

# “A QUALITATIVE STUDY OF AN OCCUPATIONAL ROLE STRESS OF FEMALE PRACTISING DOCTORS OF AHMEDABAD”

Kruti Patel<sup>1</sup> Dr. I.S.Singh<sup>2</sup>

<sup>1</sup>Research Scholar, Kadi Sarva Vishwavidyalaya, Assistant Professor, S.K.Patel Institute of Management and Computer Studies, Gandhinagr, Gujarat

<sup>2</sup>Professor, Mahatma Gandhi Labour Institute, Ahmedabad

## *Abstract*

Research was aim to study an occupational role stress of female practising doctors of Ahmedabad. Exploratory research study has been conducted to explore the perception about medical profession, occupational role stressors and work life balance mechanism of female doctors running their own clinics. Qualitative data has been collected by depth interview method. 10 Female practising doctors were interviewed. Content Analysis method was used to analyses the responses further. Female practising doctors of Ahmedabad feel medical as a profession of services of human kind. They feel immense satisfaction in removing pain of the patients. At the same time they also feel that the kind monetary return they are getting is less compared to other profession. The major sources of stress for them are Family type, Domestic Help, Patient related problems, Staff and clinic related problem, Lack of time and Heavy Investment in Private Set up. Coping strategies adopted to manage the stress related to profession are Listening music, watching movies, going for trips, Shopping, Walking, Meditation & Yoga and Watching “Tarak Mehta ka Ulta Chhashma”

**Keywords:** Occupational Role Stress, Qualitative, Work-life Balance, Stressors Coping strategies, Content

## **I. INTRODUCTION**

Stress has become very common in today's life. It is known as disease of 21<sup>st</sup> Century. Selye (1956) has defined stress as, any external event or internal drive which threatens to upset the organism equilibrium is stress. According to him stress is the non-specific response of the body to any demand made upon it. Every individual in today's environment face one or other kind of stress at different level. Stress is an avoidable phenomenon in today's challenging work life. As economical and technological developments takes place it become more challenging for individuals to sustain in highly competitive era. Health care is a part of everybody's day to day life. The Indian healthcare industry is poised to grow at a compounded annual growth rate of 15%. Nearly 90% of this growth will come from the private sector. Private health care sectors is growing very fast today in India. Today Corporate set up is flourishing in India for Health Care. Working is means to self worth and growth. Today, woman may feel inadequate if she is not engaged in some attractive profession, society expect a women to “act like a lady, think like a man, and work like a dog.” World over a dual career women faces the obvious dilemma of work family conflict. As mother-wife, she must conform to the traditional ideal of hardworking women ready to subjugate her own interest to family's happiness and her

occupational role she must be result oriented. (Abdul Gani & Roshan Ara, 2010). Medical Profession is challenging and complex because medical professionals are dealing with human life. By taking up employment women needs to pay the dual role as

housewife and earner (Hamlatha & Sryanarayana, 1983). As a Doctor, it is adding more challenges at home and at work. Present Study is trying to study the stress female practising doctors are facing because of their profession.

## **II. Research Methodology:**

### **2.1. Objectives**

1. To study perception of female practising doctors about their profession
2. To Study occupational role stressors of female practising doctors
3. To Study how work-life balance strategies to deal with stress

Exploratory research study has been conducted to explore the perception about medical profession, occupational role stressors and work life balance mechanism of female practicing doctors of Ahmedabad who are running their own clinics.

### **2.2. Type of Data**

Qualitative data has been collected by in depth interview of female practising doctors.

### **2.3. Method of data collection**

Data collected with the help of In-Depth Interview technique with prior appointment at their clinic. Data were audio recorded in a tablet. Consent form was signed by each doctor before interview started.

### **2.4. Tool of Data Collection**

Semi structured interview guide was used to collect data.

### **2.5. Participants**

10 Female practising doctors were interviewed. Non probability convenience sampling method was used to choose sample. In few cases Snow ball sampling method was also used.

