

FACTORS CAUSING STRESS AMONG FEMALE DOCTORS (A COMPARATIVE STUDY BETWEEN SELECTED PUBLIC AND PRIVATE SECTOR HOSPITAL)

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“painter of this negative picture” could possibly be such a phenomenon as STRESS which is no more something new

ABSTRACT:-

It is an important task of working women to handle two important tasks. Balancing these two roles at home and work is very challenging task and causes stress at different levels. Different dimension of working women's life involves in evolving the stress in working women's life. These stresses cause the imbalance at the front of and handling family responsibility. In the current scenario, doctors face many stressors that are peculiar to the medical profession and doctors are required to have more competencies than before in diagnosis ongoing management of medical conditions. This means increased responsibilities which may contribute to stress. Stress experienced at work can have adverse outcomes for the well-being of individual employees and organization as whole. My study is focusing on identifying the factors causing stress among female doctors working for public and private hospitals and their stress levels associations with respect to sector. A sample of 300 female doctors from urban area participated in this study. Out of this, 150 each are from public and private hospitals respectively. A self-made standardized tool was administered based on five point scale. Results indicates that the values were found to be 0.000 in all the cases except, psychosomatic problems (0.004) which is lesser than (0.05) p-value resulting into rejection of null hypotheses, consequently revealing an association between sector of female doctors and stress due to workload, working condition, physical exertion, emotional exhaustion, job security, organizational support, work family conflict, family adjustment, task demands, psychosomatic problems, patient's expectation and working hours.

1.INTRODUCTION:-

Exhausted faces, embittered looks, unwillingness to talk with others, continuous dissatisfaction and at last the declining results with poor accomplishments.....Is this picture we often see when coming to our job or home? The

and seldom meeting. Right from the time of birth till the death, a person is invariably exposed to various stressful situations. Present world is not 'world of achievements' but it is a 'world of stress'. Stress is nowadays not something new, not anything unknown. Thus, it is not surprising that interest in the issue has been rising with the advancement of the present century which has been called the 'Age of Anxiety and Stress' [1]. We live in a stress-filled world. In recent years we have begun to understand the tremendous costs of stress. These include rampant addictive behaviors, broken marriages, lowered job productivity, illness and soaring medical expenses, senseless violence, widespread depression, and emotional breakdown. People spend hundreds of millions of dollars each year on entertainment, recreation, biofeedback, therapists, drugs, vitamins, seminars, and books in their search for relief from stress [2]. We live in stressful era possibly the most stressful period humans have ever experienced [3]. Stress being internal refers to the inner personality of a human being. Our mind and intellect together constitute our inner personality. They define our individuality. We are what we are because of our inner personality determined by the quality of our mind and intellect. The mind comprises impulses, feeling, emotions, likes and dislikes. The intellect constitutes the thinking equipment, which reasons, discriminates and judges. Our mind and intellect determine our actions. Stress appears when the mind overrides the intellect. When the intellect loses control over the mind's desires, we become disturbed. Stress is the mental agitation caused by unfulfilled desires. Thus, we can live a stressful life by developing a strong intellect and maintaining a control over our mind. During the past decade, the medical sector had undergone rapid and striking changes, increased competition due to emergence of more private sectors, occurrences of dangerous and incurable diseases etc. Due to these changes the doctors in medical sector are experiencing a high level of stress. In the current scenario, doctors face many stressors that are

peculiar to their profession and doctors are required to have more competencies and intelligence than before in diagnosis ongoing management of medical conditions. This means more responsibilities which may lead to stress. Women physician generally report being satisfied with their career, but many would not choose to become a physician again if given a choice or would choose a different specialty. Female doctors tend to avoid the more demanding specialties which require greater commitment, have more antisocial working hours and include responsibility for management. Instead of taking on a specialist career, many women prefer to look for a better work life balance when they have young children of their own. Stress perception is highly subjective, so the complexity of medical practice may result in variation between female doctors in their identification of sources of stress, especially when the workplace and roles of female doctors are changing in Indian health services. This could have implications for being introduced to address problems of stress in medical practice. stress research on women have not so far examined other variables such as shift preference, physical exertion, psychological workload, motivating conditions, job performance, under staffing, job insecurity and absence from work. Many senior doctors suffer high levels of stress as a result of their work which directly hampers their ability to provide high quality care to patients [4].

