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Comparative Study

A Comparative Study of Occupational Stress between Female Doctors Working in Private and Government Hospitals

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ABSTRACT

Though the word "stress" doesn't sound healthy, it exists in everybody life and unfortunately cannot be avoided totally. However, human beings are obliged to deal with it for their whole life. The relationship of Occupation and stress has a strong connection since both plays an important role in one's life. The Occupational stress has affected all the professionals whether its teachers, managers, doctors, lawyer etc. High Occupational stress found to be caused due to many factors among which 'working sector' is one of them. Therefore, this present study is conducted in order to find out the effect of working sector on Occupational stress of female Doctors working in private and government hospitals of Gwalior. To collect the data on Occupational Stress, standardized OSI constructed by A.K Srivastav & Singh (1984) was distributed among the randomly selected 40 participants including 20 private hospital female doctors and 20 government hospital female doctors between the age group of 25 -55 years. The data collected was statistically analyzed on excel sheet by finding mean, variance and z test. z- test is used because the sample size chosen for the study is more than thirty. According to the results, there was a no significant difference seen between the mean of two groups, studied and analyzed on their Occupational stress scores. The p value (0.3776) found to be greater than 0.05 at .05 % level. Also, both the groups found to have moderate level of Occupational stress, following the principles of normal distribution.

Keywords: *Occupational Stress, Private Hospital, Government Hospital, Female Doctors*

Since inception human race have been facing many difficulties and challenges in order to earn their livelihood needs, eventually always encourage them to keep growing day by day as the man became more aware and refined. Despite vast advancements in technology, the issues of stress have become common with humans, working in any field.

According to Hans Selye (1936) stress is nothing but the non-specific response of the body to any demand.[1]

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There are Six types of stress:

1. Eustress (Good Stress): This is a positive form of stress, which makes the person mentally and physically ready to deal with the approaching challenges and gives the employee an opportunity to attain vision and courage.
2. Distress (Bad Stress): This is a negative type of stress. This occurs when a person fails both mentally and physically, to deal with a change and normally occurs when things do not go as they were planned.
3. Hyper stress (Over Stress): This is also another negative form of stress. It happens due to the person's lack of ability to deal with workload. This type of stress is uncontrollable, intolerable, inevitable, unbearable and extreme way of experiencing stress.
4. Hypo stress (Under Stress): This is also a negative form of stress. It arises when a person finds nothing useful of doing and persistently feels bored and uninterested. Similar to other two negative forms of stress, hypo stress (example, depressive state) should not be encouraged.
5. Acute Stress: Acute Stress is also known as Fight Response. It is not at There are five models of Occupational stress stresses influence mental health conditions. (Cherry, 2022)