### **2.6. Procedure**

Prior appointment has been taken in advance over a telephone. All the interviews were taken at their clinic in a close cabin lasted for 35 minutes in general. Interviews were recorded as an Audio in a Tablet. Semi structured interview guide was used to take interviews. This semi structured interview guide has been divided into three parts; General questions, Narratives and Problem focused questions. Audio recorded interviews were transcribed with the word-for –word format of transcription.

## 2.7. Content Analysis

Content Analysis method was used to analyse transcript In-Depth interviews to provide knowledge and understanding about occupational role stress of female practising doctors. Data was organized in a form of chart from the hand written transcripts. From the chart made; salient themes, recurring ideas or languages, and pattern were identified.

## 2.8. Results

Analysis of interviews revealed results in three broad categories based on semi structured interview guide; perception about medical as a profession, sources of stress related to their occupation for women practising doctors and their work life balancing strategies.

### Perception about medical as a profession

Theme emerged about medical profession is that it is a noble cause where doctors are getting an opportunity to serve mankind. Respondents are getting immense satisfaction by serving people. The feeling of removing pain of somebody gives great charm to their life. Medical profession was by choice after putting years of hard work so they are highly passionate about the kind of work they do. Examples of the kind of responses included for above theme is:

“I am alive with the kind of dentistry work I am doing. I never feel tired of my work. If 10 more patients will come at clinic than also I will not feel that I am tired but I feel tiredness because of my household work. I really feel satisfied when somebody get relief from pain and cured with my effort. This feeling has no comparison in terms of monetary aspect. “

Majority of the practising doctors have said that it is a profession of service. If you do cost-benefit ratio than this profession is not good as the kind of hard work, sleepless nights doctors put to cure patients the monetary return they are getting compared to that is less.

### Sources of stress

#### *Family type*

It was found from the data that type of family, nuclear or joint has its own pros and cons. Some situations joint family reduce stress at work but in few situations it is the major source of stress at work when elderly people are dependent on them. Another aspect is if there is a joint family than you expect from the in-laws that they should do some work, but if they are fail to do so than lot of frustration comes if they are able to do it. So in above situations joint family gives stress when you are working as a practising doctor.

“Joint family is good that you have support of elderly people with you but it depends upon how they are supportive and which an extent they can support you, because sometimes you expect more and they can't fulfil, you always feel that they are not useful to you.”

Nuclear family is always challenging for practising doctors and one of the major source of stress when they are at clinic is that they need to do all the adjustments about the timings for kids, their schools, and other household related activities. Non-Sharing of responsibilities may leads to stress at work and home for nuclear family set up. Respondents staying in Nuclear family needs to be highly dependent on domestic help. Any disturbance in the schedules of workers at home may lead to stress at work.

“I feel nuclear family as a disadvantage because you don't have elder person at home to guide, to take care of home in a better way than you can. Because I am staying in nuclear family if one of the domestic helper remains absent it gives me lot of stress.”

It was found from the research that Nuclear family type gives more stress compared to joint family with helping in-laws.

#### *Domestic Help*

Domestic help was found major source of stress for all the practising doctors interviewed. They all expressed a feeling that if they want to work with peaceful mind at Hospital they want people helping them in their household work should be on time and trained to perform all the duty in the absence of the practising doctor. Absenteeism of household workers gives more stress than a serious patient. Without proper domestic help it was found difficult for all the practising doctors to focus at clinic.

“The day when any one domestic helper is absent, I get irritated and disturb like anything. My menu gets half if cook is absent. Regular presence of them helping me to focus on my work without any complains. I do not feel stressed if 10 more patients I need to attend extra but I feel stressed if one of the attendants is absent at home.”

From the responses gathers we can conclude that it was very important to get domestic help to be more focus on the work they do. So improper domestic help was one of the major source of stress for female practising doctors.

