

A Comparative study of factors effecting Occupational Stress among Medical and Paramedical Staff in Public and Private Hospitals in Punjab

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Abstract

Out of the various resources involved in the production process (i.e, human and non-human), the human resources can utilize other production factors. Performance of employees determines the organization's growth and survival in all forms of service, industrial, and business organizations. In the present research, an attempt has been made to conduct a comparative analytical study relating to occupational stress level among medical and paramedical staff in public and private hospitals in Punjab. It has been recognized that health sector employees are among the highest groups subjected to work stress. From this analysis, it could also be inferred that public and private health workers expressed high degree of stress especially for Role Overload, Role Conflict, Political Pressure and Role Ambiguity .

Key words: *Occupational stress, Medical and para- medical staff, public hospitals, Private hospitals, Stressors, Stress factors.*

Introduction

Over the years, stress has become more prevalent in modern life and has acquired relevance. Stress is typically brought on by the gap between high ambition and their accomplishment. Stress can also result from a lack of decision-making ability or from doing less effort than the task requires. These days, almost everyone experiences stress. The level of stress is influenced by psychological factors, personal circumstances, and interpersonal relationships.

When all productive resources are employed as effectively as feasible in an organization, then each factor contributes to their maximum level possible towards the achievement of organizational goals and objectives. These resources include workers, planners, managers, and other production variables (non-human). The usage that humans make of other production factors has an important effect on their productivity. Performance of employees determines the organization's growth and survival in all forms of service, industrial, and business organizations. Most of the organizations in the world have not been addressing their human resources as assets or resources that can be developed or qualitatively improved, despite all the economic developments.. Medical service providers are under a lot of pressure to deliver high-quality care at fair prices. Following economic liberalization, state hospitals must increase their efficiency, while private hospitals have begun to offer very expensive medical treatments. Therefore, it is now imperative to learn how to manage and reduce stress in both the workplace and in personal life. Here, an attempt has made to conduct a comparative research study relating to Occupational Stress level among Medical and Paramedical Staff in Public and Private Hospitals in Punjab.

Occupational Stress

Occupational stress is defined as stress that employees typically endure while working. It could be expressed by headaches, sleep disturbances, attention problems, irritability, stomach upset, job discontent, and low spirits (NIOSH, 1998). Other signs or symptoms of job stress include muscle aches and tensions, chest discomfort, elevated blood pressure, and cardiac problems, diabetics getting angry and fighting with others, hostile or aggressive behavior, placing blame elsewhere or the administration for stress, absenteeism, as well as a high employee turnover rate rate. Hospital nursing personnel can be observed displaying the aforementioned manifestations, which may have a serious impact on their health, personal, and professional actions. Malta (2004) defines, occupational stress as any distress experienced on a human level that are caused by incidents, events, or situations that are overly severe and frequent to be handled well by an individual. Occupational stress, according to Mohajan (2012), is dangerous both physical and psychological responses that happen due to situations

where the job requirements exceed the skills of the worker. According to Kama Azida (2015), persistent elevated stress level can lead a worker's mind and body to behave differently, which can have an impact on productivity.

Occupational Stress amongst hospital staff

Occupational stressors, according to Roberts et al. (2012), are stressful workplace elements such as absence of control, long hours, shift work, interpersonal conflicts, less resources, subpar reward systems, an insufficient structure for communication flow in hospitals and other healthcare settings, as well as bullying and physical violence. These are extra components that could put the hospital staff under occupational stress. According to Prabhu S. (2012), the work of hospital employees is defined by high work demands, the requirement to acquire new technology, the requirement to adhere to schedules that are getting more intense, and the necessity to handle emergencies. Excessive working hours and shift work, with its erratic schedule, both increase stress. Ineffective management and supervision techniques have also influenced the stress results.

When working in demanding, abusive, and authoritative circumstances, hospital workers are more prone to experience stress-related illnesses, sadness, fear, job turnover and lower self-esteem, according to Cook, Green, and Topp (2001).

