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MBAS 512

Third Semester MBA Degree Examination, April/May 2024

BUSINESS ADMINISTRATION

Stress Management

Time : 3 Hours

Max. Marks : 70

**SECTION – A
(Compulsory)**

Answer to the question should **not** exceed **six** pages.

(1×15=15)

1. "Much of the stress that people feel doesn't come from having too much to do. It comes from not finishing what they started". – Do you agree with this statement ? Explain.

SECTION – B

Answer **any five** of the following. Answer to **each** question should **not** exceed **five** pages.

(5×8=40)

2. How improper planning can lead to a distress situation ? Comment.
3. Explain how one can deal with the workplace conflict.
4. Explain the behavioral aspects of stress.
5. Write a note on occupational stress.
6. "Stress mean different for different people" Explain.
7. Explain how does culture affects stress.
8. Explain various physical and cognitive symptoms of stress.

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**SECTION – C
(Compulsory)**

Answer to the question should **not** exceed **six** pages.

(1×15=15)

9. A stress management program was carried out over a 2 year period at Metropolitan Hospital. The initial impetus for the project was widespread complaints from middle managers about feeling stress, overworked, and subject to unexpected changes in policies and procedures. Top administrators sought help in dealing with these problems from external Organization Development (OD) consultants with skills and experience in stress management.

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The initial stage of the project consisted of diagnosing the causes and consequences of experienced stress at the hospital. Understanding the sources of stress was seen as a necessary prelude to developing an appropriate plan for managing stress. The consultants developed a questionnaire to collect data from the 45 middle managers responsible for almost every phase of operation of the hospital. The design of the questionnaire was guided by a conceptual model. The questionnaire included items about various organizational stressors, including ongoing, recurrent stressors as well as those associated with recent changes. It also included questions about the managers' use of stress management techniques, such as exercise, nutritional awareness, and the creation of support systems. The questionnaire ended with items about possible immediate stress effects (e.g., irritability, sleep difficulty, and changes in eating and drinking patterns) and longer term impacts (e.g., reduced general health job dissatisfaction, and poor work performance).

Analysis of the data showed that many of the organizational change events and ongoing working conditions were significantly related to the manager's levels of perceived stress. Among the most stressful organizational change events were major and frequent changes in instructions, policies, and procedures; numerous unexpected crises and deadlines; and sudden increases in the activity level or pace of work. The ongoing working conditions contributing most to stress included work overload, feedback only when performance was unsatisfactory, lack of confidence in management, and role conflict and ambiguity. The managers reported little use of stress management techniques to help them cope with these stressors. Only 20 percent engaged in regular physical exercise, and surprisingly, 60 percent had marginally or poorly balanced diets. Among the most commonly reported health problems were tension headaches, diarrhea or constipation, common colds and backaches.

Based on the data, senior management with the help of the consultants implemented several organizational improvements. To reduce work overload and role ambiguity, each managerial position was analysed in terms of work distribution, job requirements, and performance standards. Actions based on this analysis resulted in more balanced workloads across the jobs and in clearer job descriptions. Hospital administrators also began working with department managers to define job descriptions and expectations and to provide ongoing performance feedback. The managers were given training in time management, how to organize their workloads better, and in general how to delegate work to subordinates more effectively.



The "fire-fighting" climate at the hospital had caused many managers to focus on their own departments while neglecting important lateral relations with other units. Monthly cross-departmental meetings were implemented to improve lateral relations among department heads and supervisors. Efforts were also made to provide an organizational culture that encouraged the building of peer-support groups. To reduce uncertainty about organizational changes, senior managers spent more time informing and educating middle managers about forthcoming changes. Top management also held quarterly information meetings with first-line supervisors in order to clear up misunderstandings, misinterpretations, and rumours.

In addition to the changes aimed at reducing organizational stressors, measures were taken to help managers identify and cope with stress more effectively. The hospital instituted yearly physical examinations to detect stress-related problems. It also trained managers to identify stress symptoms and problems both in themselves and subordinates. The hospital developed an exercise club and various sports activities and offered weekly yoga classes. It also created a training program combining nutritional awareness with techniques for coping with tension headaches and backaches. Fresh fruit was made available as an alternative to doughnuts in all meetings and training sessions.

Initial reactions to the stress management program were positive, and the hospital's management is assessing the longer-term effects. Measures of stressors and experienced stress will be taken every 12 to 18 months to monitor the program so that further changes can be made as necessary.

- a) Identify the primary ideas and concepts from this case in one form or another.
- b) Explain the work stressors at Metropolitan Hospital.
- c) Analyse the Metropolitan Hospital stress management program.