability to participate in adjusting doling out may differ across periods and use provisional effects contingent upon stressors. That is, trading with great points of pressure— even that outside to the business— can deplete employees' means desired to keep positive associations. We use the Conservation of Resources theory (CoR) as our guiding perspective in examining how hassles may reduce relationship quality, whereas uplifts

may improve relationship quality. From the CoR theory, “people strive to retain, protect, and build resources and . . . what is threatening to them is the potential loss of these valued resources”. Directed by the larger communal background, resources denote whatever (e.g., objects, personal characteristics, etc.) a hospital administrator believes and are thus one-sidedly demarcated. Further than assuming that stressors get up from the budding or real damage of means and should be linked with misery and undesirable results, the CoR theory also offers that in the nonappearance of pressure hospital administrators will “strive to develop resource surpluses in order to offset the possibility of future loss”. In this way, collected means may be realized as a safety measure against the probable forfeiture from impending stressors. Resource accrual reflects future-oriented discernment and a hands-on method to handling forthcoming actions. Reserve excesses thus would be allied with extra helpful aftermaths. Unswerving with the CoR theory, we intellectualize uplifting events that make a hospital administrator sense bliss or willingness as adding to one’s resources, whereas hassles diminish these assets. While not explicit to the association, peripheral hassles and uplifts (i.e., those not involving the employees) must still control the connection known that trials from one purview of life advance into other purviews of being. From the CoR perspective, a decline in personal assets had better disturb individuals’ dealings with their peers as reflected in daily affiliation quality. For example, if my day was predominantly nerve-wracking and I sensed burdened in footings of my stages of life, these moods may spread, distressing how I relate with my peer, including my feelings of gratification and struggle on that day. In a similar way, stressors external to contacts reduced the capacity of peers to interact with each other in adjusted ways and thus reduced bond quality. Whereas hassles should cut the quality of relations between peers by grabbing available resources, uplifts are expected to mend positive relationship quality by adding to individuals’ resources. In addition to separate effects, it is possible that hassles and uplifts combine in some way. For example, although hassles should be linked with less optimistic, and more adverse, spirits about the rapport, experiencing amplified uplifts along with hassles may reduce this effect. It is also possible, that uplifts may pay to optimistic feelings about

the relationship that dispel in the existence of increased hassles. In this study, we construct a model to mitigate the daily hassles or stress levels (Totenhagen, Serido, Curran, & Butler, 2012).

RESEARCH METHODOLOGY

The problem statement will define the pertinent business conclusion part. One of the soft factors acting as a key competency in digital transformation is managing the enthusiasm and willingness of the hospital administrators. The way to reach that aim is to reduce daily hassles of these employees. To predict certainty in reducing stress levels we must aim to construe a specific stress aversion model. The depletion of stress will ensure smooth functioning of the operating competencies to drive human resources digital transformation. If stress is not a cause of concern, patients will be served better and the business strengths will grow by leaps and bounds. The following research questions will be answered: 1) Does stress exist among hospital administrators of private hospitals? 2) Could one compare the various factors affecting stress levels? 3) Could one make a stress reduction formula to compute how stress may be reduced?

The existence of stress, its comparison among various factors, and the deduction of a model to calculate stress level have to be done warily. The need of this study contributes to the 70% success factor in devising a full-proof digital transformation in private hospitals. The area under analysis is chosen as hospitals because of the competition levels rising among major players to reach highest levels of competence. The objectives of the study are thus construed as follows: 1) To study the stress levels, if present among administrators of private hospitals. 2) To compare the various factors dependent on stress 3) To find the main factors as the cause of stress by devising a model to avert stress. The following three hypotheses may be devised: **H₀₁: There is no stress (hassles) among administrators of private hospitals in Greater Mumbai.** **H₀₂: Stress levels (hassles) of hospital administrators are independent of their educational qualifications, monthly income, gender, age and marital status.** **H₀₃: Stress levels**

(hassles) used by hospital administrators are independent of their educational qualifications, monthly income, gender, age and marital status.

The first two hypotheses examine the existence and dependence of stress levels among administrators of private hospitals in Greater Mumbai. The third hypotheses will be examining the relation between stress level and the factors of hospital administrators and also will construct a model to avoid stress. Rejection of the three hypotheses will affirm the dependence of stress levels on the various parameters and will later on indicate the need to devise a model to mitigate stress levels. Then a model will be formed based on the evidences gathered till then. The data collection plan involved direct verbal correspondence with the 6 private hospital administrators. 62 administrators of private hospitals were given questionnaires that were filled under personal supervision in the year 2017. The research tool used is SPSS 16.0. The literature review was exhaustively taken from online sources, ProQuest and Ebsco databases, Harvard Business Review articles, online working papers/ theses, and numerous e-articles. The insights from this vast literature helped to fragment down to basic levels of arriving at a business decision. The sample size taken was equal to the population size to attain accuracy of results. Hence out of 62 hospitals of private types, all 62 hospital administrators were interviewed. The results were collated and represented in the sections that follow.

