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Impact of Occupational Stress on Job Satisfaction among Medical and Para-medical Staff in Public and Private Hospitals in Punjab

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Abstract

At present all the managements in all the sectors are concerned about increasing stress at workplace and decreasing job satisfaction among their employees. Here an attempt has been made to undertake a comparative research study on impact of occupational stress on job satisfaction among medical and para-medical Staff working in the public and private hospitals in Punjab. The main objective of this study is to investigate the nature of the relationship between workplace stress and employees' job satisfaction. In order to provide proper facilities and incentives that aid in lowering the perception of stress and boosting job satisfaction among medical personnel a fundamental structural overhaul is required if hospitals are to foster an inclusive workplace culture.

Key Words: *Occupational stress, Job satisfaction, Medical and para-medical staff, stress factors, public health sector, private health sector, Hospital.*

Introduction

In any organization's development and growth human resources play a very vital role. Present days all the managements in all the productive and service sectors are concerned about increasing stress at workplace and decreasing job satisfaction among medical and paramedical professionals (Doctors, Nurses, Technicians, Employers, Pharmacists, Managers, Officers, etc.). Workplace stress effects productivity and efficiency of employees, which affects their job satisfaction which in turn increases employers' stress level. Hence, it has become essential to find out the ways to manage and reduce stress from the life of employers along with employees.

1 Occupational Stress

When a worker's abilities, resources, or demands are not compatible with the requirements of a job damaging physical and emotional reactions take place that can have a negative impact on their health and possibly cause injury. The word "occupational stress" describes the strain a person feels as a result of work expectations or issues, which can result in disease or burnout.

2Job Satisfaction

Churchill, Ford and Walker have stated that all aspects of the work itself and the workplace that individuals find pleasant, fulfilling, and rewarding or aggravating and unsatisfying fall under the definition of the domain of job satisfaction.

2.1 Significance of Job Satisfaction

The amount of job satisfaction in an organization should concern the employer because it is often correlated with a negligible number of complaints and issues at work. It is well recognized that contented workers are less prone to engage in destructive and reactive behavior. Productivity, Absenteeism, Employee Turnover, Union Activities, Safety are factors which can be used to understand the significance of job satisfaction:

2.2 Factors Affecting Job Satisfaction

Employees - organization relationship can be used to gauge job happiness. Organizational features such as Pay, Promotion, Supervision, Fringe Benefits, Operating Conditions, Co-workers &Contingent Rewards are things that are thought to help or impede workers from doing their jobs.

3 Job Satisfaction among the hospital staff

Hospital staff is considered as significant asset of any health care system. The scope of their responsibilities is wide as they are responsible for making a healthy work force of a nation. In the present scenario, one of the most important challenges faced by the hospitals is to fulfill the expectations of their employees. Low job satisfaction may increase the rate of attrition. In India there is no match in the ratio of patients and doctors. The numbers of doctors are inadequate compared to the population of India. It is essential for all hospitals to ensure job satisfaction among doctors**.**

4 Health Care System in Punjab

Both the public and private sectors are essential to Punjab's system for delivering healthcare services. Punjab's public sector Department of Health and Family Welfare is in charge of delivering curative and preventive healthcare services.

Table 1
Medical Institutions in Sample Districts of Punjab

District	Hospitals			Primary Health Centers			Subsidiary Health Centre/ Dispensaries			Community Health Centers			Ayurvedic Institutions			Unani Institutions			Homeopathic Institutions		
	1991	2011	2021	1991	2011	2021	1991	2011	2021	1991	2011	2021	1991	2011	2021	1991	2011	2021	1991	2011	2021
Amritsar	33	7	7	49	36	44	178	98	182	6	4	6	43	22	24	4	2	2	7	3	3
Jalandhar	25	3	3	36	28	37	161	110	210	6	11	11	45	32	30	5	4	4	10	8	8
Ludhiana	27	5	5	35	33	47	156	120	286	6	9	11	37	36	37	5	4	4	11	11	11
Firozpur	17	4	2	38	34	20	100	85	124	6	8	4	39	38	15	3	3	1	9	8	3
Patiala	19	6	6	44	28	40	132	72	196	6	10	10	51	32	31	1	-	-	8	7	7
Punjab	219	63	71	442	444	524	1473	1308	3038	70	130	150	493	495	495	35	34	34	106	111	111