Health structure and its Status in Punjab

Since health is a state concern, state governments are ultimately in charge of ensuring public health. Every state has established its own healthcare delivery system to fulfill its obligation Punjab's health sector was overseen by the state department of health and welfare under the Ministry of Health and Family Welfare. The health sector is managed by five sub-departments under the state minister of health and family welfare, namely:

(1) Punjab Health Systems Corporation (2) National Rural Health Mission, Punjab (3) Directorate of AYUSH (4) Directorate of Homoeopathy and (5) Punjab AIDS control Society (www.punjabhealth.co.in). Through a network of medical facilities, the state offers health services.

Public-Private Partnership (PPP) In Punjab

The Punjab Health System Corporation in Punjab was the source of inspiration for the establishment of PPP The process was moved to the Punjab Infrastructure Development Board (PIBD), in an effort to involve the private sector in the infrastructure sector which is in charge of overall planning the infrastructure sector and infrastructure projects. PIBD collaborates with Infrastructure Leasing and Financial Services (IL&FS) and Feedback Ventures (FV), two significant consultancies, on the Punjab health industry. A civic hospital in the Amritsar district was the initial project built using the PPP model and given to private parties with the social obligation of servicing a significant number of the impoverished patients. Corporates such as Fortis, Apollo, and CMC-Ludhiana initially expressed interest, but ultimately withdrew one by one because the hospital lacked super specialty designation.

The Punjab Government's Punjab Health Systems Corporation (PHSC) was established to fulfill the objective of offering health care facilities to public. At the secondary level, hospitals provide a crucial and complementary function to primary health care. Both curative and preventive elements of healthcare are given due regard in government hospitals. Infrastructure, basic medical equipment, and medical testing services are lacking in community health centers, sub-divisional hospitals, and many district hospitals. To create, expand, enhance, and oversee healthcare in the State of Punjab, a unique Legislation was enacted, enabling the establishment of the Punjab Health Systems Corporation. The Executive Officer, who also serves as the Corporation's Managing Director, is in charge of putting the Board of Directors' decisions into action. He has the power to oversee and manage the hospitals that are under PHSC. Under PHSC, there are 2076 hospitals, of which there are 129 Community Health Centres, 35 Sub Divisional Hospitals, 2 Special Hospitals, 1 Mental Hospital, and 21 District Hospitals. These hospitals in Punjab provide preventive, curative, and health promotion services.

The information about hospitals in the state is as follows:

TABLE -1
The Numbers of Medical Institutions in Punjab

Category of Hospitals	No. of Institution		
	Rural Area	Urban Area	Total No.
Hospitals	46	92	138
Govt. Hospitals	44	65	109
Police and Jail Hospitals	2	20	22
ESI Hospitals	-	7	7
Community Health Centres	77	52	129
Primary Health Centres	383	12	395
Subsidiary Health Centres/ Dispensaries etc.	1206	208	1414
Govt. Hospitals	-	122	122
Zila Parishad Hospitals	1187	-	1187
Police and Jail Hospitals	8	26	34
ESI Hospitals.	11	60	71

Source: Website of Government of Punjab and Health Department, Punjab.

Objectives of the study

The present study formulated the following research objectives:

1. To identify the factors affecting occupational stress with respect to medical and paramedical staff in the public and private hospitals in Punjab.
2. To make a comparative study of occupational stress among medical and paramedical staff in public and private hospitals in Punjab.

Hypothesis

To achieve research objectives, the following hypotheses were formulated for our study:

H_{0a} There is no significant difference in role overload among staff members of public and private hospitals.

H_{0b} There is no significant difference in role conflict among staff members of public and private hospitals.

H_{0c} There is no significant difference in political pressure among staff members of public and private hospitals.

H_{0d} There is no significant difference in role ambiguity among staff members of public and private hospitals.

Research Design

This study provides details regarding the nature, type, scope, universe, sample design and analysis techniques.

Type of Research

This research has an exploratory and descriptive focus which further tests the causal relationships among constructs to examine the proposed research hypotheses.

Sampling and Sample design

Sampling Unit: In this study, the sampling unit was the medical and paramedical staff of public and private hospitals of the Punjab.