Model of Stress

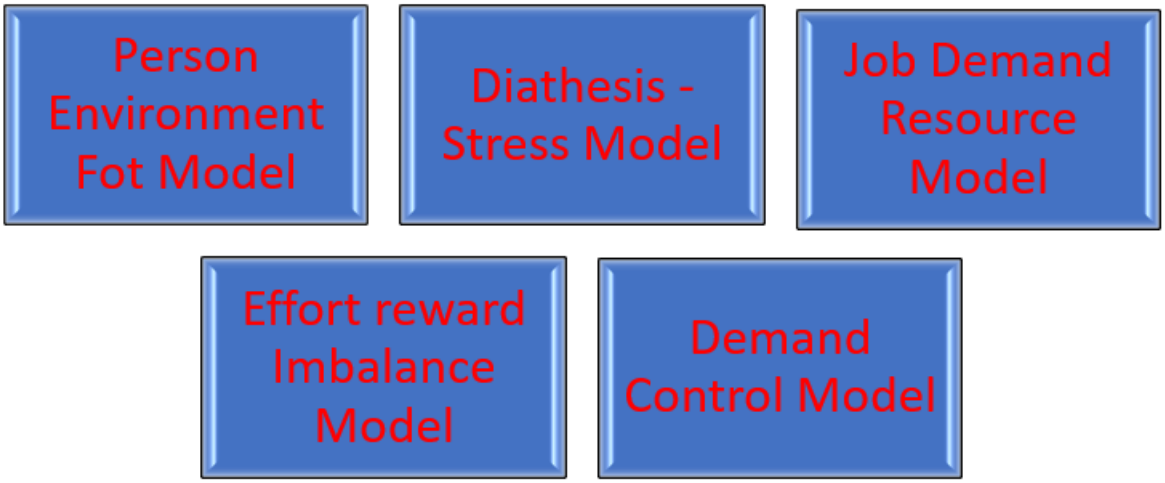

Fig.1

1. Person Environment Fit Model: According to this model, the match between a person and their work environment is a key in influencing their health. For the employees to remain healthy it is necessary that their attitudes, skill, abilities match the demand of their job. Also, the strain gets increases with the increase in the gap between the person and his work environment. Strain consists of both physical and mental health problems. (Wikipedia, Occupational stress)
2. Diathesis - Stress Model: It is also known as vulnerability -stress model. According to it, mental disorder and medical conditions are the results of combination of the persons experience of stress and inherent predispositions.
3. Job - Demand Resources Model (JD-R model): This model given by Karasek & Theorell in 1990 states that strain is a response to imbalance between demands of one's job and the resources he must deal with those demands. According to it, more physical and mental health risk occurs to the workers who faces high psychological

workload demands or pressures combined with low control or decisions latitude in meeting those demands (Towler,2020)

4. Effort – Reward Imbalance Model: This model is about the relationship between rewards and efforts. Employees expects higher rewards from the management after putting in hard work. But in absence of any such rewards, the feeling of demotivation and ignorance is experienced by the employees (tutorials point, n.d.)
5. Job Demand Control Model: This model is created by Robert Karasek and Tores Thorell in the 1970's. According to it, the stress is influenced by the demands of the work environment and the control one has over their work task. Additionally social support from the colleagues, managers and family can act as a buffer against stress (Linkedin,2024). According to this model, based on demand and control, there are four working situations: Low Strain (low demand and high control), Active (high demand and high control), Passive (low demand and low control), High Strain (high demand and low control). High strain situation is considered as the most stressful. whereas the low strain situation is the most preferable.

Reaction To Stress

It involves physiological, cognitive, emotional, and behavioral consequences.

1. Physiological responses involve nervous system and endocrine system. Stress causes many sympathetic nervous system activities such as heart beat, respiration rate, pulse rate, skin conductivity, etc. Epinephrine and norepinephrine are also secreted during the time of stress causing many internal changes. Two important physiological responses to stress are (a) General adaptation syndrome and (b) Emergency Response.
2. Cognitive response involves involuntary stress responses such as distractibility and inability to concentrate.
3. Emotional and Behavioral responses include fear, anxiety, excitement, anger, depression, etc.

Stress in an organization is called Occupational stress and it can be seen in almost all the organizations. The prolonged period of stress causes loss of individual's health and organization's resources as well and because of its threatening effects, psychologists are paying lot of attention to deal with the stress within an organization.

In order to avoid occupational stress, today the organizations are becoming very careful in selecting the candidates for the job. Person who are prone to stress are eliminated through the screening. If in case the stress occurs then many measures are taken to eliminate it. Organizational stress consists of both organizational and personal causes.

Causes for Organizational stress

1. Occupational demands: Not all jobs are equally stressful. It is found that some jobs like physician, office manager, foreman, waitress/waiter are little high in stress. The occupation which requires more decisions, regular monitoring of devices of materials, frequent exchange of information with others, or dangerous physical surroundings are more stressful.
2. Role conflict Stress from conflicting demands: It is very common, because most people carry out several different roles in their lives and deal with different people who have different expectations about their behavior at work and elsewhere.

