

Factors of Job Stress: A Study with reference to Doctors Working in Government Medical Colleges

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Abstract

People facing any kind of physical or mental disorder, including stress, naturally look towards doctors for remedial measures. Doctors to the extent possible, provide the possible remedy. Unfortunately, the factors like lack of requisite health awareness among the masses especially in the developing countries like India, partly due to insufficient affordability and partly due to conservative and dogmatic approach resulting into late reporting of ailments, inappropriate availability of health care facilities and poor ratio between the health care workers and the patients, etc., put the doctors under stress. Not to say that once the doctors themselves remain under stress, their performance is bound to be negatively affected.

Keeping the above scenario in the mind it was decided to probe into the factors, along with the relative contribution of these, which ordinarily are capable of putting stress on doctors and also with the help of a case study to know the degree of stress these factors generally lead to on the doctors who are comparatively juniors and are serving in government medical colleges. **Statistical analysis was done by deriving the mean and rank of the factors.** The present study was undertaken to probe the above issues with the help doctors working in Silchar Medical College Hospital of Assam.

Keywords: Job stress, Doctors, Medical, Patient, Assam

INTRODUCTION

Whenever people face any kind of physical or mental disorder or problem, they approach doctors for getting remedy of the same. Doctors to their capacity and wisdom provide also the possible remedy including extending advices to lead an ideal life so that the people in future face lesser or no problems. Often doctors do not come up to the expectations of the society in performing their duties and responsibilities. Various reasons are responsible for this failure on their part. A lot many reasons behind their not being able to perform to the expectations of the society are beyond their control. Poor logistics and infrastructural facilities provided to them to perform their duties, adverse doctor-patient proportion, sometimes unrealistic expectation of the patients and their families from the doctors, conflicting requirements of their professional and personal/family life, at times unexpected behavior of the patients and their families and inadequate monetary and non-monetary rewards by the employer to count a few.

It is obvious that such circumstances are capable of creating situations of gloom and disappointment which finally in many cases put them in stress. There cannot be two opinions on the matter that if the stress relievers themselves are under stress we cannot expect a proper remedy in an appropriate manner for whatever disorders and problems we approach them.

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This scenario prompted the researcher to probe into the causative factors behind the stress of doctors along with its contribution in relative terms. Considering that only finding out the factors causing stress even with its relative importance may not be sufficient unless the degree of contribution of all these factors in contributing the stress is also discovered, it was decided to do the same with the help of a case study based on some selected doctors' stress.

Literature Review

Saha, Sinha, Bhavsar,(2010) made a study on Job stress among staff of a super specialty hospital to evaluate the sources of job stress (stressful aspects of work) among the staff of a super specialty hospital & to suggest measures to decrease level of job stress. A descriptive study of 381 staff members of a super specialty hospital was conducted using a structured personal interview questionnaire consisting of 21 sources of stress. The prime sources of stress were found to be underpayment (76%), excessive workload (70.3%), inadequate staff (48.6), and being involved in the emotional distress of patients (46.7%). *The staffs of the hospital were in moderate stress* due to the prime stressors.

Baba, (2005) made a research on workplace stress among doctors in government hospitals with an aim to investigate the causes of role stress in doctors working in government hospitals and to examine the levels of stress among Male and Female doctors. Organizational Role Stress (ORS) instrument developed by Prof. Udai Pareek was employed to collect the data from the respondents. One hundred (100) questionnaires were distributed to the doctors and seventy three (73) completed questionnaires were received. The study revealed *that doctors are the serious sufferers of organizational role stress*.

Gothe, Köster, Storz, Nolting, Häussler, (2007)made a study on job satisfaction among doctors in Germany with an objective of paying attention to physician factors which might significantly affect health care. They focused primarily on the effects of organizational models on financial incentives within physicians' remuneration structures. They found that *physician dissatisfaction has serious consequences for physicians and patients*.

Shimizu Hiro. Mishima, &Nagata,(2002) made a study on job stress among Japanese full-time occupational physicians with an objective of finding job stress among Japanese full-time occupational physicians in occupational health training center, university of occupational and environmental health. Multiple logistic regressions were performed. It was found that *males had less stress than females and the 20-39 yr old occupational physicians had more stress than over 59 yr counterpart*.

Rovik, Tyssen. R., Hem, Gude, Ekeberg, Moum, & Vaglum (2007) made a research on job stress in young physicians with an emphasis on the work-home interference. Stress relating to the work-home interference *increased* during the observation period for both genders. Stress relating to the work-home interference increased during their early career, mainly due to a lack of adaptive reduction in work hours and an increased number of children.