Sampling Size: 25 % districts of each region i.e Malwa, Majha & Doaba have been selected and selected districts of each region are the most populated districts of that particular region as per the Census of India 2011. The entire sample size is restricted to 400 respondents, 20 respondents from each selected hospital.

Sampling Design: Purposive sampling has been utilized for the medical and paramedical staff, taking into account the type of data needed for the study.

Data Collection

Both primary and secondary sources were taken into consideration in order to obtain data.

Primary Data Collection

The questionnaire was used to gather the primary data.

Secondary Data Collection

The secondary data was gathered from studies that were published in a number of international and national journals, conference proceedings, articles that were found in periodicals, etc.

Data Analysis and Interpretation

This research discusses the results and interpretations of the statistical analysis done on the data gathered using a questionnaire in the research study.

Stages of Occupational stress

Pestonjee (1992) says that Occupational stress has Honey moon stage, Full throttle stage, Hitting the wall stage, Chronic symptom stage and crisis stages.

Comparative Analysis Of Public And Private Hospitals

To verify that the data are homogeneous, the Levene's test is performed. The outcomes of which are shown in Table. The findings indicate that job overload in public and private hospitals is associated with identical population variations ($\text{Sig} > 0.05$). Thus, 'equal variances assumed' is examined in the t-test findings.

Table -2
Comparative analysis of Role Overload Based on Hospitals Type "(t-Test)"

Dimensions of Occupational Stress	"Levene's Test for equality of variances"		Public Hospitals		Private Hospitals		"t-value"	"Sig"
	Levene Statistic	Sig	"Mean"	"SD"	"Mean"	"SD"		
Role Overload	9.666	0.112	2.884	0.867	3.611	0.811	-6.814	0.000

Table-2 shows that the mean role overload values obtained for healthcare personnel working in public and private hospitals differ significantly ($\text{sig} < 0.05$). The p value is 0.000, which is below sig value 0.05, specifies that there is enough evidence to not accept the null hypothesis. So, alternate hypothesis is accepted which shows a significant effect of Role overload on Occupational stress. According to the mean values, there appears to be greater occupational stress resulting from "role overload" at private hospitals (mean = 3.614) compared to public hospitals (mean = 2.884).

The result indicates that health workers of private hospitals faced more role overload as compare to the public hospital workers.

Table -3
Comparative analysis of Role Conflict Based on Hospitals Type "(t-Test)"

Dimensions of Occupational Stress	"Levene's Test for equality of variances"		Public Hospitals		Private Hospitals		"t-value"	"Sig"
	Levene Statistic	Sig	"Mean"	"SD"	"Mean"	"SD"		
Role Conflict	7.587	0.101	3.257	0.947	3.538	0.819	-7.174	0.000

Table 3 shows that the mean values for role conflict amongst healthcare professionals working in public and private institutions differ significantly ($\text{sig} < 0.05$). The p value is 0.000, which is below sig value 0.05, specifies that there is enough

evidence to not accept the null hypothesis. So, alternate hypothesis is accepted which shows a significant effect of Role conflict on Occupational stress. The average values imply that there is higher "role conflict"-related occupational stress in private hospitals (mean = 3.538) than in public hospitals (mean = 3.257).

The result reveals that health workers of private hospitals faced more role conflict as compare to the public hospital workers i.e. Owing to excessive work load they have to manage with inadequate quantity of resources and employees as well as receive incompatible requests from their subordinates.

Table 4

Dimensions of Occupational Stress	"Levene's Test for equality of variances"		Public Hospitals		Private Hospitals		"t-value"	"Sig"
	Levene Statistic	Sig	"Mean"	"SD"	"Mean"	"SD"		
Political Pressure	5.488	0.233	3.621	0.516	3.414	0.789	-3.088	0.002

Comparative analysis of Political Pressure Based on Hospitals Type "(t-Test)"

Table 4 indicates a significant difference ($\text{sig} < 0.05$) in the mean values obtained for political pressure among medical staff employed by public and private institutions.. The p value is 0.002, which is below sig value 0.05, specifies that there is enough evidence to not accept the null hypothesis. So, alternate hypothesis is accepted which shows a significant effect of Political pressure on Occupational stress. According to the mean values, public hospitals experience higher levels of occupational stress (mean = 3.621) than private hospitals (mean = 3.414) as a result of "political pressure."

