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### RESEARCH ARTICLE

#### EMPLOYEES' ATTITUDE TOWARDS STRESS AND ABSENTEEISM DURING COVID-19 CRISIS IN INDIAN HEALTHCARE INDUSTRY

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#### Abstract

The recent Covid-19 pandemic has created shockwaves across the globe and caused mental stress and depression leading to significant impact on an employee's personal and professional life. Stress has profound impact on employee's job performance, morale, job-satisfaction, behaviour, commitment and long-term productivity. It's malicious impact on employee wellbeing, job conduct and absenteeism cannot be ignored. The covid-19 crisis has imposed myriad of challenges on the healthcare professionals and stress levels have invariably soared, leading to depression, absenteeism, attrition, illness and lower morale to tackle the daily challenges in the healthcare industry. Thus, it becomes mandatory to focus on employee's mental health, their attitude towards stress and absenteeism, especially during the crisis. The study attempts to understand the impact of work pressure of health-care workers during current pandemic as they have suffered maximum work-stress due to overtime, workload and distressful work environment, leading to low job morale and absenteeism. The research design adopted is empirical involving a survey conducted on 108 healthcare workers through stratified sampling technique in sub-groups such as doctors, nurses, and frontline workers of private and government hospitals in the IT capital of India, Bangalore. The data was evaluated using descriptive analysis, regression test, correlation test, ANOVA, Chi square test through SPSS software. Findings show that the stress level among the employee in health-care sector leads to absenteeism and it has been particularly high during the current pandemic. Thus, healthcare sector should focus on such HR interventions that de-stress these employees and improve their morale to reduce absenteeism.

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#### Introduction:-

The Covid-19 pandemic has swept catastrophic waves across countries and societies over last 2 years since its emergence in December 2019 in Wuhan (Zhu et al, 2020; Xiao, 2020). The global pandemic has resulted in worldwide distress and myriad range of psychological problems such as fear, anxiety, stigma, prejudice towards the disease, and almost everyone was impacted by the disease, whether healthy individuals or at-risk individuals and even healthcare workers who have been risking their lives to save others (Aly et al., 2021). The doctors, nurses and frontline workers had been taking up additional responsibilities of safeguarding the entire human community against the perils of the virus, often at the risk of their own health and life, health of family members, relationship with family and their mental soundness. The challenges brought in by the crisis on healthcare workers have led to

unprecedented psychological stress, anxiety, fear, stigma, panic attacks, fear of losing one's own life and family members, social isolation, sleep disturbances and various forms of post-traumatic stress symptoms leading to depression and lowering job productivity and absenteeism (Vizheh Maryam, et al., 2020; Zheng, 2020). Various researches have stated the adversary impact of long-term occupational stress on the overall wellbeing of employees (Mulfinger et al, 2019), resulting into increased turnover and lower productivity (Kachi, Inoue, Eguchi, et al., 2020). The psychological distress, adversary health impacts and morale of the employees to perform has been dramatically impacted during the covid-19 pandemic among the healthcare professionals more than any other professions (Cabarkapa et al., 2020).

Stress is a word derived from the Latin word "stringere", meaning 'to draw tight' (Arnold, 2005). Stress' has become a legitimate concern for most and a much-demanded area of research and interventions. However, when agencies such as the World Health Organisation (WHO) and International Labour Organisation (ILO) draw attention to the prevalence of stress in the work place, it substantiates the importance for those particularly in the Hospitality industry, to pay more attention to this issue and its consequences. (Faulkner et al., 1997). Stress is an action of showing lower willingness to carry on with his or her routine job because of which one might become ineffective in their work. Stress can be defined as discomfort for an individual because of the excess workload that has affected that person. Any job condition can cause stress, it all depends on the acceptability level of the employee, that is employee's reaction towards their work. Some employees might accept the work procedure and workload with positive attitude. As a result, some might feel slightly stressed while others might feel more stressed when they accept the work pressure.

Employees feel stressed when they are not interested in their work or when their priority of interest changes. One might feel stressed because of his personal life or professional life. A major **factor of stress** is '**professional factors**' which is one of the most important factors where one might feel stressed because of the workload. Due to unrealistically excessive and challenging workload assigned by the employer which is expected to be completed within a pre-determined time, employees may feel overburdened and are less interested towards work. This might also lead to feelings of job insecurity, anxiety, dissatisfaction, lower morale, which creates frustration. When advanced technology is introduced in the organization, it leads to anxiety and stress among employees as they might not have complete knowledge to use that technology. In cases when employees are new to the organization, they need time to get adjusted to the working environment and issues in adjustability leads to frustration at work. Bullying and harassment have become a common factor that creates stress when they feel the working environment is not safe, which eventually impacts the employees' attitude towards work. **Personal factors**, besides work-related stress are also major stressors, such as the death of their loved ones or illness, poor health conditions of family members leading to personal and psychological disturbances. Problems at home or related to family dependents impacts the individual mentally which tends to make them weaker and their dedication towards work reduces their morale and performance. Unlike workplace stress, personal stress has a crucial impact on employee performance and this tends to affect the whole organization. Thus, organisations should take note of these stressors, which are difficult to identify as they are carried along with the employees and cater to them with proper HR initiatives. Figure 1 shows the impact of stress on employee's performance due to workload and other workplace stressors as per the research findings of Godin and Hansen (2015).