2.REVIEW OF LITERATURE

Aslam, et.al. (2013)^[5], their study determined the sources of stress among doctors of private and public hospitals in Bahawalpur District (Pakistan). Findings of their study revealed that sleep deprivation was most important source of stress, second was workload, third factor was working conditions, fourth was role overload and last factor with respect to the importance was unrealistic demands of patients. Moreover workload, night shifts and relation with peers have a positive relationship with levels of stress.

Xiao Jun Chen, Xuerui Tan, Liping Li (January 22, 2013)^[6], their paper provides an overview of research into mental health problem and occupational stress among Chinese doctors in recent 10 years. It indicates that doctors in general hospitals have worse mental status. Occupational stress comes from over workload, high demanding from patients, occupational risk, effort-reward imbalance and fierce competition for job promotion. For medical staffs battling against severe acute respiratory syndrome (SARS), or working in catas- trophic Wenchuan earthquake-affected areas, they have elevated stress and worrying levels of psychological distress. Post-traumatic stress disorder (PTSD) is a common mental health problem among them. The most common diseases the Chinese doctors usually suffered were cervical spondylosis, hyperlipidemia, hypertension, fatty liver and hyperglycemia.

Pal, S., and Saksvik, P (2009)^[7], in their article, conducted a study on job stress on 27 Norwegian doctors and 328 nurses and 111 Indian doctors and 136 nurses. The result was that work-family conflict was not predictive of job stress in Norwegian doctors, but work-family conflict, high job demands, and low flexibility in working hours predict job stress in Norwegian nurses. For the Indian sample, job

stress was predicted by high family-work conflict and low social support in nurses and low job control in doctors. Hence, it seems to be overlapping and some differences in cultures when considering the role of demands, control, support, and flexibility in predicting strain.

Dhar Neera et al. (2008)^[8], their study discussed about a review of existing empirical studies and literature on the nature and types of environmental demands and pressures that doctors have to face globally. These studies have focused on the impairment that stress causes among hospital doctors and general practitioners (GPs) with respect to workload, demands and challenges; problems in interpersonal communication, professional aspirations, proneness to various addictions, environmental hazards, security issues, media phobia, legal threats, suicidal tendencies and family life. Some coping mechanisms as how to ‘Heal The Healers’ and interventions from organisational as well as from the individual points of view to choose a proactive life, focusing on positive internalizations’ have been suggested at the end.

Wong, (2008)^[9], found that there is a good evidence to show that doctors are at higher risk of stress than the general population .There needs to be cultural change within the profession of or doctors and their employees to pay closer attention to how doctors deal with the demands of the job, how they look after their own mental health and attain wellbeing and a sense if balance between their working and personal lives. Doctors are expected to be conscientious, compassionate and self-sacrificing. However, we must remember that doctors need to nurture themselves, address their own spiritual needs and engage in self-care practices, in order to enable them to give their best to patients. Sometimes, doctors feel that their problems cannot be understood by people outside the profession, therefore, developing and maintaining a professional network is valuable .some private doctors work in a single handed practice ,thus adding to a sense of professional isolation.

Cooper et al. (1989)^[10], identified that sources of job stress associated with high levels of job satisfaction and negative mental wellbeing among General Practitioners in England. Women general practitioners both had job satisfaction and showed positive signs of mental wellbeing in contrast with other normative groups. Conversely, male doctors showed significantly higher anxiety scores than the norms, had less job satisfaction, and drank more alcohol than their women counterparts. Multivariate analysis disclosed four job stressor that were predictive of high levels of job dissatisfaction and lack of mental wellbeing ,these were demands of the job stressors and their patients expectations ,interface with family life, constant interruptions at work and home and practice administration .They conclude that there may be substantial benefit in providing a counselling service for General Practitioners and other health care workers who suffer psychological pressure from their work.