The outcome shows that health workers of public hospitals have more pressure from outside as compared to the private hospital workers

Table 5

Dimensions of Occupational Stress	"Levene's Test for equality of variances"		Public Hospitals		Private Hospitals		"t-value"	"Sig"
	Levene Statistic	Sig	"Mean"	"SD"	"Mean"	"SD"		
Role Ambiguity	5.481	0.231	3.227	0.436	3.444	0.688	-3.181	0.001

Comparative analysis Role Ambiguity Based on Hospitals Type "(t-Test)"

Table 5 finds that the mean values for role ambiguity between healthcare professionals working in public and private institutions differ significantly ($\text{sig} < 0.05$).. The p value is 0.001, which is below sig value 0.05, specifies that there is enough evidence to not accept the null hypothesis. So, alternate hypothesis is accepted which shows a significant effect of Role ambiguity on Occupational stress. Based on average data, it appears that private hospitals have higher levels of occupational stress related to "role ambiguity" (mean = 3.444) compared to public hospitals (mean = 3.227).

The result indicates that health workers of private hospitals faced more role ambiguity as compare to the public hospital workers.

Findings

- The result depicts that majority of Public and Private health workers generally concur that they encounter occupational-stress. Additionally, it bolsters the notion that workers in the health industry are among the most stressed out individuals at work .From this analysis, it could also be inferred that public and private health workers expressed high degree of agreement especially for RO, Rln, REC, SRD, IRD and RS and these stressors are found relevant for planning stress prevention strategies in hospitals.
- In order to identify the factors affecting occupational stress to medical and paramedical staff in public and private hospitals, the factor analysis is employed. The respondents are asked to rate twenty four variables, on five point Likert scale, with strongly agree to strongly disagree as the extremes. Five factors extracted from the twenty four variables explain 63.043% of variance and each factor is defined by at least two scale items. These specific factors extracted are Role Overload, Role conflict, Political Pressure, Role Ambiguity, and Under Participation.
- The result defines correlation between the job stress and demographic factors of medical and paramedical staff of public and private hospitals. Job stress is highly correlated to role overload in both public and private hospitals. It shows a positive substantial association with work-related stress at 5% level of significance. It depicts that if a staff is provided with extra workload apart from their duties it will increase their stress level. Age shows a positively substantial relations with job stress which implies that as the age increases the stress level also increases among the staff of the public and private hospitals. Similarly role conflict and political pressure also show a positive substantial interconnection with job stress. If there are more role conflicts in hospitals it will also lead to more job stress. Political pressure raises it leads to more stress to the staff.
- In both public and private hospitals, the workload is the most important predictor of work-related stress; as a result, professionals who worked 40 h per week are roughly half as likely to be stressed as employees having work load more than 50 h per week. As a result, the likelihood of experiencing stress rises as the workload rises. This can be explained by long working hours, which causes fatigue, stress, and high burden during COVID-19 pandemic, a lack of staff, or inefficient human power allocations.
- The study discovers that government healthcare employees are more stressed than employees of private healthcare institutions. Inadequate staffing, a difference in the availability of equipment and drugs, a difference in monthly income, more patients/community violence in the government hospitals, and a lesser level of education among medical professionals could all be contributing factors.

Suggestions

The government and hospital administration should lessen political activity in the health care ministry and hospitals and make sure that the socio-political system won't interfere with the dedication and satisfaction of hospital workers. As a result, the socio-political environment in hospitals should be welcoming to everybody, particularly Regarding the functioning conditions and monitoring at tertiary hospitals.

Above all, the management of health-care facilities and hospitals should from time to time, create a pleasant environment in the workplace which will influence health-care motivation, career decisions, relationship with co-workers, future growth and advancement in their profession.

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