Figure 1:- Showing stress level.



Source: Godin and Hansen (2015).

The most common factor for stress that is common among employees is financial crisis. Employees make organisational commitment expecting the inflow of cash to be received in the future. When such expectations are not fulfilled by the organisation in the expected time, it usually leads to stress. This also leads to feeling of insecurity in them and they get frustrated so it's evident that employees get stressed depending on the situation. It is found that employees remain absent from work quite often because of stress-related illness and this largely affects the productivity, performance and goodwill of the organization. If an employee neglects work and remains absent because of stress then it results into improper work-life balance. Work-life balance refers to maintaining an optimum balance between work and personal life responsibilities. Accordingly, employees should give equal importance to both professional and personal life, for which one should prioritize the work and understand the difference between important work and urgent work. In the present working environment, employees are more stressed because of the targets and deadlines, as a result of which they get exhausted and remain absent from work or ineffective at workplace. Work-stress based absenteeism is measured differently, as absenteeism often prevails with uninvolved employees or unproductive employees. This results in a situation where both employer and employee do not benefit which ultimately results in a decrease in productivity and performance.

Healthcare professionals (doctors and nurses) as well as frontline workers have been victims of stress during the covid-19 pandemic not only because of the earlier mentioned stressors, but mainly due to the anxiety, fear of being infected, workload, poor work conditions, miserable working conditions, absence of safety resources to protect oneself from infection, self-isolation, poor communication and training interventions etc. Besides, the increased expectations of the stakeholders and end-users and in some cases ill-treatment from patient's kins have been the major factors of psychological, mental and physical stress for most of the healthcare employees. As a result, India has been witnessing a scarcity of healthcare workers and frontline staff lately, which has become a major concern for the government and policy makers. Thus, at this point of time, it is crucial that researchers and policy makers focus on this issue and identify the role of healthcare professionals' attitude towards stress, which would impact their performance, morale, absenteeism and turnover as well. The study is conducted to highlight this problem in India and recommend to the policymakers and healthcare leaders to adopt the supportive HR interventions that would provide encouragement, protective and motivating work environment along with training and educational interventions, especially through information and communication platform.

### Growth of Healthcare Industry in India

According to a recent report from the India Brand Equity Foundation (IBEF, 2020), healthcare has become one among India's largest sectors, both in terms of revenue and employment. The industry is growing at a robust pace due to its strengthening coverage, services, growing demand, health complications and increasing expenditure by the public and private sector.

Figure 2:- Showing India's health-tech Market.

## India's Healthtech Market Poised To Become A \$21 Bn Opportunity By 2025

The impact of Covid-19 will catalyse the adoption of healthtech products and services in India



Source: Kad, S., (August 23, 2020).

The growth indicators of the Indian healthcare expenditure over the approaching years looks robust and promising. Between 2008 and 2022, the market is expected to record a Compound Annual Growth Rate (CAGR) of 16.28%, and the entire industry volume is estimated to touch \$372 billion by 2022. Similarly, the healthcare industry in India stood at \$61.79 billion in 2017 and is predicted to progress at a CAGR of 16-17% to succeed in \$132.84 billion by 2022. According to KPMG, the healthcare sector in India presently offers a potent mixture of opportunities and challenges. The significant gap between 'required' and 'actual' healthcare infrastructure has driven considerable investment into assets like hospitals and other facilities over the years. In turn, the growing availability and affordability of healthcare are spurring demand for other services like diagnostics, pharmacies, equipment, etc. The growth story of the healthcare industry is additionally contributed by many non-healthcare corporates and personal equity firms pervading (capital and non-capital) resources. Due to the lower cost of procedures, India has become a beautiful station for medical tourism and a base for clinical trials. KPMG highlights the threats that the Indian healthcare sector faces on its way up as the optimal utilization of resources, minimizing operational costs, maximizing performance and efficiency, scaling of business, rapidly evolving technology, and globalization of healthcare delivery quality and standards are identified as major challenges.

