International Journal of Research and Review
www.ijrrjournal.com E-ISSN: 2349-9788; P-ISSN: 2454-2237

Research Paper

Management of Occupational Stress of Doctors in Vijayawada and Guntur Cities of Andhra Pradesh

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ABSTRACT

The present study discusses the management of occupational stress of doctors. It is studied in three levels which include 1. Personal level 2. Organisational level and 3. Psychological level. A sample of 608 doctors was surveyed both from Vijayawada and Guntur cities of Andhra Pradesh. Chi-square test is administered to know the association between variables in the questionnaire. The results revealed that at personal level yoga vs age and gender, exercise vs age and gender, therapies vs age and gender showed that the difference in the proportion is statistically significant at 5% level of significance. Hence the hypothesis is rejected, whereas, meditation vs gender, mind diversion vs age and gender, counselling vs gender is found to be insignificant. Therefore, the hypothesis is accepted. At organisational level respondents' opinion on medical counselling vs gender is found to be significant and orientation/ workshop/ training vs gender and sabbatical leave vs gender are found to be insignificant. Regarding psychological aspects personality grooming vs age and gender perceptual changes vs gender and new learning avenues vs gender are significant and the opinion of the respondents on the above factors varied. Thus the hypothesis is rejected, whereas for attitude formation vs gender, self-motivation vs gender and relationship management vs gender are found to be insignificant and the opinion of the respondents is almost similar to each other. Hence the hypothesis is accepted and the variables are independent to each other.

Key words: management, occupational stress, doctors, self-motivation.

INTRODUCTION

Stress is an inevitable part of our life. We experience stress in every walks of life. Hence it is summarized that modern life is full of stress. There may be several reasons for this but academicians have pointed out that urbanization, industrialization and the increase in the scales of operation always lead to increasing stress level at work places. People feel stresses as they can no longer have complete control over what happens in their life. Pareek [1] has stated that stress, strain, conflict and pressure are the related terms used to denote the effect of stress on the behaviour of an individual.

The term stress was first used back in the 17th century as to describe the "sorrow, suppression, discomfort and adversity". [2] In the 19th century the term was reformed and among other, had the meaning of a strong influence exerted on a physical object or on a person. [3] Now a day's it can be said, that stress is a global phenomenon and it is the result of positives or negatives life's experiences. [4] The concept of stress is significant because it provides a way of understanding the person

as a whole in life's various changes. [5]

Stress is an experience that creates physiological and psychological imbalances within a person. It is a body reaction to any demands or changes in its internal and external environment, such as temperature, pollution, humidity and working conditions, it leads to stress. In these days of competition when one wishes to surpass what has been achieved by others, leading to an imbalance between demands and resources, it causes psychological stress. Thus, stress is a part and parcel of everyday life [6]

Objective of the study

To study about managing of occupational stress at personal, organisational and psychological levels to overcome stress by the doctors.

Hypothesis

The age and gender of the doctor respondents is not having any significant impact on managing of occupational stress based on various levels.

METHODOLOGY

The present study is based on both primary and secondary data. The researchers administered survey questionnaire to the doctors in Vijayawada and Guntur cities of Andhra Pradesh. The aspects on which the data are collected from sample respondents include management of occupational stress at personal and organisational levels, management of psychological aspects to overcome occupational stress.

Sampling

The sample is drawn from different areas of Vijayawada and Guntur cities. A sample size of 608 doctors in both cities was collected by proportionate sampling technique. In the second stage the researchers used simple random technique by feeding all the doctors names, addresses and contact numbers in the MINITAB software.

Statistical tools

The primary data have been interpreted with the help of simple statistical tools such as percentages and Chi-Square test of significance.