#### *Patient related problems*

Everyday practising doctors are dealing with different patient having different health related problem. Every patient is having different expectations from the doctors. When it was asked to the respondents about the patient's related problems, following themes were emerged.

- Patients hide few things from doctor, which may lead to major complications during the treatment
- Patients does not respect the personal time of a doctor. Any time they call and disturb
- Irrelevant questions by family members

- Not coming on time after taking an appointment and giving useless excuses for the same
- Skipping regular follow ups as per their convenience and then blaming doctor for not proper recovery
- Distrust on doctor and the treatment he/she is doing. As per the response of one of the doctor, “Patient being unhappy with either because of the suboptimal outcome or their own perception of outcome is something that gives me more stress”
- Unrelated associations about the treatment which they attribute for example “The day anaesthesia given for surgery my headache was started, my eyes got smaller from the day of operation etc

Lack of discipline in Indian patients is emerged as a major source for patient related issues of female practising doctors.

#### *Staff and clinic related problem*

From the Responses received it was found that frequent leaves by clinical staff are the major staff related source of stress for practising doctor. Other than this there are issues related to staff are their sudden resigns and their never ending expectations about salary,

#### *Lack of time*

Respondent found that because of their profession as a doctor they are continuously running out of time, leads to lot of stress. They continuously feel guilty because they are not able to give enough time to children, family and their own self. It was almost impossible for them to attend social functions because of professional responsibility they feel detached from a society. They lack of time for vacations, their own grooming, spending time for their own hobbies etc, leads to lot of frustration and stress.

“In this profession we need to keep our self continuously updated with the new advancement happens by extra readings, attending conferences and learning new technologies. This may disturb person life. Because of this I am not able to enjoy my life the way I wanted. When I see other families enjoying, going wherever they want feel that I am loosing something import in life because I am in highly time consuming profession. I like to be social person, actually I like to sit with friends, and family members to do time pass gossips etc but not able to do so.”

From the responses it was found that nature of profession is the major source of lack of time for female doctors to balance their husband, children, social life and professional expectations.

#### *Heavy Investment in Private Set up*

Respondents interviewed were having their private clinics. Private set up leads to heavy investment. From the responses gathered it was found that a financial liability of setting up their own clinic and managing the same leads to stress.

“Financial Liabilities, huge financial burden in a private set up, because these days things are so expensive to buy, each equipment costs nothing less than lacks. You need finance to manage your daily expenses of clinic. So financial liability is something which continuously bothers me“

It was found from the respondents that financial liability of private set up gives them stress.

### Strategies for work life balance

Respondents were asked about coping strategies of work-life balance for practising doctors, than following strategies were emerged:

1. Listening music
2. Watching movies
3. Going for trips
4. Shopping
5. Walking
6. Meditation & Yoga
7. Watching “Tarak Mehta ka Ulta Chhashma”

### **Conclusion**

From the qualitative research conducted it can be conclude that female practising doctors of Ahmedabad feel medical as a profession of services of human kind. They feel immense satisfaction in removing pain of the patients. At the same time they also feel that the kind monetary return they are getting is less compared to other profession. The major sources of stress for them are Family type, Domestic Help, Patient related problems, Staff and clinic related problem, Lack of time and Heavy Investment in Private Set up. It was found from the research that Nuclear family type gives more stress compared to joint family with helping in-laws. From the responses gathers we can conclude that it was very important to get domestic help to be more focus on the work they do. So improper domestic help was one of the major source of stress for female practising doctors. Lack of discipline in Indian patients is emerged as a major source for patient related issues of female practising doctors. From the responses it was found that nature of profession is the major source of lack of time for female doctors to balance their husband, children, social life and professional expectations. It was found from the respondents that financial liability of private set up gives them stress. Coping strategies adopted by female practising doctors to manage the stress related to profession are Listening music, Watching movies, Going for trips, Shopping, Walking, Meditation & Yoga and Watching “Tarak Mehta ka Ulta Chhashma”

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