3. Role ambiguity- Stress from uncertainty: It is also very common cause of stress since many people are not certain about their job relating matters such as extent of their responsibilities, limits of their power, the evaluating criteria of their work, etc.
4. Over load or Underload – Doing too much or doing too little: Overload is found to be the major cause of stress at work among the employees. They are of two types- quantitative and qualitative. Quantitative overload situation is in which the person is asked to do more work than can be completed in each span of time, and qualitative overload situation is in which the person feels that he /she lacks the required skill to perform the task.
5. Responsibilities for others- A heavy burden: In all the organizations there is allotment of duties. some deal with physical side, some with commercial and others with people. It is found that individuals who deal with person-oriented task are more prone to stress compared to the ones who deal with other organizational roles.
6. Lack of social support- The cost of isolation: Lack of social support is a very significant cause of stress. Those people who have good social support, undergo less stress.
7. Lack of participation in decision: Lack of participation by the employees in decisions affect their jobs. They feel left out when not allowed to give input into decisions concerning to them. This creates the feeling of considerable stress.
8. Appraisal, working condition and change: Performance appraisal means to get evaluated by others. Sometime it becomes stressful when it affects one's career. Hence, it is required that such kind of assessment be conducted in just manner. Working conditions such as crowd, noise extreme temperature etc. also causes stress. High level of stress is also often resulting from changes within an organization such as shift in company policy, merger, and major changes in management etc.

Occupational stress is a universal health problem affecting employed people particularly the health professional. The Doctor's work is considered the most difficult and life threatening as they continuously work for twenty-four hours without worrying of their own health in order to treat their patients suffering with severe diseases. At the time of any pandemic also, they give their best to save the lives of people and keeps them on their priority.

Since, the marriage in person's life always brings more responsibilities and commitments towards family and society and is an important life changing event of everybody's life. The present study is being done in order to know whether there is any significant difference in private and government hospital's female doctors working in Gwalior city, with reference to their Occupational stress. The area of research is chosen Gwalior city because first, as there was no such study is conducted on doctors earlier and second, its hospital seems to have lot of work pressure on doctors due to the patients coming from neighboring villages and tehsils.

The Review of related literature is the major part of any study, to know about the previous studies already conducted on the related topic and their results. It also helps to know the research gap and the scope for further study.

Hassan A (2013) in his study 'Analysis of Level of Stress among Doctors in Public and Private Hospitals of Pakistan' selected 240 doctors of private and government hospitals of Bahawalpur district of Pakistan to study their Occupational stress. The data was collected through the questionnaire based on seven dimensions that is workload, relations with peers,

working conditions, Role over load, Sleep Deprivation, Unrealistic demands of the patients and nights shifts and analyzed with the statistical tools such as mean, standard deviation and t-test. According to the results of the study, the most important source stress among doctors was found to be sleep deprivation, and least important was unrealistic demands of the patients.

Hafiz A (2018) in his study 'Comparison of stress level between physicians working in public and private hospitals in Johor, Malaysia' studied the overall stress level of private and government doctors which was found to be similar. Whereas, the stress level of physicians in private hospitals is more than government hospitals.

Sahar N (2021) conducted a survey on Occupational Role stress among 30 doctors of public and 30 private sector each using the Role stress Scale by Pareek, 1983.The Mean scores of public sector doctors found out to be more than private sector doctors.

Dasgupta H (2009) in the study 'Role stress among doctors working in a government hospital in Shimla (India)'selected150 doctors including male and female both to examine the stress level with help of factor analysis and t test. From the results it was concluded that Role over load was a significant factor causing stress. From the t test it was concluded that there was no significant difference between stress level of male and female doctors except in case of inter role distance and Role inadequacy.

Definitions of key terms

1. Occupational Stress- It is the negative psychological and physical effects an employee experience due to the responsibilities, environment, or other pressures of the work. (Wikipedia, Occupational stress)
2. Doctors- A person who has been trained in medical science whose job is to treat people who are sick or injured. (Oxford learner's dictionary)
3. Private Hospital- A hospital not owned by the government including for profits and non-profits. Funding is by patients themselves (self-pay), by insurers, or by foreign embassies. Private hospitals are commonly part, albeit in varying degrees, of the majority of health care systems around the world. (Wikipedia, Private hospital)
4. Government Hospitals- A public hospital, or government hospital, is a hospital which is government owned and is fully funded by the government and operates solely off the money that is collected from tax payers to fund health care initiatives. (Wikipedia, Government Hospitals)

Objectives

The chief purpose of the study is to find out the Occupational stress level of private and government female Doctors, to analyze and compare the OS of private and government female doctors working in private hospital of Gwalior. Also, the study will focus and discuss the reason for stress among the females based on the type of working sector.