Data analysis and interpretation

Managing occupational stress

Management of occupational stress at personal level

Table no.1 Management of occupational stress at personal level

S. No	Personal Level parameters	Yes	No
1	Meditation	531(87.3%)	77(12.7%)
2	Yoga	371(61%)	237(39%)
3	Mind Diversion	488(80.3%)	120(19.7%)
4	Exercises	482(79.3%)	126(20.7%)
5	Counselling	134(22%)	474(78%)
6	Therapies	162(26.6%)	446(73.4%)

Respondents' opinion on management of occupational stress at personal level is depicted in table no.1. A vast majority of 87.3 per cent of the total sample respondents is affirmative to meditation; a high majority of 80.3 per cent of the total respondents gave positive opinion to mind diversion. The next positive opinions were given to exercises 79.3 per cent, yoga 61.0 per cent, therapies 26.6 per cent and counselling 22.0 per cent.

Through meditation, mind diversion, exercises and yoga people get relief from stress. Hence it may be concluded that meditation, mind diversion, exercises and yoga reduces occupational stress at personal level. It is suggested that just going out and enjoying fresh air and doing some light physical exercises may reduce stress among doctors.

Table no.1.a.Respondents' opinion on meditation Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	322	209	531
		85.9%	89.7%	87.3%
	No	53	24	77
		14.1%	10.3%	12.7%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 1.909, P-Value: 0.210, Not Significant

The proportion of both male and female respondents with regard to the

meditation is almost similar in nature at 5% level of significance i.e., both male and female doctor respondents are equally doing meditation daily. There is no difference of opinion among male and female doctors on doing meditation. Hence the hypothesis is accepted and the variables are independent to each other.

Table no.1.b.Respondents' opinion on yoga Vs age

Opinion	Age				
	Below 30	31-40 years	41-50 years	50 years and above	Total
Yes	29	219	118	5	371
	32.2%	66.8%	75.2%	15.2%	61.0%
No	61	109	39	28	237
	67.8%	33.2%	24.8%	84.8%	39.0%
Total	90	328	157	33	608
	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square: 78.321, P-Value: 0.000, Significant

With regard to the yoga, the age of the doctor respondents showed significant impact i.e., a significant majority of the doctors with the age group of 41-50 years (75.2%) are doing yoga followed by 31-40 years of the age group doctor respondents (66.8%), whereas the proportion of the higher age group doctor respondents are lesser than the proportion of the above said age group at 5% level of significance. Thus the hypothesis is rejected and both the variables are dependent to each other.

Table no.1.c.Respondents' opinion on yoga Vs gender

Opinion	Gender		
	Male	Female	Total
Yes	243	128	371
	64.8%	54.9%	61.0%
No	132	105	237
	35.2%	45.1%	39.0%
Total	375	233	608
	100.0%	100.0%	100.0%

Chi-Square: 5.879, P-Value: 0.017, Significant

The P-value of the chi-square test is less than 0.05, the level of significance so it is concluded that a significant number of male doctor respondents are doing yoga daily when compared with female doctors. The difference in the proportion is statistically significant at 5% level of significance. Therefore the hypothesis is rejected.

Age of the doctor respondents is not having significant impact on their mind diversion i.e., whatever the age of the doctor respondents it does not having significant impact on their mind diversion as per the insignificant p-value of the chi-square test mentioned above. Hence the hypothesis is accepted and the variables are independent to each other.

Table no.1.d.Respondents' opinion on mind diversion Vs age

Opinion	Age				
	Below 30	31-40 years	41-50 years	50 years and above	Total
Yes	66	267	127	28	488
	73.3%	81.4%	80.9%	84.8%	80.3%
No	24	61	30	5	120
	26.7%	18.6%	19.1%	15.2%	19.7%
Total	90	328	157	33	608
	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square: 3.474, P-Value: 0.324, Not Significant

Table no.1.e.Respondents' opinion on mind diversion Vs gender

Opinion	Gender		
	Male	Female	Total
Yes	304	184	488
	81.1%	79.0%	80.3%
No	71	49	120
	18.9%	21.0%	19.7%
Total	375	233	608
	100.0%	100.0%	100.0%

Chi-Square: 0.399, P-Value: 0.528, Not Significant

Since the p-value of the chi-square test is greater than 0.05, the level of significance, so it is concluded that both male and female doctor respondents mind diversion is similar i.e., the proportion of the male and female doctor respondents on this aspect is unanimous. Therefore the hypothesis is accepted and both variables are independent to each other.