### **Stress in Healthcare Industry**

Stress has become a primary component of medical services proficient occupation, since they manage critical health conditions, fatal diseases, demise and miserable circumstances. Medical services experts build up a tension that could influence their uplifting perspectives towards their patients, and some different social factors too which typically emerge from the climate of a multidisciplinary group. Typically, when one piece of the group feels better than the other or when distinction emerges from one medical service's proficient inclination that their job is more prioritized than the other in the endurance of their association, such contrasts may prompt uneasiness in the association. Continued exposure to such external and internal stressors by healthcare professionals typically result in burnout, and in some cases, they are not effectively able to manage the stress and burnout. Openness to a significant degree of stress burnout in a job among healthcare professionals leads to social dismissal of the positions. Since bleeding-edge medical-services professionals manage a huge number of contaminated patients, it is observed that they are feeling the pressure intensely because of Coronavirus patients increasing during the pandemic. It has been observed that there is acute deficiency of individual defensive resources, for example, PPE kits and other clinical supplies. Clinical staff are additionally dreaded to furnish therapy and to contract with the unhealthy individual. The review focussed on basic psychological well-being issues, like post-horrendous pressure, melancholy, nervousness or general psychopathology in healthcare professionals focusing on Coronavirus patients, "to permit a precise commonness of future interest on emotional well-being administrations and to illuminate the arrangement regarding proof-based mediations", the survey group stated.

Pandemic and scourge irresistible sicknesses, for example, Coronavirus or MERS-CoV force a critical degree of uneasiness and weight on healthcare professionals who are taking care of contaminated patients, with their fundamental concern being the danger of communicating the disease to their families or to secure it themselves. In this way, enhancing the consistence of healthcare professionals with the legitimate contamination counteraction and control measures is vital during the irresistible illness flare-up, to guarantee their security, to diminish the probability of getting tainted or communicating the disease to other people, and subsequently to lighten their mental pressure and nervousness. Overwhelmed with enormous volumes of tainted patients, clinical staff are additionally troubled by fears of getting the sickness particularly in the midst of deficiencies of individual defensive resources, veils and other clinical supplies. It shocks no one when UK scientists investigate information on psychological well-being issues in HCWs working at pandemic-influenced clinics, bring up that post-horrible pressure specifically is basic among these emergency clinic laborers.

### **Literature Review:-**

Patiraj and Mishra (2009) identified stress-related factors (both Job Stress and Personal Life Stress) of medical professionals that positively and negatively affect the performance. The research findings state that there is a decline in effective mental health and job outcomes because of a high degree of job stress and personal life stress. According to Abdullah and Lee (2012), the research conducted on a telecommunication company in Malaysia claims that it helps to improve job satisfaction and also helps to reduce stress and absenteeism by conducting employee-wellness programs regularly. Eventually, the researcher found that the wellness program not only was found to be influential to enhance employee's job satisfaction, stress-alleviation, and absenteeism-reduction, but also creates a positive impact on employee's wellbeing and organizational performance. According to Awan and Bangwar (2013), the research studied the relationship between occupational stress and work-life balance issues with absenteeism and

found that absenteeism is negatively correlated with stress and work-life balance. The research findings reveal that various other factors contribute to employee absenteeism like- nature of work, emotional state of mind, age, educational level, interpersonal relationships at work, job satisfaction etc. According to Mishra and Singh (2014), the main reasons for excessive absenteeism is the non-fulfilment of emotional needs of employees and their motivation. It is crucial for an organisation to understand the emotional needs of employees and their motivational factors. Accordingly, the HR practices should be designed so as to fulfil the psychological and motivational needs of every group of employees. Rangarajan (2014) proposed that managers can decrease stress by setting clear expectations, helping employees to prioritize the work and being available to listen to employee concerns, and not tolerating any workplace bullying, harassment or bias. Therefore, stress management is a crucial intervention by the organizations or individuals to decrease the effects of work pressure and enhance work outcomes, productivity and organisational outcomes. Stress-free employees are more productive and reduced stress leads to fewer accidents, lower healthcare costs, and higher morale.

