



ORIGINAL RESEARCH PAPER

Management

AN ANALYSIS OF STRESS AT WORKPLACE AMONGST WORKING WOMEN FROM MEDICAL AND PARA-MEDICAL PROFESSION AT RAJKOT AND JAMNAGAR REGION IN GUJARAT, INDIA

KEY WORDS: Occupational Stress Among Working Women, Work Place Stress, Work Life Balance

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ABSTRACT

The main objective of study is to find out level of occupational stress and major demographic factors causing it amongst working women from medical and para-medical profession in Rajkot and Jamnagar region. The data is collected using structured questionnaire with very well known and pre-validated tool "Occupational Stress Index" developed by Srivastava and Singh (1984) from 220 respondents. The moderate occupational stress level was found amongst working women from this profession. The demographic factors viz. designation, education, family type and marital status were found insignificant for occupational stress. Based on finding, it was suggested that individual coping techniques can be used to reduce stress levels.

INTRODUCTION

Stress at work has touched almost all professions and the high competition and its subsequent complexities. Stress is a demand on physical or mental energy which can disturb the normal physiological and psychological functioning of an individual. Occupational stress can also be known as the experience of unpleasant and negative emotions such as tension, anxiety, frustration, anger and depression resulting from work.

Among doctors and nurses occupational stress and burnout are highly prevalent, Workplace stress is invasive in the health care canters due to inadequate staff, long working hours also exposure to infectious diseases and hazardous substances lead to illness or death. Doctors in government institutes have been contributing towards public health at large against all odds. It is necessary to identify the stressors in order to help them to deal with them.

RESEARCH METHODOLOGY

Objectives

- 1.To figure out the stress level at workplace amongst working women in hospital from medical and para-medical profession.
- 2.To compare stress between female doctors (physicians) and para-medical staffs.
- 3.To check effect of demographic factors viz. profession, level of designation, education level, marital status and family type on occupational stress.

Research Design

The research design for the study is descriptive and cross sectional in nature.

Scope Of The Study

The scope of the research would be covering working women from medical and para-medical profession at Rajkot and Jamnagar region. The data collected from hospitals.

Hypothesis Of Study

The hypothesis framed for research is as follow: H_0 1:There is no significant difference in level of stress amongst working women from medical and para-medical profession. H_0 2:There is no significant difference in level of stress amongst different level of designation H_0 3:There is no significant difference in level of stress amongst different level of education H_0 4:There is no significant difference in level of stress amongst different marital status H_0 5:There is no significant difference in level of stress amongst different types of family

Data Collection

The primary data is collected for the study using structure questionnaire. The data collected through both online and offline mode survey mode.

Tool For Data Collection

To measure stress at workplace, a very well known pre-validated tool "Occupational Stress Index" developed by Srivastava and Singh (1984) was used. The scale consisted of forty-six items, each to be rated on five-point scale. Out of 46 items, 28 were true keyed and rests 18 were false keyed. The responses were collected on 5-point Likert scale ranging from strongly disagree (1) to strongly agree (5).

Further, the after reviewing pivot study the same scale is translated in Gujarati language and some of the statements were explained to make respondents more familiar with nomenclature used related with occupational stress.

The measurement scale using this tool is described as follow as per its manual.

Table-I: Occupational Stress Measurement Scale

No.	Factor	No. of Statements	Low	Moderate	High
1	Role Overload	5	6-14	15-22	23-30
2	Role Ambiguity	4	4-9	10-12	13-20
3	Role Conflict	5	5-12	13-17	18-25
4	Unreasonable Group and Political Pressure	4	4-9	10-14	15-20
5	Responsibility for persons	3	3-7	8-11	12-15
6	Under-participation	4	4-8	10-12	13-20
7	Powerlessness	3	3-7	8-11	12-15
8	Poor-Peer Relations	4	4-8	9-13	14-20
9	Intrinsic Impoverishment	4	4-9	10-13	14-20
10	Low Status	3	3-6	7-11	12-15
11	Strenuous Working condition	4	4-9	10-12	13-20
12	Unprofitability	2	2-4	5-7	8-10
Total		46	46-122	123-155	156-230

Sampling

The sampling method for data collection is stratified random sampling. The total sample size for research is 220 out of which sample size of doctor is 170 while para-medical staff is 50.

Reliability and Validity

To measure stress at workplace, well known and pre-validated tools "Occupational Stress Index" developed by Srivastava and Singh (1984) was used as is a widely acceptable scale for measuring stress at workplace. It has been used effectively by psychologists in researches.

The reliability of data was checked on response of 52 during pivot study. The collected data were checked on reliability using split half method. The value of Cronbach's alpha coefficient was found to be 0.813 which suggest that the data collected through questionnaire was reliable.