Table no.1.f.Respondents' opinion on exercises Vs age

Opinion	Age				
	Below 30	31-40 years	41-50 years	50 years and above	Total
Yes	48	279	127	28	482
	53.3%	85.1%	80.9%	84.8%	79.3%
No	42	49	30	5	126
	46.7%	14.9%	19.1%	15.2%	20.7%
Total	90	328	157	33	608
	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square: 44.424, P-Value: 0.000, Significant

From the above table it is clearly depicts that higher age group doctor respondents are doing exercises significantly more when compared with lower age group (< 30yrs) doctor respondents. The difference in the proportions mentioned above is statistically differing at 5% level of significance. Thus the hypothesis is rejected and variables are dependent to each other.

Table no.1.g.Respondents' opinion on exercises Vs gender

Opinion	Gender		
	Male	Female	Total
Yes	336	146	482
	89.6%	62.7%	79.3%
No	39	87	126
	10.4%	37.3%	20.7%
Total	375	233	608
	100.0%	100.0%	100.0%

Chi-Square: 63.480, P-Value: 0.000, Significant

Around 90% of the male doctor respondents are doing exercises daily, whereas in the case of female doctor respondents the percentage is around 63% i.e., the difference in the opinion with regard to exercises are varied by their gender at 5% level of significance. Thus as per significant p-value of the chi-square it is concluded that exercises and gender are dependent to each other. Therefore the hypothesis is rejected.

Table no.1.h.Respondents' opinion on counseling Vs gender

Opinion	Gender		
	Male	Female	Total
Yes	91	43	134
	24.3%	18.5%	22.0%
No	284	190	474
	75.7%	81.5%	78.0%
Total	375	233	608
	100.0%	100.0%	100.0%

Chi-Square: 2.825, P-Value: 0.093, Not Significant

Since the p-value of the chi-square test is greater than 0.05, the level of significance so it is concluded that there is no significant association between "counseling" and gender of the doctor respondents at 5% level of significance. Both male and female doctor respondents opined in similar passion on counseling. Hence the hypothesis is accepted and variables are independent to each other.

Table no.1.i.Respondents' opinion on therapies Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	88	74	162
		23.5%	31.8%	26.6%
	No	287	159	446
		76.5%	68.2%	73.4%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 5.507, P-Value: 0.025, Significant

The proportion of the female doctor respondents are significantly higher when compared with male doctor respondents with regard to the aspect therapies i.e., a significant majority of the female doctor respondents are taking therapies when compared with male doctor respondents. The difference in the proportion is statistically significant at 5% level of significance. It shows that there is a significant variation between the opinions of the respondents on therapies. Hence the hypothesis is rejected.

Management of occupational stress at organizational level

Table no.2.Management of occupational stress at organizational level

S. No.	Organizational Level Parameters	Yes	No
1	Medical counseling	239(39.3%)	369(60.7%)
2	Orientation/ Workshop/Training	540(88.8%)	68(11.2%)
3	Sabbatical leave	341(56.1%)	267(43.9%)

Respondents' opinion on management of occupational stress at organizational level is revealed in table no.2. Respondents gave positive opinion with highest majority of 88.8 per cent to orientation/workshop/training. For sabbatical leave (56.1%) and medical counseling (39.3%) of the respondents gave positive opinion.

Table no.2.a.Respondents' opinion on medical counselling Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	128	111	239
		34.1%	47.6%	39.3%
	No	247	122	369
		65.9%	52.4%	60.7%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 10.988, P-Value: 0.001, Significant

The proportion of the female doctor respondents (47.6%) on medical counseling is significantly greater than male doctor respondents (34.1%) i.e., there is no significant association between gender of the doctor respondents and medical counseling at 5% level of significance. Thus the hypothesis is rejected and concluded that the above said statement and gender are dependent to each other and respondents' opinion are not similar to each other.