Verma and Chaubey (2016), studied the causes of employee absenteeism, factors leading to absenteeism, and the level of occupational stress among the workers in the organizations, across different age groups and analysed the relationship between the occupational stress and employee's dissatisfaction level. It was found that absenteeism is positively correlated with job dissatisfaction. According to Bamba (2016), when organizations fail to identify the potential of their human resources, their most precious asset and also ignore various principles of effective management, it causes a lot of stress and pressure among the employees which eventually affects their performance negatively. It was concluded that stress is eventually transferred from the managers to the lower-level employees, which creates pressure on the entire organisational structure and work culture. Hence, it is significant to focus on behavioural and motivation theories of management for developing management and HR strategies to address employee related issues and building a positive work culture. Saravanan et al., (2017) describes how to identify strategies to manage the stress-bank of employees. It was stated that more than half of the employees had good self-management interventions for managing their stress and only less than half of the employees showed poor stress-management abilities. The findings indicated clearly that there is no significant relationship between monthly income of the employees and their level of stress management. Rawal et al. (2018), studied the reasons of job stress of lecturers in the colleges, the impact of job stress on their performance and productivity was analysed, and the symptoms of excess stress on the lecturers was identified. It was asserted that maximum number of teachers in privately-funded institutes face stress related to excess work-load and insufficient compensation and benefits. Sometimes employees feel stressed due to family-related problems. Findings have stated that employees feel that strategies used by institutes and colleges to reduce stress are effective, despite huge stress in workload they manage to balance their social life. Jacobson et al., (2018), investigated the association between perceived stress and illness-related to work absenteeism among the employees. According to the research findings, female workers reported higher stress levels and absenteeism than men. Cost-effective worksite programming including seminars and workshops helped to reduce employee's stress-related illness and absenteeism. Babjohn et al. (2019) seek to identify factors that contribute to employee absenteeism and stress in an organization, which may aid company managers in developing and identifying employee attitudes towards reducing absenteeism and stress in the workplace. Pavithra et al. (2017) found out whether absenteeism is more due to social and religious causes than ill-health and it was found that the main reason for absenteeism is due to family related issues and poor health among the employees, which eventually impacts the daily operational routine of the organisation. Yong et al (2015) determined job stress using the Korean Occupational Stress Scale-Short Form and information on absence due to accidents or illnesses was found and then the survey also said that there is an increase in job stress because of high job demand and insufficient job control, which resulted in absence and illnesses. Hardiki et al. (2019) found that absenteeism is majorly due to the working culture and downgraded welfare facilities. Salaries are some of the major reasons which dissatisfies the employees and they remain absent. The research findings claim that the rate of absenteeism can be reduced by enhancing the mutual commitment and involvement of the employer and the employee. Absenteeism has a negative impact on organizational productivity (Hardiki et al., 2019). Kasi et al. (2015) demonstrated that occupational stress has no direct effect on leave intentions or absenteeism. An organization should develop interventions to increase job satisfaction by reducing occupational stress and reduce the employees' intention to take leave and absenteeism by reducing stress. According to Mina et al. (2001) vacations, socialisation and such employee benefits alleviate perceived job stress and burnout as predicted, replicating findings that a respite from work diminishes levels of strain to lower than chronic on-the-job levels. It was found that there was a decline in burnout immediately after the vacation and a return to prevacation levels four weeks later and a similar pattern with regard to absenteeism. According to Deepti et al. (2018), the researchers discovered that academic tests, interpersonal relationships, life changes and career exploration are the primary sources of stress. Such stress may usually cause psychological,

physical, and behavioural problems. According to Khushbu et al. (2015) employees experience a higher level of stress since their work is heavy and tiresome, which makes them absent and the lack of time for recreation and personal needs due to work pressure encourages them to take a leave. According to Pinkal (2020), the various causes of absenteeism range from personal issues to poor work environment, occupational diseases, poor production planning (flow of work), bad working conditions and inadequate welfare conditions, lack of trained laborers, insecurity in employment, collective bargaining process, rigid control system, lack of supervisory support, lack of interest, lack of a cohesive and cordial working environment. Prasad et al. (2016) found that the impact of occupational stress on performance for the IARI employees is moderate, when compared with the ITS, which reported a higher impact on its performance than the IARI. The study suggests that IT sector employees are more affected due to workload, role overload, career, organizational climate, lack of job control and, in particular, job insecurity, whereas agricultural sector employees are affected because of nature - climatic change, depleting water resources and other factors like genetic diversity. Thus, in every occupation, employees face some level of stress due to nature of their job and related factors. Anu et al., (2018), stated that the escalating issue of occupational stress among professionals is mainly sometimes because of role-ambiguity, nature of job and HR practices like compensation issues. Dhruva et al. (2020), disclosed that job overload was the most important reason behind stress among the staff, which was followed by a lack of job security, poor communication, and work type. These stresses result in decreased organizational performance, decreased employees' overall performance, and decreased quality of labour, high staff turnover, and absenteeism. It also leads to health problems like anxiety, depression, headache and backache when stressed is endured over a long period.

Vandana (2016) studied stress levels in a variety of people and proposed coping strategies. Some of the stress coping strategies identified by this study include stress management programs, physical activities integrated in the job-design, life modification programs, finding triggers and stressors, supportive organization culture, stress counselling programs, and spiritual programs. The stress issue has become contemporary, being an occupational hazard that needs to be addressed without delay. A positive attitude and meditation will be helpful for coping with stress and it will definitely change the perception of stress. Ornek et al. (2020) conducted a study including "pre-test, post-test, non-equivalent and control groups" design and included 70 women workers. It was found that women workers who participated in the 'Work-ProMentH' experienced a decreased prevalence of job stress, physical and mental stress reactions, work absenteeism, and S-cortisol levels, increased levels of social support and job performance, and improved coping profiles and it enables its users to holistically assess worker stress and to plan and examine intervention programmes via a systematic approach. Vedrana et al., (2018), observed that there is an imbalance between empirical research dealing with determinants and research dealing with absenteeism outcomes. Employee attitudes stand out among the most repetitive absenteeism causes, while turnover, organizational health, and loss of productivity are some of the most researched absenteeism outcomes. The measurement and management of absenteeism outcomes are issues of exceptional importance for every organization.