Makin et al. (1988)^[11], observed Job Satisfaction and Occupational Stress among General Practitioners. The highest levels of job satisfaction were reported for intrinsic job factors such as freedom to choose method of working, amount of responsibility and amount of variety, rather than

extrinsic factors, such as rate of pay and hours of work. They concluded that the major sources of stress for the General Practitioners are not medical, but social .unpredictable interruptions, especially outside normal working hours, are the greatest source of stress.

3.RESEARCH METHODOLOGY

Objective:-

1. To study the relationship between sector and stress due to workload.
2. To study the relationship between sector and stress due to working conditions.
3. To study the relationship between sector and stress due to physical exertion.
4. To study the relationship between sector and stress due to emotional exhaustion.
5. To study the relationship between sector and stress due to job security.
6. To study the relationship between sector and stress due to organizational support.
7. To study the relationship between sector and stress due to work family conflict.
8. To study the relationship between sector and stress due to family adjustment.
9. To study the relationship between sector and stress due to task demands.
10. To study the relationship between sector and stress due to psychosomatic problems.
11. To study the relationship between sector and stress due to patient's expectation.
12. To study the relationship between sector and stress due to working hours.

4.HYPOTHESIS:-

Table no. 1:- Showing Hypothesis of the Study

SR.NO	HYPOTHESIS	VARIABLES	
		INDEPENDENT	DEPENDENT
1.	There is no association between sector of female doctors and stress due to workload	Sector	Stress due to workload
2.	There is no association between sector of female doctors and stress due to working conditions.	Sector	Stress due to working conditions.
3.	There is no association	Sector	Stress due to physical

	between sector of female doctors and stress due to physical exertion		exertion.
4.	There is no association between sector of female doctors and stress due to emotional exhaustion	Sector	Stress due to emotional exhaustion.
5.	There is no association between sector of female doctors and stress due to job security	Sector	Stress due to job security
6.	There is no association between sector of female doctors and stress due to organizational support.	Sector	Stress due to organizational support.
7.	There is no association between sector of female doctors and stress due to work family conflict.	Sector	Stress due to work family conflict.
8.	There is no association between sector of female doctors and stress due to family adjustment.	Sector	Stress due to family adjustment.
9.	There is no association between sector of female doctors and stress due to task demands.	Sector	Stress due to task demands.
10.	There is no association between sector of female doctors and stress due to psychosomatic	Sector	Stress due to psychosomatic problems

	problems		
11.	There is no association between sector of female doctors and stress due to patient's expectation.	Sector	Stress due to patient's expectation.
12.	There is no association between sector of female doctors and stress due to working hours.	Sector	Stress due to working hours.

Tools used: - A self-made standardized tool was administered based on 5 point likert scale i.e. Never, Sometimes, Occasionally, Frequently and Always. These 5 point likert scales were coded as:-

- **Never** = 1
- **Sometimes** = 2
- **Occasionally** = 3
- **Frequently** = 4
- **Always** = 5

5.FINDINGS:-

Below given table no.2, is depicting the association between sector and stress due to 12 stress measures. To test the independence between two, chi square test of association is applied.

Table: no. 2:- Showing Independence of sector with all 12 Stress parameters

S.No.	Sector of female doctors Vs. stress due to measures	Value	df	Asymp. Sig. (2-sided)
1	Stress due to Work Load	269.770	3	0.000
2	Stress due to Working Condition	238.922	3	0.000
3	Stress due to Physical Exertion	261.125	2	0.000
4	Stress due to Emotional Exhaustion	16.532	2	0.000
5	Stress due to Job Security	212.884	3	0.000
6	Stress due to Organizational Support	277.997	2	0.000
7	Stress due to work Family Conflict	50.915	2	0.000
8	Stress due to Family Adjustment	73.807	3	0.000

9	Stress due to Task Demand	58.281	1	0.000
10	Stress due to Psychosomatic Problems	13.158	3	0.004
11	Stress due to Patient Expectation	280.645	1	0.000
12	Stress due to Working Hours	241.497	3	0.000

