



Occupational Stress: A Survey among Medical Practitioners in Delhi Region.

KEYWORDS

Medical practitioner, Occupational stress

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ABSTRACT

Over the past two decades there has been an increasing belief that the experience of stress at work has undesirable consequences on health. Even the World Health Organization (WHO) has considered work stress as "worldwide epidemic". The main purpose of this study was to study occupational stress among medical practitioners. The sample consisted of 80 private practitioner doctors of Delhi region. The General Health Questionnaire (GHQ) developed by Goldberg and William in 1988 was used to collect the data. Mean, SD and t-test were used as statistical techniques to analyze the data. After analysis of data it is concluded that gender and age did not affect occupational stress among medical practitioners.

INTRODUCTION

Stress has been regarded as an occupational hazard since the mid-1950s and occupational stress is considered as a significant health problem. Stress is usual and normal part of our daily lives. It is a normal physical reaction to an internal or external pressure that is placed on a person's system. Stress becomes a problem when one feels overwhelmed by its challenges. Pestonjee (1992) identified three important sectors of life in which stress originated i.e. organizational job stress, social sectors and intra psychic sector. Stress is defined by many researchers in different ways. The stress can be defined as any external event or internal desire which threatens to upset the organism's equilibrium is stress (Selye, 1956). A set of measureable properties of the work, environment, perceived directly or indirectly by the peoples who live and work in this environment and assume to influence motivation and behavior of the employee is known as stress (Litwin & Stringer, 1968). Lazarus (1980) suggested that stress is the result of a transaction between person and environment. Moore (1995) defined stress is a feeling of tension or pressure that people experience when demands placed on them exceeds the resources they have to meet these demands. Also Spielberger (1966) defined stress as a condition or situation that elicits a negative response such as anger, frustration, anxiety or tension. Work stress is increasingly recognized as one of the most serious occupational hazards reducing workers satisfaction and productivity and increasing absenteeism and turnover (Glanakos, 2001). Stress not just affects the efficiency of the employees, but also causes alignment and other physical or emotional problems as well (Singh, 2003).

On the part of doctors, there is need to study occupational stress among them because they save life of people and if they would feel occupational stress then it is a matter of concern.

REVIEW OF RELATED LITERATURE

The medical profession is the key centre of attraction among the researchers and many researches had been done in past in India and abroad. Wilkins (2007) concluded that health care providers such as physicians, general practitioners, family physician and registered nurses faces high job stress then as compared to any other profession. Cooper et al. (1989) conducted a study to compare occupational pressure of different occupational groups and concluded that health care professionals had more pressure than the other occupation person in comparison. Pestonjee (1999) studied relationship between role stress and job satisfaction and concluded a negative relationship. On the other hand Stamps & Piedmonte (1986) concluded significant relationship between job satisfaction and job stress. The study further revealed that job stress and job satisfaction were found to be interrelated. Allibone et al. (1981) was also of the

opinion that effect of stress lead to high proportions of smoking and alcoholism among doctors. Gupta & Kumar (2009) focused to study the gender differences among doctors in government hospitals and found no difference between the stress levels among male and female doctors. Corpus of the above review shows that a very little of studies have been conducted so far on the occupational stress of doctors. Therefore, the present study has been conceptualized. Fernandes & Cardoso (2015) studied the relationship between personal and organizational factors among medical doctors using organizational role stress scale (ORS) and findings of study revealed that female doctors married to doctors experienced higher organizational role stress as compared to male doctors and married to spouse of non-medical occupation. Khanna. S (2015) studied the organizational role stress and life satisfaction among female doctors in hospital of Shimla. The sample size was 40 married working female doctors of Shimla hospitals. The tool used for collecting data was ORS developed by Pareek in (1983) and life satisfaction scale developed by Alman and Srivastava in (1971) and findings revealed that female doctors life satisfaction was negatively and significantly related to total role stress and significantly correlated with IRD,RS,REC,RE,RI and SRD. Rathod (2014) studied role stress among private and government doctors using organizational role stress scale and findings suggest that there is no significant role stress among private and government doctors.

OBJECTIVES:

The present study was based on following objectives:

1. To know the occupational stress among doctors.
2. To study the occupational stress among male and female medical practitioners.
3. To study the occupational stress among medical practitioners having age group less than 35 years and more than 35 years.