Radoslaw et al. (2020) assessed the level of stress load of Polish researchers concerning subsequent academic degrees and titles. It was indicated that the level of stress load of Polish researchers concerning subsequent academic degrees and titles is differentiated. The symptoms of stress were irritation, nervousness, and aggression, as well as mild stress in the form of a headache. Almost every third respondent had some kind of psychological problem (depression, depressed mood for a longer period of time, addiction, the need to go to therapy), and a few had psychosomatic disorders (for example, pain in the limbs and internal organs from an unknown source) due to work stress.

### **Research Methodology:-**

The research design adopted is empirical in nature. It comprises details for the collection, measurement and analysis of data. It therefore discusses research design, population and sampling design, data collection method and data analysis. A structured questionnaire and survey were used to conduct the research, and the respondents were asked to answer honestly to a Likert scale adopted in the questionnaire and survey.

A sample was selected through a Stratified sampling technique for collecting data where the respondents were divided into sub-groups such as doctors, nurses, and frontline workers. A sample of 108 healthcare employees in both private hospital and government hospital was considered as a sample. The data was analysed using descriptive analysis, regression test, correlation test, ANOVA, and Chi square test. The scope of the study attempts to understand the work pressure of healthcare workers, especially in the current COVID-19 pandemic, the healthcare workers have suffered a lot by working overtime because of which they are more stressed and this eventually leads

to absenteeism. This study pertains to the difficulties of healthcare professionals such as meeting the targets of vaccinating for covid, APPRaISe survey (survey conducted to know about the different age group population for covid vaccination), RCH work portal, etc., that lead to their work stress and absenteeism.

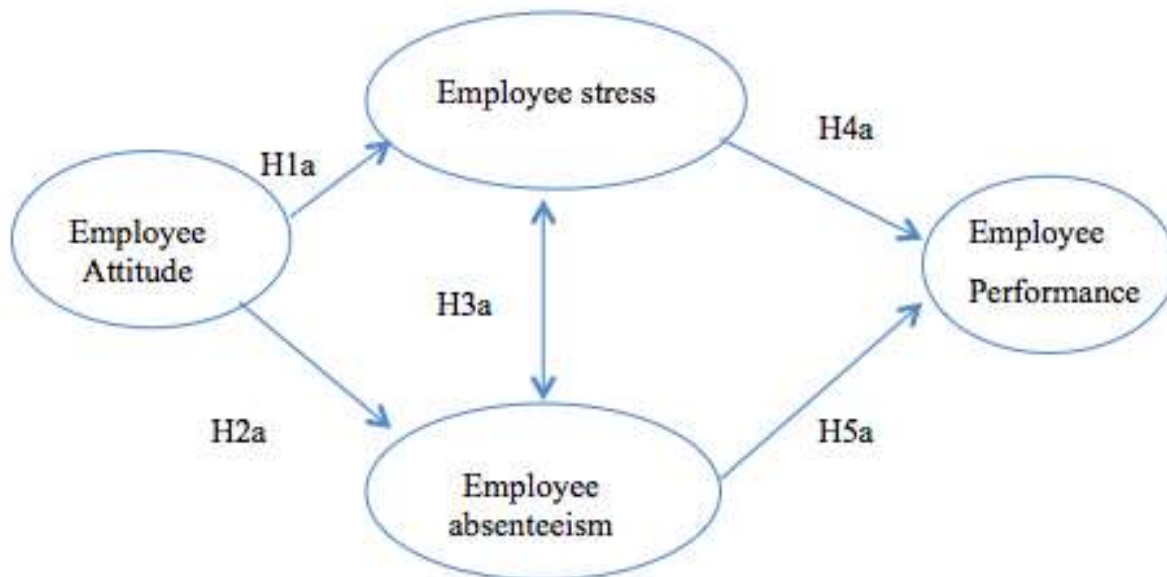
### Objectives of the study:-

1. To find out the level of stress among the healthcare professionals in the healthcare sector.
2. To assess employee attitude towards absenteeism and stress in the healthcare sector.
3. To study the relationship between stress and absenteeism among healthcare professionals.
4. To propose measures to reduce stress and absenteeism level of healthcare professionals.

### Hypotheses

- H1<sub>a</sub>: There is significant relationship between employee attitude and stress of Healthcare professionals.  
 H2<sub>a</sub>: There is significant relationship between employee attitude and absenteeism of Healthcare professionals.  
 H3<sub>a</sub>: There is significant relationship between stress and absenteeism of healthcare professionals.  
 H4<sub>a</sub>: There is significant impact of work-related stress on performance of healthcare professionals.  
 H5<sub>a</sub>: There is significant impact of absenteeism on performance of healthcare professionals.