Table no.2.b.Respondents' opinion on orientation/ workshop/training Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	331	209	540
		88.3%	89.7%	88.8%
	No	44	24	68
		11.7%	10.3%	11.2%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 0.297, P-Value: 0.692, Not Significant

The opinion of the male and female respondents on "orientation/workshop/training" is almost similar to each other i.e., gender and the above said statement is independent to each other. Thus the hypothesis is accepted.

Table no.2.c.Respondents' opinion on sabbatical leave Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	218	123	341
		58.1%	52.8%	56.1%
	No	157	110	267
		41.9%	47.2%	43.9%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 1.666, P-Value: 0.208, Not Significant

There is no significant association between the parameters "sabbatical leave" and gender of the doctor respondents i.e., the percentage of male and female doctor respondents on "sabbatical leave" is unanimous in nature at 5% level of significance. On the other hand there is no difference of opinion among male and female doctor respondents on sabbatical leave. Therefore the hypothesis is accepted and both variables are independent to each other.

Management of psychological aspects to overcome occupational stress

Table no.3.Management of psychological aspects to overcome occupational stress

S. No.	Psychological Parameters	Yes	No
1	Personality grooming	514(84.5%)	94(15.5%)
2	Perceptual changes	425(69.9%)	183(30.1%)
3	Attitude formation	568(93.4%)	40(6.6%)
4	Self- motivation	558(91.8%)	50(8.2%)
5	Relationship management	485(79.8%)	123(20.2%)
6	New learning avenues	475(78.1%)	133(21.9%)

Respondents used different psychological aspects to overcome occupational stress like attitude formation the respondents gave positive opinion 93.4 per cent and negative opinion 6.6 per cent, for self-motivation 91.8 per cent respondents said yes and no 8.2 per cent. Regarding personality grooming 84.5 per cent of the total sample respondents are affirmative and 15.5 per cent said no. Regarding relationship management 79.8 per cent respondents gave positive opinion and 20.2 per cent said no. As far as new learning avenues are concerned 78.1 per cent of respondents opined yes and 21.9 per cent of said no. about perceptual changes 69.9 per cent of them told yes and 30.1 per cent said no. (Table no.3)

Attitude formation, self-motivation and personality grooming are the psychological aspects which help the respondents' doctors to overcome occupational stress. It is suggested by keeping positive attitude and being assertive instead of aggressive may reduce stress among doctors. On the other hand in personal grooming it is suggested to felicitate 2-3 women doctors on women's day who gained good practice in the current year, which in turn it may motivate them to work more efficiently and effectively to win the prize in the next women's day.

Table no.3.a.Respondents' opinion on personality grooming Vs age

Opinion	Age				
	Below 30	31-40 years	41-50 years	50 years and above	Total
Yes	66	293	127	28	514
	73.3%	89.3%	80.9%	84.8%	84.5%
No	24	35	30	5	94
	26.7%	10.7%	19.1%	15.2%	15.5%
Total	90	328	157	33	608
	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square: 16.005, P-Value: 0.001, Significant

The above table depicts that higher age group respondents are significantly required personality grooming when compared with lower age group. Thus the age of the doctor respondents shows significant impact on their personality grooming at 5% level of significance. Therefore the hypothesis is rejected.

Table no.3.b.Respondents' opinion on personality grooming Vs gender

Opinion	Gender		
	Male	Female	Total
Yes	350	164	514
	93.3%	70.4%	84.5%
No	25	69	94
	6.7%	29.6%	15.5%
Total	375	233	608
	100.0%	100.0%	100.0%

Chi-Square: 57.897, P-Value: 0.000, Significant

A significant majority 93.3% of the male respondents have opined that they required personality grooming, where as in case of female respondents the percentage is 70%. Thus the difference in the proportions on this aspect is statistically differing at 5% level of significance as per the significant p-value of the chi-square test. The calculated p-value 0.000 is less than the standard value 0.05 level of significance. It shows that there is a significant relation between male and female respondents opinion on personality grooming. Hence the hypothesis is rejected and the variables are dependent to each other.