1. Chi-square test is applied to determine the association between sector and stress due to workload, the p-value is found to be 0.000 for DF -3. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to workload.
2. Chi-square test is applied to determine the association between sector and stress due to working condition, the p-value is found to be 0.000 for DF -3. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to working condition.
3. To test the independence between sector and stress due to physical exertion, Chi-square test of association is applied. The p-value is found to be 0.000 for DF -2. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to physical exertion.
4. To test the independence between sector and stress due to emotional exhaustion, Chi-square test of association is applied. The p-value is found to be 0.000 for DF -2. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to emotional exhaustion.
5. To test the independence between sector and stress due to job security, Chi-square test of association is applied. The p-value is found to be 0.000 for DF -3. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to job security.
6. To test the independence between sector and stress due to organizational support, Chi-square test of association is applied. The p-value is found to be 0.000 for DF -2. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to organizational support.

7. To test the independence between sector and stress due to work family conflict, Chi-square test of association is applied. The p-value is found to be 0.000 for DF -2. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to work family conflict.
8. To test the independence between sector and stress due to family adjustment, Chi-square test of association is applied. The p-value is found to be 0.000 for DF -3. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to family adjustment.
9. To test the independence between sector and stress due to task demand, Chi-square test of association is applied. The p-value is found to be 0.000 for DF -1. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to task demands.
10. To test the independence between sector and stress due to psychosomatic problems, Chi-square test of association is applied. The p-value is found to be 0.004 for DF -3. This value is considered to be statistically insignificant at .05 % level of significance. The null hypothesis is ACCEPTED, consequently revealing NO association between sector and stress due to psychosomatic problems.
11. To test the independence between sector and stress due to patient's expectation, Chi-square test of association is applied. The p-value is found to be 0.000 for DF -1. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to patient's expectation.
12. To test the independence between sector and stress due to working hour's chi square test of association is applied. The p-value is found to be 0.000 for DF -3. This value is considered to be statistically significant at .05 % level of significance. The null hypothesis is REJECTED, consequently revealing an association between sector and stress due to working hours.

6.CONCLUSION:-

It is clearly visible that the values were found to be 0.000 in all the cases except, psychosomatic problems (0.004) which is lesser than (0.05) p-value resulting into rejection of above null hypotheses, consequently revealing an association between sector of female doctors and stress due to workload, working condition, physical exertion, emotional exhaustion, job security, organizational support, work family conflict, family adjustments, task demand,

psychosomatic problems, patients expectation's, working hours.

7.REFERENCES

1. Agarwal, Rita (2001) Stress in life and at work. New Delhi, Sage Publications India Pvt. Ltd.pp.31-34
2. Ellison, C. W., & Maynard, E. S. (1992). Healing for the City.
3. Shah. Neil (2012), The 10-Step Stress Solution. Vermilion an imprint of Ebury publishing U.K.
4. British Medical Association. Stress and the medical profession, London: BMA 2000
5. Aslam H. D., Mansoor N. and Suleman Q., (2013),¹ Analysis of Level of Stress among Doctors in Public and Private Hospitals of Pakistan¹. International Journal of Learning & Development Vol. 3, No. 2,109-135.
6. X. Chen, X. Tan and L. Li (January, 2013),¹ Health Problem and Occupational Stress among Chinese Doctors¹. Chinese Medicine 4, No.1, 2013, pp. 1-6.
7. Pal, S., & Saksvik, P. (2008). Work-family conflict and psychosocial work environment stressors as predictors of job stress in a cross-cultural study. International Journal of Stress Management, Vol. 15, (1), 22, <http://dx.doi.org/10.1037/1072-5245.15.1.22>.
8. N Dhar, U Datta, D Nanda (2008), ¹ Stress among Doctors – A Review¹. Health and Population: Perspectives and Issues Vol. 31.
9. Wong, D. J. (2008), ¹ Doctors and Stress¹. Medical Bulletin- The Hong Kong Medical Diary, 13 (6).
10. Cooper, C.L., Rout, U. & Faragher, B. (1989). Mental health, job satisfaction and job stress among general practitioners. *British Medical Journal*, 298, 366-370.
11. Makin, P. J., Rout, U., & Cooper, C. L. (1988). Job satisfaction and occupational stress among general practitioners—pilots study. *JR. Coll. Gen. Pract*, 38(312), 303-306.