Hypothesis

H0: There will be no significant difference between the private and government hospital female doctors with reference to their Occupational stress.

MATERIAL AND METHOD

Research Design

Since the study is been conducted on two groups being measured and compared on one dependent variable, it is Independent two groups, experimental and Causal Comparative design. Following Variables are considered in the study.

Independent variables: Types of hospitals –(i) Private and (ii) Government hospitals

Dependent variable: Occupational Stress

Control Variables:

1. Age- 25-55 years,
2.Qualification - MBBS/PG
3. Years of service – At least 1 year

Sample

The sample of private and government female doctors was selected through random sampling working in different major private and government hospitals of Gwalior, Madhya Pradesh such as Birla Hospital, Global hospital, Parivar Hospital, Arogya Dham, Jaya Arogya hospital and district hospital. Sample selected for the study was kept restricted to the age group between 25 to 55 years. The qualification of the participants was either absolute MBBS or PG. Out of total 40 participants ,20 female doctors were from private hospitals and rest 20 were from government hospitals.

Tools

1. Informed Consent Form.
2. Data collection through Occupational Stress Index (OSI) by Dr. A.K Srivastav and Dr A. P Singh (1984). The scale consists of 46 items, each need to be rated on five-point scale. Among the 48 items, 28 are 'true keyed' and rest 18 are 'false keyed'. The items are associated to almost all relevant components of job life which causes stress in some way or the other, like Role ambiguity, Role overload, Role conflict, Group and Political pressure, Responsibility for persons, Under participation, poor peer relations, Powerlessness, Intrinsic impoverishment, Low status, Strenuous working conditions and Unprofitability.
3. Demographic data – Age and years of experience.

Procedure

As the random sampling was used in the study, the samples were randomly selected from different major private and government hospitals of Gwalior which covered the females of age group between 25 - 55 years. OSI of A.K Srivastav and Singh were given to the participants who were contacted manually for the data collection. The purpose of the study was explained to them and the rapport was established. Participants were also asked to fill the demographic details required for the study and were finally informed about their identity and responses confidentiality. Some of the participants filled the questionnaire at the same time just after receiving it whereas those who couldn't, took the questionnaires with them and returned later.

Later on, after receiving all the questionnaires, they were separated on the basis of type of hospital. Items were scored according to the scoring criteria given in the OSI manual (A. K

Srivastav &Singh). After the scoring and totaling of the scores all the raw data of private and government female doctor groups was manually written on MS excel and functions of mean, variance and z-test were applied. Results were later on revealed and discussed and hence the purpose for the conduction of the study was solved.

Statistical tools

Data is collected through OSI, of two groups, private and government female doctors which is calculated and analyzed through mean, variance and independent sample z - test to compare the means of two independent group in order to determine whether there is statistical evidence that the associated population means are significantly different. Z test used for the analysis of the data, that follows a normal distribution, was run on Excel. Z test is a parametric test used for inferential statistics to test the hypothesis formed by the researcher to know whether the results represent the population or not. This test was developed by Erich Lehman in 1986] and is mostly preferable when the sample size selected for the study is greater than 30.