Research Gap

The review of literature helped to bring to knowledge the fact that Doctors indeed experiences occupational stress. Many Indian as well as foreign studies revealed that the intensity of stress varies

depending upon age, experience and number of children doctors have. But it was observed that the *variation* in the degree of stress put by the factors of occupational stress of doctors across *gender*, *specialty* and *rank* was not identified (and documented) for the government medical colleges of the state of Assam in India. Keeping this as a ground for research the following objectives of the study have been designed.

Objective of the study

The objectives of the present study are as follows:

1. to compare, gender-wise, factors of job stress of doctors working in government medical colleges of Assam.
2. to compare, specialty-wise, factors of job stress of doctors working in government medical colleges of Assam, and
3. to compare, rank-wise, factors of job stress of doctors working in government medical colleges of Assam.

Research Methodology

In order to identify the factors contributing job stress of doctors serving in government medical colleges & Hospitals of Assam an exercise of literature review was undertaken. This exercise of literature review helped only to some extent as most of the factors which were available in the literature were such which generally put stress on the workers working in industrial sector. However, after picking up the ones which were common a pilot questionnaire was prepared. This working questionnaire, rather the checklist, was shown to some doctors serving in the rank of Assistant Professors and also Registrars. The suggestions of all of them were considered not only for finalizing the list of the checklist but also by fine tuning of the ones which were identified from the literature available. Here, it may not be out of reference to mention that the doctors serving below the rank of Assistant Professors in medical colleges of Assam are called as Registrars.

For the study, one Medical college & Hospital of Assam was considered and that was Silchar Medical College & Hospital (SMCH). The size of the population of the doctors serving in the rank of Assistant Professors and Registrars in it was ascertained from the SMCH administration. The doctors serving in the rank of Assistant Professors in SMCH, spread over 22 departments, were 53 and the Registrars 63. The views of 26 Assistant Professors, which is 49.06% of their population and 25 Registrars, which is almost 39.68% of their population, were obtained on a structured questionnaire which entailed in it 14 factors capable of leading to stress on doctors. The method of sampling adopted was random Sampling. The respondents were asked to share their experiences about the degree of stress they had, on a *five point scale*, over all the 38 antecedents of job stress.

After collecting the data with the help of questionnaires the raw data were then captured in an excel sheet. Different techniques like average, percentage and rank, have been used to meet the objectives of the study and arrive at the findings.

Data Analysis and Interpretation

The table below portrays the Scores of the Mean and the Standard Deviation Gender-Wise in relation to all the 38 antecedents individually.

Table 1: Gender wise Job Stress of Doctors

S.No	Statements	Male (40)		Female (11)	
		Mean	Rank	Mean	Rank
1.	Difficulty in maintaining a balance between requirement of rules and procedures and the ethical responsibility	3.12	18	3.36	14
2.	Difficulty in being able to ensure the requisite hygiene and safety for oneself	3.22	12	3.64	5
3.	Difficulty in providing requisite treatment and also follow it up due to poor facilities/tools provided by the hospital	3.28	10	3.36	15
4.	Compulsion of being a witness to human misery in the form of emotional and physical sufferings or deaths	3.22	13	3.55	8
5.	Failure to save a patient from death despite having put best efforts to save him/her	3.32	7	3.36	16
6.	Negative image of hospital doctors on account of private practice by them	3.00	22	3.00	25
7.	Erratic work hours and schedules	3.30	9	3.64	6
8.	Poor and uncertain scope for leave	2.98	24	2.91	28
9.	Round the clock responsibility of taking care of patients	3.32	8	3.27	18
10.	Longer work hours	3.18	16	3.09	23
11.	Out station government duties	3.10	19	3.00	26
12.	Threat of physical and/or verbal abuse by patients themselves and/or their attendants	3.42	5	3.45	10
13.	Physical and/or verbal abuse by patients themselves and/or their	3.70	1	3.73	3
14.	Undue influence and pressure from seniors/superiors	3.10	20	2.64	31
15.	Undue influence and pressure from media	3.48	4	3.18	21
16.	Undue influence and pressure from state/district administration	3.18	17	3.45	11
17.	Threat of legal action by patients and/or their wards because of their perceived negligence by the doctors on duty	2.98	25	3.45	12
18.	Unrealistic expectations of the patients and their wards	3.25	11	3.55	9
19.	Conflicting requirements of professional and personal life especially in terms of time	3.50	3	3.64	7
20.	Failure to spare a reasonable amount of time for oneself	3.60	2	3.91	1
21.	Failure to maintain a requisite balance between academic activities and hospital duties	3.20	15	3.00	27
22.	Not up-to-date investigation and research facilities in the hospital	2.98	26	2.91	29
23.	Improper restroom in the hospital	3.35	6	3.09	24
24.	Improper recreational facilities say cafeteria in the hospital	2.82	34	3.27	19