**Figure 3:-** Conceptual model of the study.



Source: Author's analysis

### Exploratory Factor Analysis

For any research project, the questionnaire's reliability is critical. The Cronbach's alpha was found to be 0.611 in this situation, indicating that the instrument is reliable. Validity of the construct and content were also examined. Exploratory Factor Analysis (EFA) was used to evaluate the data in order to find the components that result in understanding employee attitude towards stress and absenteeism in the Healthcare sector, which was the major goal of the study. Exploratory factor analysis is a data reduction method, as discussed in the previous section. It does so by seeking out underlying latent variables and collectively manifesting them as observed or manifests variables.

### Sample and Respondent Profile

The study is based on a sample of 108 Healthcare professionals (Doctors, Nurses, and Asha workers). All of them were employed in different hospitals in South India. The demographic characteristics of respondents are shown in the table- 1. It is evident from the table that 74.4% of the respondents are of age group 21-30 years, 17.6% of the respondents are of age group 31-40 years, 7.4% of the respondents are of age group 41-50 years and 0.9% of the respondents are of age group 51 and above. 66.7% of the respondents are female, 32.4% of the respondents are male, and 0.9% of the respondents prefer not to say. 32.4% of the respondents are Doctors, 6.5% of the respondents have completed BDS degree, 31.5% of the respondents are Nurses and remaining 29.6% are Asha workers who are

from other qualifications. 42.6% of the respondents are earning below 20000, 31.5% of the respondents are earning from 20000 to 40000, 7.4% of the respondents are earning from 40000 to 60000, 11.1% of the respondents are earning from 60000 to 80000 and remaining 7.4% respondents are earning above 80000. 57.4% of the respondents are Single, 42.6% of the respondents are Married and there are no Divorced or Widowed respondents. 65.7% of the respondents do not have children, 33.3% of the respondents have children, and remaining 0.9% of the respondents have more than 3 children. 41.7% of the respondents are working in government hospitals, 48.1% of the respondents are working in private hospitals, and remaining 10.2% of the respondents are working in aided hospital. 1.9% of the respondents are continuously work in the night shift, 50% of the respondents are working in permanent day shift, and 48.1% of the respondents are working on both day and night shift.

**Table 1:-** Demographic characteristics.

Demographic characteristics		Count	Percentage
Age	21-30 years	80	74.40%
	31-40 years	19	17.60%
	41-50 years	8	7.40%
	51 and above	1	0.90%
Gender	Male	35	32.40%
	Female	72	66.70%
	Prefer not to say	1	0.90%
Qualification	MBBS	25	23.10%
	MD	8	7.40%
	MS	2	1.90%
	DM	0	0
	BDS	7	6.50%
	MDS	0	0
	BSE Nursing	23	21.30%
	Diploma in Nursing	7	6.50%
	General Nursing	2	1.90%
	Auxiliary Nursing	2	1.90%
	Other	32	29.6%
Income Level	Below 20000	46	42.60%
	20000 – 40000	34	31.50%
	40000 – 60000	8	7.40%
	60000 – 80000	12	11.10%
	Above 80000	8	7.40%
Marital Status	Single	62	57.40%
	Married	46	42.60%
	Divorced	0	0
	Widowed	0	0
Number of children	No Children	71	65.70%
	1-3 Children	36	33.30%
	More than 3 Children	1	0.90%
Type of Hospital	Government	45	41.70%
	Private	52	48.10%
	Aided	11	10.20%
Shift of duty	Permanent night shift duty	2	1.90%
	Permanent day shift duty	54	50%
	Rotational shift duty	52	48.10%

**Table 2:-** Descriptive statistics.

Variables	Mean	Std. Deviation
Employee Stress	2.2465	0.56511
Employee Absenteeism	2.3611	0.55359
Employee Attitude	2.1049	0.54047



Employee Performance	2.3935	0.47385
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From the above table 2, the result indicates that Employee Performance is the most important dimension (mean =2.3935), employee stress (mean =2.3611). This shows the nature of the relationship between employees' stress with employee absenteeism and employee performance. Employee Stress (mean=2.2465), Employee Attitude (mean=2.1049). High standard deviation has been identified for the factor- employee stress (SD=0.56511) implies that employees' opinion on stress as more affected when compared to other components.

H1<sub>a</sub>: There is significant relationship between employee attitude and stress of Healthcare professionals.

**Table 3a:-**Regression Model Summary.

Model	R	R Squares	Adjusted R square	Standard error of the estimate	F	Sig. F change
1	0.356 <sup>a</sup>	0.126	0.118	0.53065	15.349	0.000

Predictors: (Constant): Employee Attitude

Dependent Variable: Employee Stress

**Table 3b.:-** Correlation Analysis between employee attitude and stress.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.464	0.206		7.098	0.000
	Employee Attitude	0.372	0.095	0.356	3.918	0.000

**Dependent Variable: Employee Stress**

The impact of employee attitude and employee stress is evaluated in the Table 3a & 3b. The R=0.356 has a value of reflecting a simple correlation with employee attitude,  $R^2 = 0.126$ . The Employee Attitude  $\beta$  value of 0.356 ( $t = 7.098$ ,  $p < 0.05$ ) indicates that the employee attitude and employee stress have a substantial positive relationship. Thus, the alternate hypothesis is verified and there is a relationship between employee attitude and employee stress.