Data Analysis and Results

Table 1.1 Age frequency and Percentage of Government and Private Hospital female doctors Age in Years

	Age in Years								
variables	**25-34 years**		**35-44 years**		**45-54 years**		**55-64 years**		**Total**
	F	**%**	**F**	**%**	**F**	**%**	**F**	**%**	
Private Hospitals doctors	12	60 %	5	25%	3	15 %	0	0%	**20**
Govt Hospital doctors	8	40 %	9	45%	2	10%	1	5 %	**20**
Total	**20**		**14**		**5**		**1**		**40**

The above table shows the age frequency and percentage distribution of 20 female doctors of private hospitals and 20 female doctors of government hospitals. In private hospital female group among the total 20 respondents, 12 belong to the age group between 25 to 34 years ,5 belong to the age group between 35 to 44 and rest 3 to the group of 45 -54 years. whereas in government hospital female doctors' group 8 respondents belong to age group between 25-34 years ,9 is from age group 35 – 44 years ,2 belong to 45-54 years and rest 1 respondent comes from the age group of 55-64 years.

Table 1.2 OSI mean scores of female doctors of Private hospitals and Government hospitals on the basis of their Age

Mean Scores of doctors	**25-34 yrs.**	**35-44 yrs.**	**45-54 yrs.**	**55-64 yrs.**
Private Hospital	126.83 (Mod)	128 (Mod)	130.66 (Mod)	NA
Government Hospital	129 (Mod)	136.88 (Mod)	123.5 (Mod)	115 (Low)

According to the above table the female doctors of private hospitals with age group of 25-34 years ,35-44 years ,45-54 years have same moderate level of Occupational Stress with different mean scores of 126.83, 128 and 130.66 respectively. On the other hand, government hospital doctors of all age groups also have moderate level of Occupational Stress with different means scores of 129,136.88 and 123.5 respectively. On comparing the doctors of both types of hospitals belonging to same age group of 25-34 years and 35-44 years, it can be seen clearly that occupational stress level of doctors working in government hospital is quite higher than private hospital doctors. whereas private hospital doctors of age group 45-54 years have more occupational stress than govt hospital doctors. It is very clear from the above table that female doctors belonging to any age group and any types of hospital is experiencing moderate level of occupational stress. Hence the age factor does not put significant effect on level of occupational stress of female doctors working in private and government hospitals.

Table. 2.1 Frequency and Percentage of female Doctors on the basis of their years of experience.

Years of Experience

variables	**1-10 years**		**11-20 years**		**21-30 years**		**31-40 years**		**Total**
	F	**%**	**F**	**%**	**F**	**%**	**F**	**%**	
Private Hospitals doctors	15	75 %	4	20%	1	5 %	0	0%	**20**
Govt Hospital doctors	9	45%	9	45%	2	10%	0	0%	**20**
Total	24		13		3		0	0%	**40**

According to the above table, in private hospital female doctors' group, among the total 20 respondents 15 belong to the experience group of 1-10 years, 4 belong to the experience group of 11-20 years and rest 1 belong to the group of 21-30 years of experience. In case of government hospital female doctors' group from the total 20 respondents, 9 respondents belong to the experience group of 1-10 years and 11-20 years each and rest 2 respondents fall under the experience group of 21-30 years.

Table 2 .1 Mean scores of OS of female doctors of Private hospitals on the basis of the years of experience

variables	**1-10 years**	**11-20 years**	**21-30 years**	**31-40 years**
Private Hospital	129 (Mod)	129 (Mod)	102 (Low)	NA
Government Hospital	130.2 (Mod)	135.88 (Mod)	125 (Mod)	NA

According to the above table the government hospital female Doctors with the working experience between 1-10 years ,11-20 years and 21-30 years have moderate level of Occupational Stress with mean scores of 130.2, 135.88 and 125 respectively. whereas

private female doctors with experience of 1-10 years and 11-20 years have moderate stress level and female doctors with experience of 21-30 years have low level of occupational stress with mean scores of 129, 129 and 102 respectively. On comparing the mean scores of two groups, it can be seen that occupational stress level of government female doctors is quite higher than private hospital female doctors in the first two age groups and it far higher in last age group. Also, in both groups we can see that doctors with less experience tends to have higher stress level than doctors with more experience because as the person's working experience get increased, his skills, deep understanding and the dealing power with the stress also get improved. Hence the 'years of experience' factor puts substantial effect on the level of occupational stress of the doctors working in private and government hospitals.