25.	Compulsion of working in not fully hygienic environment	3.22	14	3.73	4
26.	Inadequate supply of medicines etc., saline for example, from the	2.90	29	3.36	17
27.	Difficulty in mustering the requisite cooperation and the support from supporting staff	2.80	35	2.55	35
28.	Difficulty in mustering requisite cooperation and support from the	2.90	30	2.45	36
29.	Inadequate recognition of performance as doctors by the hospital	2.85	33	2.64	32
30.	Biased/skewed mechanism for performance evaluation as doctors	2.90	31	3.45	13
31.	Gender bias approach for doctors by the hospital administration	2.60	38	2.45	37
32.	Improper counts and parameters of Performance Appraisal system	2.80	36	2.64	33
33.	Hardship in achieving the standards of performance assessment	2.90	32	2.45	38
34.	Challenges arising out of distasteful paper work and	2.92	28	2.64	34
35.	Challenges to come up to the expectations of the patients and their	3.08	21	2.82	30
36.	Challenges to perform to the expectations of M.C.I. and/or the state government	3.00	23	3.27	20
37.	Difficulties in being able to console properly the patients and/or	2.70	37	3.18	22
38.	Inadequate monetary rewards by the employer	2.95	27	3.9	2

Source: Field Survey

The table 1 shows that when it comes to putting stress on male doctors the factor *Physical and/or Verbal Abuse by patients themselves and/or their attendant* stops the list of 38 factors as the Mean Score of the same is 3.70, whereas the female doctors are stressed most by the factors *Inadequate Monetary Rewards by the employer* and *Failure to Spare a reasonable amount of time for oneself* as the Mean Scores of both the two are 3.91.

The table further shows that *Failure to Spare a Reasonable Amount of Time for Oneself* is the next highest stress putting factor for male doctors as the Mean Score of the same is 3.60, whereas for female doctors the next highest contributors to stress are two i.e., *Physical and/or Verbal Abuse by Patients themselves and/or their attendants* and *Compulsion of working in not fully hygienic environment* as the Mean Scores of both the two are 3.73.

If we move further it is found in the table that *Conflicting Requirements of Professional and Personal Life especially in terms of time* is the third factor in the order of severity which puts stress on male doctors as the Mean Score of the same is 3.50. The same factor is 3rd in the severity order of stress putters for female doctors but with a difference that the Mean Score in this case is 3.64, which is higher than the mean score of the same factor in case of male doctors and also the fact that in case of female doctors it is one more factor i.e., *Erratic Work Hours and Schedules* which ranks 3rd with the same Mean Score i.e., 3.64.