HYPOTHESES:

The present study was conducted to test the following hypotheses:

1. There exists no significant difference between occupational stress of male and female medical practitioners.
2. There exists no significant difference between occupational stress among medical practitioners having age group less than 35 years and more than 35 years.

POPULATION:

The present study was conducted in Delhi. The population of the present study was all the doctors who are doing private practice and registered with any Medical Council of India (M.C.I) or Delhi Bhartiya Chikitsa Parishad (D.B.C.P) registered by the Government of India.

SAMPLE & SAMPLING TECHNIQUE:

The purposive sampling technique was adopted to draw the sample for the present study. The questionnaire was distributed to 150 medical practitioners but only 86 questionnaires were received back. 6 questionnaires were uncompleted. Thus only 80 questionnaires were taken for the present study.

INSTRUMENT USED:

In order to collect the desired data, The General Health Questionnaire (GHQ) developed by Goldberg and William in 1988 was used. It was 4-point Likert scale consisting of 12 items. The scores range from 0-36. For positive worded items were scored as Strongly disagree= 0, Disagree=1, Agree=2, Strongly agree= 3. The reverse scoring procedure is follow for negatively worded items. Higher scores reveal worse occupational stress. The reliability coefficient of the instrument was 0.74 which show high consistency.

ANALYSIS OF DATA:

The collected data were analyzed with the help of mean, SD and 't' test.

Table-1
Mean of All Medical Practitioners on General Health Questionnaire (GHQ)

| Respondents | N | Mean | Maximum Score |
|-------------|----|-------|---------------|
| Total | 80 | 32.14 | 36 |

An analysis of table-1 shows that all the doctors scored mean value of 32.14 which nearly approach to maximum score of General Health Questionnaire (GHQ). It means that all the medical practitioners have high occupational stress.

Table-2 Mean and SD Scores of Male and Female Medical Practitioners on General Health Questionnaire (GHQ)

| Gender | N | Mean | SD | 't' (df = 78) |
|------------------------------|----|-------|------|----------------|
| Male Medical Practitioners | 58 | 32.24 | 5.08 | 0.29 (N.S.) |
| Female Medical Practitioners | 22 | 31.86 | 4.92 | |

NS: Non Significant

The table-1 depicts that male medical practitioners have scored higher mean value on general health questionnaire as compare to female medical practitioners but this difference is not statistically significant. The finding of present study is consistent with finding of Gupta & Kumar (2009) who also concluded no difference between stress levels among male and female doctors. In its contrary, Hussain & Singh (2001) found higher stress among gynecologists and surgeons as compare to ophthalmologists.

Table-3 Mean and SD Scores of Medical Practitioners Having Age Group Less Than 35 Years and More Than 35 Years on General Health Questionnaire (GHQ)

| Age | N | Mean | SD | 't' (df = 78) |
|--------------------|----|-------|------|----------------|
| Less than 35 Years | 35 | 32.40 | 4.60 | 0.41 (N.S.) |
| More than 35 Years | 45 | 31.93 | 5.34 | |

NS: Non Significant

An inspection of table-2 reveals that medical practitioners having age less than 35 years had scored higher mean value than their counter part medical practitioners having age more than 35 years but this difference is not significant. The finding of present study is contrary with finding of British Medical Association (2000) which concluded that many senior doctors suffer high level of stress as a result of work which is directly hampers their ability to provide high quality care to patients.

FINDINGS

Following findings had been drawn from this study:

1. All the medical practitioners had scored mean value of 32.14 which nearly approach to maximum score of General Health Questionnaire (GHQ) i.e. 36. It means that all the medical practitioners have high occupational stress.
2. The first null hypothesis that no significant difference exist between occupational stress of male and female medical practitioners is fully accepted.
3. The second null hypothesis that no significant difference exist between occupational stress among medical practitioners having age group less than 35 years and more than 35 years is fully accepted.

CONCLUSION

The present study focused to reveal occupational stress among medical practitioners and concluded higher occupational stress among them. It is matter of concern. The high level of occupational stress can affect efficiency, performance as well as their personal life. In society profession of doctors is considered as very pure profession because they save the life of others. If they would suffer from stress then how they can work with peaceful mind and can save the life of people? Therefore, there is great need to improve the working environment of doctors so that they can live an occupational stress free life and contribute to the wellness of society.

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