H2<sub>a</sub>: There is significant relationship between employee attitude and absenteeism of healthcare professionals.

**Table 4a:-** Regression Model Summary.

Model	R	R Squares	Adjusted R square	Standard error of the estimate	F	Sig. F change
1	0.076 <sup>a</sup>	0.006	-0.004	0.5546	0.612	0.436

Predictors: (Constant): Employee Attitude

Dependent Variable: Employee Absenteeism

**Table 4b.:-** Correlation Analysis between employee attitude and absenteeism.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.524	0.216		11.713	0.000
	Employee Attitude	-0.078	0.099	-0.076	-0.782	0.436

Dependent Variable: Employee Absenteeism

The impact of employee attitude and employee absenteeism is evaluated in the table 4a & 4b. The R=0.076 has a value of reflecting a simple correlation with employee attitude,  $R^2 = 0.006$ . The Employee Attitude  $\beta$  value is -0.076 ( $t = 11.713$ ,  $p < 0.05$ ) indicates that the employee attitude and employee absenteeism have a substantial negative relationship. Thus, the null hypothesis was validated and there is no relationship between employee attitude and employee absenteeism.

H3<sub>a</sub>: There is significant relationship between stress and absenteeism of healthcare professionals.

**Table 5a.-**Regression Model Summary.

Model	R	R Squares	Adjusted R square	Standard error of the estimate	F	Sig. F change
1	0.057 <sup>a</sup>	0.003	-0.006	0.55528	0.349	0.556

Predictors: (Constant): Employee Stress

Dependent Variable: Employee Absenteeism

**Table 5b.-** Correlation Analysis between employee stress and absenteeism.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.235	0.22		10.16	0.000
	Employee Stress	0.056	0.095	0.057	0.59	0.556

Dependent Variable: Employee Absenteeism

The impact of employee stress and employee absenteeism assessed in the table 5a & 5b. The  $R=0.057$  has a value of reflecting a simple correlation with employee stress,  $R^2 = 0.003$ . The Employee Stress  $\beta$  value of 0.057 ( $t = 10.16$ ,  $p < 0.05$ ) indicates that the employee stress and employee absenteeism have a substantial positive relationship. Thus, the alternative hypothesis is verified and there is relationship between employee stress and employee absenteeism.  $H_{4a}$ : There is significant impact of work-related stress on performance of healthcare professionals.

**Table 6a.-**Regression Model Summary.

Model	R	R Squares	Adjusted R square	Standard error of the estimate	F	Sig. F change
1	0.353 <sup>a</sup>	0.125	0.116	0.44542	15.096	0.000 <sup>a</sup>

Predictors: (Constant): Employee Stress

Dependent Variable: Employee performance

**Table 6b.-** Correlation Analysis between employee stress and employee performance.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.728	0.176		9.795	0.000
	Employee Stress	0.296	0.076	0.353	3.885	0.000

Dependent Variable: Employee performance

The impact of employee stress and employee performance is evaluated in the Table 6a & 6b. The  $R=0.353$  has a value of reflecting a simple correlation with employee stress.  $R^2 = 0.125$ . The Employee Stress  $\beta$  value of 0.353 ( $t = 9.795$ ,  $p < 0.05$ ) indicates that the employee stress and employee performance have a substantial positive relationship. Thus, the alternative hypothesis is verified and the is significant relationship between employee stress and employee performance has been proven.

$H_{5a}$ : There is significant impact of absenteeism on performance of healthcare professionals.

**Table 7a.-** Regression Model Summary.

Model	R	R Squares	Adjusted R square	Standard error of the estimate	F	Sig. F change
1	0.211 <sup>a</sup>	0.045	0.036	0.46533	4.954	0.028

Predictors: (Constant): Employee Attitude

Dependent Variable: Employee performance

**Table 7b.-** Correlation Analysis between employee attitude and employee performance.

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.004	0.181		11.08	0.000

	Employee Attitude	0.185	0.083	0.211	2.226	0.028
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Dependent Variable: Employee performance

The impact of employee attitude and employee performance is evaluated in the Table 7a & 7b. The  $R=0.211$  has a value of reflecting a simple correlation with employee attitude.  $R^2 = 0.045$ . The Employee Attitude  $\beta$  value of 0.221 ( $t = 11.08$ ,  $p < 0.05$ ) indicates that the employee attitude and employee performance have a substantial positive relationship. Thus, the alternative hypothesis is verified and there is relationship between employee attitude and employee performance.