Table 3 Descriptive Statistical Analysis of Occupational stress of female doctors working in Private and Government hospital.

Variables	N	Mean Scores	Variance	z value	Degree of freedom (d.f.)	Significance
Private female doctors	20	127.65 (mod)	248.239	-0.8822	38	0.3776
Govt Female doctors	20	131.3 (mod)	94.115			
Total	40	129.47 (mod)				

at 0.05% significance level

According to above table, the Mean score of Occupational stress of private hospital female doctor's is 127.65 which is lesser than the mean score of government hospital female doctors which is 131.3. The overall mean score for Occupational stress is found to be moderate, which is 129.47. The df value is 38, $z = -0.8822$, $p = 0.3776$ and is found to be not statistically significant at 0.05% level, since $p > 0.05$. Also, from the table it can be seen that there is not much difference between the mean scores of private and government hospital doctors. Hence there is not much evidence to reject the null hypothesis.

DISCUSSION

The hypothesis of the study states that 'There will be no significant difference between the private and government hospital female doctors with reference to their Occupational stress. 'The results show a moderate level of Occupational stress experienced by both the groups selected for the study. The means of Occupational stress scores of both groups found to be quite different according to which in spite of belonging to the same moderate level, government hospital female doctors found to have higher stress at work place compared to private hospital female doctors. According to the results, since calculated p value is greater than 0.05 at 0.05% level, therefore, no significant difference exists between the private and government hospital female doctors with reference to their Occupational stress. Therefore, the researcher's hypothesis (H0), that there will be no significant differences between means of the two groups is accepted.

According to the Table 1.2, the effect of age on Occupational stress of female doctors of same group is not seen much clearly. But difference exist between the occupational stress of

doctors of both the groups. This noticeable difference is due to the different working environment of the hospitals. The major reasons are that the young doctors could not deal with the issues like workload, extra work timings causing sleepless nights, etc. easily which causes their stress level to rise higher whereas doctors with more working experience have learned how to manage with the same issues in so many years and could deal with it easily.

According to the Table 2.2, Years of Experience's effect can be seen on the Mean Scores of Occupational Stress of private and government hospital female doctors. In beginning period of their job, they have high stress level which gets decreases in later period as the working time period get increased. This can be understood with the fact that as the person keeps on working for years in the same organization and profession, he learns to deal and mange with the daily stress in a better way compared to the beginners.

Limitations and Suggestions

1. This is a onetime study. There could be an effect of external variable such as environment on the results.
2. Since the sample size chosen for the study was small, the results cannot be generalized for larger population. Hence, further study on larger sample size with more hospitals is suggested.
3. Due to the time constraints, the study is done with only female allopathic doctors of private and government hospitals. The research could also be done with male doctors.
4. Due to the lack of time, the study is kept limited to the private and government hospitals of one city only. The further study can be done including the surrounded villages and tehsils of Gwalior city.

CONCLUSION

The results can be concluded in the way that there exists no significant difference between means of the two groups which were studied and analyzed on the basis of their Occupational stress scores. Many other studies have also revealed the same results which shows that there is not much difference between the stress level of private and government hospital female doctors regarding the age. But the years of experience factor is found to be effective on the occupational stress. In the beginning of any occupation, everyone faces problems in dealing with personal and workplace stress but later on person learns to manage with it with his own understanding and support of the colleagues. Among all the occupation, doctors play an important role in everybody life. Without them we cannot imagine our healthy life but what happens when they arrive in an unhealthy state of mind? It is not that easy to answer this question because we rarely or never given a thought to it. The study showed a moderate level of occupational stress experienced by both the groups with government hospital female doctors having more stress than private hospital doctors. But there was no significant difference found between the means of their occupational stress. Still, now it's time to throw light on such critical issues and do something to reduce their stress level from moderate to low at work place and make the working environment more convenient and healthier. The different factors responsible for the stress level of doctors such as over work load, unlimited work timings, emergency calls, less time for family and proper sleep etc. need to be considered by the government and hence some effective steps should be taken to reduce its consequences.

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Conflict of Interest

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