Table 2: Specialty-wise Job Stress of Doctors

S. no.	Statements	Medicine(30)		Surgery(21)	
		Mean	Rank	Mean	Rank
1.	Difficulty in maintaining a balance between requirement of rules and procedures and the ethical responsibility	3.20	15	3.14	15
2.	Difficulty in being able to ensure the requisite hygiene and safety for oneself	2.27	38	2.38	38
3.	Difficulty in providing requisite treatment and also follow it up due to poor facilities/tools provided by the hospital	3.43	4	3.10	19
4.	Compulsion of being a witness to human misery in the form of emotional and physical sufferings or deaths	3.40	6	3.14	16
5.	Failure to save a patient from death despite having put best efforts to save him/her	3.43	5	3.19	12
6.	Negative image of hospital doctors on account of private practice by them	2.97	26	3.05	22
7.	Erratic work hours and schedules	3.40	7	3.33	5
8.	Poor and uncertain scope for leave	2.87	31	3.10	20
9.	Round the clock responsibility of taking care of patients	3.37	10	3.24	10
10.	Longer work hours	3.17	16	3.14	17
11.	Out station government duties	3.23	13	2.86	27
12.	Threat of physical and/or verbal abuse by patients themselves and/or their attendants	3.50	3	3.33	6
13.	Physical and/or verbal abuse by patients themselves and/or their attendants	3.77	1	3.62	1
14.	Undue influence and pressure from seniors/superiors	2.80	32	3.29	8
15.	Undue influence and pressure from media	3.33	11	3.52	3
16.	Undue influence and pressure from state/district administration	3.23	14	3.24	11
17.	Threat of legal action by patients and/or their wards because of their perceived negligence by the doctors on duty	3.17	17	2.95	24
18.	Unrealistic expectations of the patients and their wards	3.40	8	3.19	13
19.	Conflicting requirements of professional and personal life especially in terms of time	3.40	9	3.17	14
20.	Failure to spare a reasonable amount of time for oneself	3.70	2	3.62	2
21.	Failure to maintain a requisite balance between academic activities & hospital duties	3.07	23	3.29	9
22.	Not up-to-date investigation and research facilities in the hospital	3.03	24	2.86	28
23.	Improper restroom in the hospital	3.17	18	3.48	4
24.	Improper recreational facilities say cafeteria in the hospital	2.97	27	2.86	29
25.	Compulsion of working in not fully hygienic environment	3.33	12	3.33	7
26.	Inadequate supply of medicines etc., saline for example, from the hospital store	3.10	22	2.86	30
27.	Difficulty in mustering the requisite cooperation & the support from supporting staff	2.90	30	2.52	36
28.	Difficulty in mustering requisite cooperation and support from the fraternity	2.93	29	2.62	34
29.	Inadequate recognition of performance as doctors by the hospital authorities	2.77	33	2.86	31
30.	Biased/skewed mechanism for performance evaluation as doctors	3.03	25	3.00	23
31.	Gender bias approach for doctors by the hospital administration	2.60	37	2.52	37
32.	Improper counts and parameters of Performance Appraisal system	2.77	34	2.76	33
33.	Hardship in achieving the standards of performance assessment system	2.73	35	2.90	26
34.	Challenges arising out of distasteful paper work and administrative duties	2.70	36	3.10	21
35.	Challenges to come up to the expectations of the patients and their wards	3.17	19	2.81	32
36.	Challenges to perform to the expectations of M.C.I. and/or the state government	3.13	21	2.95	25
37.	Difficulties in being able to console properly the patients and/or their wards	2.97	28	2.57	35
38.	Inadequate monetary rewards by the employer	3.17	20	3.14	18

Source: Field Survey

The table 2 shows that when it comes to putting the stress on doctors belonging to the *specialist area of medicine* the factor Physical and/or Verbal Abuse by patients themselves and/or their attendants is found putting highest stress on them as the Mean Score of the same is 3.77. Interestingly the doctors belonging to the *operational area of surgery* are also stressed most by the same factor i.e., Physical and/or Verbal Abuse by patients themselves and/or their attendants but with a Mean Score of 3.62. However this factor was not alone in putting the highest stress on surgeons as the factor Failure to spare a reasonable amount of time for oneself had a similar Mean Score of 3.62.

The table further shows that Failure to Spare a Reasonable Amount of Time for Oneself is the next highest stress putting factor for the doctors belonging to the *operational area of medicine* as the Mean Score of the same is 3.70, whereas for doctors belonging to the *operational area of surgery* the next highest contributor to stress is Undue influence and Pressure from media as the Mean Score of it is 3.52.

When we move further it is found in the table that Threat of Physical and/or Verbal Abuse by Patients themselves and/or their Attendants is the third highest factor in the order of severity which puts stress on doctors belonging to the operational area of *medicine* as the Mean Score of the same is 3.50. Whereas in case of doctors working in the area of *surgery* Improper Restroom in the Hospital is the 3rd highest stress causing factor with the mean score 3.48.

Table 3: Rank wise Job Stressof Doctors

S. No.	Statements	Assistant Professor (26)		Registrar (25)	
		Mean	Rank	Mean	Rank
1.	Difficulty in maintaining a balance between requirement of rules and procedures and the ethical responsibility	3.00	25	3.36	6
2.	Difficulty in being able to ensure the requisite hygiene and safety for oneself	3.15	18	3.48	4
3.	Difficulty in providing requisite treatment and also follow it up due to poor facilities/tools provided by the hospital	3.27	15	3.32	8
4.	Compulsion of being a witness to human misery in the form of emotional and physical sufferings or deaths	3.65	2	2.92	26
5.	Failure to save a patient from death despite having put best efforts to save him/her	3.46	7	3.20	12
6.	Negative image of hospital doctors on account of private practice by them	2.85	31	3.16	17
7.	Erratic work hours and schedules	3.54	4	3.20	13
8.	Poor and uncertain scope for leave	3.04	22	2.88	28
9.	Round the clock responsibility of taking care of patients	3.31	13	3.32	9
10.	Longer work hours	3.50	6	2.80	32
11.	Out station government duties	2.96	27	3.20	14
12.	Threat of physical and/or verbal abuse by patients themselves and/or their attendants	3.35	12	3.52	3
13.	Physical and/or verbal abuse by patients themselves and/or their attendants	3.54	5	3.88	1