DATA ANALYSIS

The data for the research is collected using structured questionnaire. The sample consists of 220 working women working as medical and para-medical professionals. The distributions of samples as per different demographic factors of samples were as follow:

Table-II: Demographic Distribution of Respondents

Sr. No.	Demographic Factors		Frequency	Percentage
1	Profession	Doctors / Medical Professionals	170	77.3
		Para-medical professionals	50	22.7
		Total	220	100
2	Level of Designation	Top	35	15.9
		Middle	172	78.2
		Higher	13	5.9
		Total	220	100
3	Education	Diploma / Undergraduate	37	16.8
		Graduate	65	29.5
		Post Graduate	101	45.9
		Doctorate and Above	17	7.7
		Total	220	100
4	Marital Status	Unmarried	120	54.5
		Married	97	44.2
		Widow	2	0.9
		Separated / Divorcee	1	0.4
		Total	220	100
5	Family	Nuclear	71	32.3
		Joint	76	34.5
		Staying away from family	73	33.2
		Total	220	100

From above table it is observed that majority of the respondents are working at middle level. The respondents are mainly from graduate and post graduate background and are mainly married. There is scattered distribution from their family background.

The following table shows descriptive statistics of factors affecting occupational stress amongst working women from medical and para-medical profession. The occupational stress index classified stress level in three categories viz. Low (1), Medium (2) and High (3).

Table-III: Descriptive Statistics of Occupational Stress Factors

Sr. No.	Occupational Stress Factors	Mean	Std. Dev.	Median Class
1	Stress due to Role Overload	2.00	0.56	2 (Moderate)
2	Stress due to Role Ambiguity	2.28	0.58	2 (Moderate)
3	Stress due to Role Conflict	2.05	0.45	2 (Moderate)

4	Stress due to Unreasonable Group and Political Pressure	1.91	0.62	2 (Moderate)
5	Stress due to Responsibility for persons	1.93	0.61	2 (Moderate)
6	Stress due to Under-participation	2.39	0.64	3 (High)
7	Stress due to Powerlessness	2.00	0.58	2 (Moderate)
8	Stress due to Poor-Peer Relations	2.65	0.52	3 (High)
9	Stress due to Intrinsic Impoverishment	2.32	0.53	2 (Moderate)
10	Stress Due to Low Status	2.09	0.35	2 (Moderate)
11	Stress due to Strenuous Working condition	2.53	0.62	3 (High)
12	Stress due to Unprofitability	2.02	0.63	2 (Moderate)
Overall Occupational Stress		2.11	0.42	2 (Moderate)

From above table, it is observed that overall occupational stress is at moderate level amongst female medical and para-medical professionals. It is also found that Poor Peer Relations, under participation and Strenuous Working condition cause higher occupational stress while other factors cause moderate occupational stress.

The following table shows inferential statistics to check the hypothesis for the study. Since data is collected on ordinal scale, non-paramedic test was used to test the hypothesis. Mann-Whitney U Test is used to compare between two groups while Kruskal Wallis Test is used to do comparison of more than two groups of demographic factors affecting occupational stress.

Table-IV: Inferential Statistics of Occupational Stress

No.	Hypothesis	Test Statistics	p value [#]	H ₀ Status
H ₀ 1	There is no significant difference in level of stress amongst working women from medical and para-medical profession.	4072*	0.514	Failed to Reject
H ₀ 2	There is no significant difference in level of stress amongst different level of designation	3.721**	0.156	Failed to Reject
H ₀ 3	There is no significant difference in level of stress amongst different level of education	2.149**	0.542	Failed to Reject
H ₀ 4	There is no significant difference in level of stress amongst different marital status	6.444**	0.092	Failed to Reject
H ₀ 5	There is no significant difference in level of stress amongst different types of family	0.016**	0.992	Failed to Reject

*Mann Whitney U Test Statistics
 **Kruskal Wallis Test Statistics (Chi-Square Value)
[#]p value is significant at 5% tolerance level

From above table, it is found that all the Null Hypothesis from H₀1 to H₀5 are failed to reject. Thus, it is inferred that occupation i.e. medical and para-medical and demographic factors viz. education, designation, marital status and family type are not significantly affecting occupational stress level amongst working women.

FINDINGS

The findings based on descriptive analysis and suggestions based on the analysis of the data collected were depicted as follow:

1. The overall occupational stress amongst working women from teaching profession is found at moderate level. The following
2. Factors at workplace were leading to high level of stress at workplace -- Under Participation, Poor Peer Relations, Strenuous Working Condition
3. The rest of the following factors related with workplace contributing at moderate level in overall occupational stress: -- Role Overload, Role Ambiguity, Role Conflict, Unreasonable Group and Political Pressure, Responsibility for persons, powerlessness, Intrinsic Impoverishment, Low Status, Unprofitability.
4. It is found that there is no significant difference in occupational stress at work place amongst medical and para-medical working women at hospital in Rajkot and Jamnagar Region.
5. The demographic factors viz. level of designation, marital status, education level and family type are not significantly affecting stress level amongst working women in teaching profession in Rajkot and Jamnagar region.

SUGGESTIONS

Based on data analysis and findings following suggestions are proposed to manage occupational stress amongst working women in medical and para-medical profession in Jamnagar and Rajkot region.

1. Hospitals and medical colleges may plan for stress management programs for women medics and para medics.
2. Individual coping techniques can be used and trying to balance between good stress and bad stress.

CONCLUSION

Technological advancements are bringing in higher level of performance expectations with it. Coping with stress has become more a psychological affair. Women working as medicos or para medics are facing moderate level of stress which shows that with the changes in socio-cultural norms, females are becoming equally competent in handling occupational stress.

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