DATA INTERPRETATION/ANALYSIS

Hence, from the table below more than half of the total stress levels (58.3%~36 cases) in percentages have moderate to severe stress. Hence we interpret that stress levels exist among administrators of private hospitals. We thus reject Ho1, and analyze that there exists a relation between stress levels and private hospital type as in table 1.

Table 1: Type of hospital * Stress levels Cross-tabulation with Chi-Square tests

Type of hospital * Stress levels Cross-tabulation						
			Stress levels			Total
			No stress	Moderate stress	Severe stress	
Type of hospital	Private	Count	26	35	1	62
		% within Type of hospital	41.90%	56.50%	1.60%	100.00%
		% within Stress levels	100.00%	100.00%	100.00%	100.00%
		% of Total	41.90%	56.50%	1.60%	100.00%
Total		Count	26	35	1	62
		% within Type of hospital	41.90%	56.50%	1.60%	100.00%
		% within Stress levels	100.00%	100.00%	100.00%	100.00%
		% of Total	41.90%	56.50%	1.60%	100.00%

Chi-Square Tests	
	Value
Pearson Chi-Square	. ^a
N of Valid Cases	62
a. No statistics are computed because Type of hospital is a constant.	

If R-square value is of 70% or more, then model is stronger for prediction. Here, since it is lesser than 70%, we ignore the model as in Table 2: Model Summary. Also, P value is greater than 0.05, so we accept Ho, that model is not significant.

Table 2: Model Summary

Model Summary ^b									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.262 ^a	.069	-.019	.531	.069	.784	5	53	.566

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a. Predictors: (Constant), Ed Qual, Monthly Income, Marital Status, Gender, Age
b. Dependent Variable: Stress levels

Table 3 : Coefficients

Coefficients									
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations			
	B	Std. Error	Beta			Zero-order	Partial	Part	
1	(Constant)	2.724	.725		3.756	.000			
	Monthly Income	.025	.129	.034	.197	.845	-.061	.027	.026
	Gender	-.068	.162	-.062	-.419	.677	-.014	-.057	-.055
	Age	-.233	.146	-.277	-1.593	.117	-.153	-.214	-.211
	Marital Status	-.265	.292	-.128	-.906	.369	-.057	-.124	-.120
	Ed Qual	-.131	.100	-.184	-1.312	.195	-.111	-.177	-.174

a. Dependent Variable: Stress levels

The devised model from above table, that is, Table 3 : Coefficients, may be written as:

$$\text{Stress level} = 2.724 + 0.025 \times (\text{Monthly income}) - 0.068 \times (\text{Gender}) - (0.233) \times (\text{Age}) - 0.265 \times (\text{Marital status}) - 0.131 \times (\text{Educational Qualifications})$$

FINDINGS & CONCLUSION

The findings of the result claim that there exist stress levels among administrators of private hospitals. A model, which is not as significant or strong enough, is developed to compute the stress level, which is as under.
 Stress level = $2.724 + 0.025 \times (\text{Monthly income}) - 0.068 \times (\text{Gender}) - (0.233) \times (\text{Age}) - 0.265 \times (\text{Marital status}) - 0.131 \times (\text{Educational Qualifications})$

For instance, if monthly income is Rs. 29,000, gender is female, age is 39, marital status is married, and educational qualification is post-graduate, then fitting it into the formula would result as values of 1 = "No stress", 2 = "Moderate stress" and 3 = "Severe stress".

The Table 4 : Nomenclature, defining the other nomenclatures is as follows:

Table 4 : Nomenclature

Heading	Nomenclature	
Monthly income	Less than 15,000	1
	15,000 to 30,000	2
	30,000 to 50,000	3
	More than 50,000	4
Gender	Male	1
	Female	2
Age	16-24	1
	25-35	2
	36-50	3
	50 & Above	4
Marital status	Married	1
	Single	2
Educational Qualifications	Doctoral studies	1
	Post-Graduate	2
	Graduate	3

Here it will be as Stress level = $2.724 + 0.025 \times (\text{Monthly income}=2) - 0.068 \times (\text{Gender}=2) - (0.233) \times (\text{Age}=3) - 0.265 \times (\text{Marital status}=1) - 0.131 \times (\text{Educational Qualifications}=2)$

That is, Stress level = $2.724+(0.025x1)-(0.068x2)-(0.233x3)-(0.265x1)-(0.131x2)=1.387$, which is closer to “1” as ‘No stress’.

To, make the model stronger and more significant the study may be extended to other hospital types and more regions other than Greater Mumbai. A similar model may be developed and it will help to reduce stress invariably towards effective, digital transformation.

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