Table no.3.c.Respondents' opinion on perceptual changes Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	273	152	425
		72.8%	65.2%	69.9%
	No	102	81	183
		27.2%	34.8%	30.1%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 3.908, P-Value: 0.030, Significant

Since the p-value of the chi-square test is less than 0.05, the level of significance so it is concluded that there is a significant association between the perceptual changes and gender of the doctors. The respondents' opinion on the above statement is varied and the hypothesis is rejected and variables are dependent to each other.

Table no.3.d.Respondents' opinion on attitude formation Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	355	213	568
		94.7%	91.4%	93.4%
	No	20	20	40
		5.3%	8.6%	6.6%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 2.470, P-Value: 0.116, Not Significant

From the above table it is concluded that there is no significant association between the statement "attitude formation" and gender of the doctor respondents at 5% level of significance. Male and female respondents opined in similar manner on attitude formation. Therefore the hypothesis is accepted and variables are independent to each other.

Table no.3.e.Respondents' opinion on self-motivation Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	345	213	558
		92.0%	91.4%	91.8%
	No	30	20	50
		8.0%	8.6%	8.2%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 0.065, P-Value: 0.799, Not Significant

With regard to the physical aspect "self-motivation", both the male and female doctor respondents opined in a similar passion i.e, gender of the doctor respondents has no impact on the psychological aspect "self-motivation". Thus the hypothesis is accepted and both variables are independent to each.

Table no. 3.f. Respondents' opinion on relationship management Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	300	185	485
		80.0%	79.4%	79.8%
	No	75	48	123
		20.0%	20.6%	20.2%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 0.032, P-Value: 0.858, Not Significant

With regard to the psychological aspect "relationship management", both male and female doctor respondents opined unanimously as per the insignificant p-value 0.858 of the chi-square test. P-value elucidated that there is no statistically significant association between variables.

Hence the hypothesis is accepted and the variables are independent to each other.

Table no.3.g.Respondents' opinion on new learning avenues Vs gender

Opinion		Gender		
		Male	Female	Total
	Yes	304	171	475
		81.1%	73.4%	78.1%
	No	71	62	133
		18.9%	26.6%	21.9%
Total		375	233	608
		100.0%	100.0%	100.0%

Chi-Square: 4.955, P-Value: 0.026, Significant

Since the P-value of the chi-square test is less than 0.05, the level of significance so it is concluded that the psychological aspect "new learning avenues" are varied with their gender i.e., proportion of the male doctor respondents (81.1%) is significantly greater than the female doctor respondents (73.4%) at 5% level of significance as per the significant p-value of the chi-square test mentioned above. Hence the hypothesis is rejected and the variables are dependent to each other.

Suggestions

1. It is suggested that just going out and enjoying fresh air and doing some light physical exercises may reduce stress among doctors.
2. It is suggested by keeping positive attitude and being assertive instead of aggressive may reduce stress among doctors.
3. For personal grooming it is suggested to felicitate 2-3 women doctors on women's day who gained good practice in the current year, which in turn it may motivate them to work more efficiently and effectively to win the prize in the next women's day.

CONCLUSION

Through mediation, mind diversion, exercises and yoga people get relief from stress and these factors reduce occupational stress at personal level. A whopping majority of the total respondents gave positive opinion to orientation/ work shop/ training than to sabbatical leave and medical counselling at organisational level. Attitude formation, self-motivation, personality grooming, relationship management etc. are the psychological aspects which help the respondent's doctors to overcome occupational stress.

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How to cite this article: Rani DMS, Talamala S, Venkatarattaiah K. Management of occupational stress of doctors in Vijayawada and Guntur cities of Andhra Pradesh. International Journal of Research and Review. 2018; 5(12):180-187.

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