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14.	Undue influence and pressure from seniors/superiors	2.88	30	3.12	20
15.	Undue influence and pressure from media	3.46	8	3.36	7
16.	Undue influence and pressure from state/district administration	3.31	14	3.16	18
17.	Threat of legal action by patients and/or their wards because of their perceived negligence by the doctors on duty	3.04	23	3.12	21
18.	Unrealistic expectations of the patients and their wards	3.38	9	3.24	11
19.	Conflicting requirements of professional and personal life especially in terms of time	3.62	3	3.44	5
20.	Failure to spare a reasonable amount of time for oneself	3.77	1	3.56	2
21.	Failure to maintain a requisite balance between academic activities and hospital duties	3.12	21	3.20	15
22.	Not up-to-date investigation and research facilities in the hospital	3.00	26	2.92	27
23.	Improper restroom in the hospital	3.38	10	3.20	16
24.	Improper recreational facilities say cafeteria in the hospital	2.77	32	3.08	22
25.	Compulsion of working in not fully hygienic environment	3.38	11	3.28	10
26.	Inadequate supply of medicines etc., saline for example, from the hospital	3.15	19	2.84	30
27.	Difficulty in mustering the requisite cooperation and the support from supporting staff	2.69	35	2.80	33
28.	Difficulty in mustering requisite cooperation and support from the	2.77	33	2.84	31
29.	Inadequate recognition of performance as doctors by the hospital	2.92	28	2.68	37
30.	Biased/skewed mechanism for performance evaluation as doctors	3.04	24	3.00	24
31.	Gender bias approach for doctors by the hospital administration	2.50	38	2.64	38
32.	Improper counts and parameters of Performance Appraisal system	2.77	34	2.76	36
33.	Hardship in achieving the standards of performance assessment system	2.58	37	3.04	23
34.	Challenges arising out of distasteful paper work and administrative duties	2.92	29	2.80	34
35.	Challenges to come up to the expectations of the patients and their wards	3.23	16	2.80	35
36.	Challenges to perform to the expectations of M.C.I. and/or the state government	3.23	17	2.88	29
37.	Difficulties in being able to console properly the patients and/or their wards	2.65	36	2.96	25
38.	Inadequate monetary rewards by the employer	3.15	20	3.16	19

Source: Field Survey

The table 3 shows that when it comes to putting stress on doctors in the rank of Assistant Professors the factor Failure to Spare a Reasonable Amount of Time for Oneself tops the list of 38 as the Mean Score of the same is 3.77, whereas the doctors in the rank of Registrar are stressed most by the factor Physical and or Verbal Abuse by patients themselves and/or their attendants as the Mean Scores of the same is 3.88.

The table further shows that Compulsion of Being a Witness to Human Misery in the Form of Emotional and Physical Sufferings or Deaths is the next highest stress putting factor for doctors in the rank of Assistant Professor as the Mean Score of the same is 3.65, whereas for doctors in the rank of Registrar the next highest contributor to stress is Failure to Spare a Reasonable Amount of Time for Oneself as the Mean Scores of the same is 3.56.

If we move further it is found in the table that Conflicting Requirements of Professional and Personal Life Specially in Terms of Time is the 3rd highest factor in the order of severity in putting stress on Doctors in the rank of Assistant Professor as the Mean Score of the same is 3.62. Whereas in case of doctors in the rank of Registrar the factor Threat of Physical and/or Verbal Abuse by Patients Themselves and/or Their Attendants is the 3rd highest stress causing factor as the mean of the same is 3.52.

Conclusion

In today's changing and competitive work environment, stress level is increasing in doctors. As a result of this work stress, more and more doctors are showing signs of chronic fatigue and burnout. Researches have shown that stressed out doctors are not good for their hospitals. After the study was complete, the relative worth of the antecedents in respect to their demographic features could be traced out. The findings of the study were divided into three parts. There were three demographic features i.e., *gender, specialty and rank*. All the 38 antecedents were analyzed in details for each demographic feature. At the end it was discovered that the intensity of the factors were different in different cases. Even the factors which were capable of putting maximum stress varied from male doctors to female doctors, from Assistant Professor to Registrar, from a surgeon to a doctor belonging to the operational area of medicine and so on. Hence, stress management technique should also be different from male to female, Assistant Professor to Registrar and so on.

The research shows that, female doctors are more prone to stress in compared to male doctors. If we go through the operational area wise analysis of stress, it was found that the doctors who belong from the operational area of medicine are more stressed than those who belong to the operational area of surgery. When we compare between Assistant Professors and Registrars, the doctors who are Registrars face more stress than the former.

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