**Table 8.:-** Pearson's Correlation Analysis.

		Employee Stress	Employee Absenteeism	Employee Attitude	Employee Performance
Employee stress	Pearson Correlation	1	0.057	.356**	.353**
	Sig. (2-tailed)		0.556	0	0
	N	108	108	108	108
Employee Absenteeism	Pearson Correlation	0.057	1	-0.076	0.005
	Sig. (2-tailed)	0.556		0.436	0.955
	N	108	108	108	108
Employee Attitude	Pearson Correlation	.356**	-0.076	1	.211*
	Sig. (2-tailed)	0	0.436		0.028
	N	108	108	108	108
Employee performance	Pearson Correlation	.353**	0.005	.211*	1
	Sig. (2-tailed)	0	0.955	0.028	
	N	108	108	108	108

As per the correlation matrix shown in Table 8, the employee stress correlated significantly and positively with employee absenteeism, employee attitude and employee performance. But employee attitude and employee absenteeism has shown a negative correlation, while all other variables have possible correlation.

### Discussions and practical implications:-

Healthcare professionals are critical for sustenance of a healthy society and maintaining the long-term viability of healthcare systems as the mankind fights the Covid-19 pandemic bravely. Elbay et al. (2020) recognized women, young and inexperienced people and particularly for those who are working in frontline roles, as being at risk and should be regularly monitored. The interesting revelations of the study are that during covid-19 related tasks frontline workers have a greater emotional impact on frontline physicians because of increase in workload (increased total number of patients cared for and weekly working hours, working both day and night shifts), lower logistic support, lower peer and supervisor support, and lower feelings of occupational competence.

The findings of this study showed that stress among the healthcare professional will lead to serious issues and hence to reduce the stress they have to adopt some measures such as counselling, team-based practices, meditating, yoga, listening to music, dancing and making some art and craft works. Spacing out time to spend with their loved ones so that it helps them to reduce stress. Health professionals should focus more on work life balance and should take initiatives in implementing these strategies. Few stress-buster programs, counselling and training are suggested to be implemented in healthcare sector so the soaring stress-levels of healthcare professionals be relieved. Creating opportunity to play games and have fun to healthcare professionals during their breaks will help to improve their work performance and reduce stress among them. Providing travelling facility to health professionals who are travelling from long distance will help them relive driving stress. Motivating healthcare professionals by presenting some gifts would help them in improving their work performance. In this situation of Covid due to heavy work, organisations should appoint new staffs (either on contractual or temporary basis) which could be helpful to reduce their work by which their performance could be accentuated and stress can be reduced. Elbay et al., (2020), asserted that increase in workload will associate with psychological symptoms, so this should be taken into consideration in order to verify policies regarding appropriate working hours, proper rest periods and rotating shifts for workers. For the mental wellbeing of frontline doctor's, provision of logistic support can be another integrated HR factor. A lack of personal protective equipment (PPE), a dangerous work environment, and bad working circumstances may lead to an elevated perception of risk to oneself and a concern of transmission to their family. In

order to work peacefully, organisations can address about the problems of healthcare professionals at workplace so that it could console them. The study is limited to the geographical boundaries of the South India and may not be applicable to other regions. The sample size for this study is limited to 108 samples selected randomly, the study can be conducted on a large sample size and different geographical areas.

### Conclusion:-

The findings of the study assert that healthcare professionals are more stressed since they are responsible to save life. It is also proven that the stress experienced in the healthcare sector impacts healthcare professionals and it might induce many health-related problems (such as physical and mental illness), and by which the work performance of the healthcare professionals might decrease. This study helped us to know that during pandemic there is increase in stress level of the health professionals because they are working for longer duration by which they are getting less time to spend for themselves and also, they are scared about their family members getting infected because of them. Apart from this pandemic we can observe that there are other factors that are creating stress among the healthcare professionals such as the aggressive behaviour of patient's attenders or relatives, which demoralises the employees. In such scenario, if the healthcare management does not defend the healthcare staff and take initiatives to protect and secure them, it further accentuates the stress level and demoralises them.

The study also highlighted the fact that healthcare professionals (doctors, nurses and frontline staff) need support in describing the various stressor's attributes in their work and it is recommended that stress management interventions should be focusing at restraining or reducing stress among healthcare professionals. Healthcare professionals feel that there are many reasons like family issues, work environment, health issues, financial crises which creates stress in them, which eventually affects their performance and attitude towards work and also lead to increase in absenteeism. This greatly reduces the efficiency of healthcare professionals. Hence, it can be stated that there is a link between employee attitude and employee stress, employee absenteeism and employee performance than employees stress with employee absenteeism and employee performance. The main aim of this study is the prediction of employee's stress which leads to absenteeism and their work performance outcome in healthcare sector. The revelations and suggestions of the study will help healthcare professionals to cope-up in balancing their work pressure by adopting effective measures.

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