Source: Statistical Abstract of Punjab 2021, Statistical Abstract of Punjab 2011 and Statistical Abstract of Punjab 1991.
Between the period ending 1991 and 2011, there was a drastic decreased in hospitals i.e. From 219 to 63 and have minor increase in 2021 from 63 to71, number of PHCs remained more or less stagnant from 442 to 444 in 2011and increased from 444to 524 in 2023, number of dispensaries decreased from 1473 in 1991 to 1308 in 2011 and drastically increased from1308 to 3038 in 2021. Although the number of CHCs rose from 70 to 130 and from 130 to 150 in2021.Other health care facilities in the State, including Ayurvedic, Unani, and Homeopathic facilities, experienced minor development between 1991 and 2011 but no growth between 2011 and 2021, therefore overall, the growth is not at all satisfactory.

Review of literature

Domagala A et al. (2018) in their research analyzed the various components that were separated into three categories: individual, internal, and contextual aspects. In comparison to personal and intrinsic elements, they found more research evaluating the impact of contextual factors, demonstrating a favorable correlation between such parameters and doctor's satisfaction.

Srivastava, P. et al (2017) analyzed the prevalence of factors such as job stress and job satisfaction among the physicians, nurses, and paramedical staff working in the private and public hospitals in Delhi. The data showed that the

different independent causes of stress were discovered to include things like working on the weekends, feeling under pressure to meet deadlines, having a lower possibility of promotion, and being exposed to a stressful incident outside of work within a year. The main finding was job satisfaction was analyzed to be higher in private health care employees as compared to the employees associated with public health care.

Koirom, A. et al (2016) undertook a study to evaluate the level of work life quality for several employee groups (doctors, nurses, technicians, and front office staff) at Manipur's private and public hospitals. The results revealed that the quality of life varied in a statistically significant way. between various medical staff members working in private and public hospitals.

Thorsteinsson et al. (2014) conducted research on the connections between office workers' staff health, psychological stress, and work outcomes. The study looked at the relationships between work-related stress, staff health, perceived organizational support, supervisor support, and job results. The findings showed a link between high levels of employee stress and poorer staff health in terms of anxiety, depression, exhaustion, and work outcomes.

Hiralal, et al., (2013) stated that health care issues of employees are of utmost importance in organizations these days. Productivity, performance, and turnover of employees are impacted by occupational stress. Occupational stress concerns counsellors, resource managers and professionals at many workplaces. Impacts and causes of occupational stress need to be mulled over since they affect the performance of the employees in organizations. So, in order to tackle this burning issue some policies have been suggested. Thus, suggestions reveal that at different levels employment stress and its harmful effects can be tackled effectively.

AL-Meerza, A. et al. (2012) compared the origins and signs of stress between hospital and primary care doctors in the investigation. The goal was to evaluate the stress causes and behaviors of hospital and primary care physicians. The study's findings revealed that hospital doctors were exposed to stressors on a far larger scale than primary care doctors.

Research Gap

So far, no study has been conducted especially covering Medical & paramedical staff in this region. Moreover, no comparative study has been attempted on job satisfaction and occupational stress among both the Medical & Paramedical staff in public and private hospitals in Punjab. Hence, the proposed research shall be *"*A Comparative study of Job Satisfaction and occupational stress among Medical and Paramedical staff in Public and Private Hospitals in Punjab."

Need and Significance of the study:

The health sector is the field where the numbers of medical & paramedical staff has constantly been increasing over the last two decades. Mostly employees have same standard working hours, but medical staff has a different kind of working life. So, there is a need to fill this gap by conducting study on occupational stress and report of feeling satisfied with their jobs by female medical and paramedical employees at public and private hospitals.

Objectives of the study

Based on research gaps and research questions reported in the previous section the following research objectives are formulated:

1 To determine the elements influencing workplace stress regarding medical and paramedical staff in Punjab's public and private hospitals.

2 To measure the influence of occupational stress on job satisfaction among medical and paramedical staff in public and private hospitals in Punjab.

Scope of the study:

The scope of this study is to examine job satisfaction and occupational stress among medical & paramedical staff in public and private hospitals operating in Punjab.

Data Collection

For data collection, both primary and secondary sources were taken into consideration. Primary data is collected through Questionnaire and secondary data is collected from Statistical abstract of Punjab, published studies and articles available in periodicals relating to the above subjects.

Research Design

The research design describes the type of study, research problem, variables, sample design methods along with statistical analysis technique. A research design is an outline which is shaped to discover responses to research questions.

Type of Research

In the available extensive review of literature researchers have classified research based on research's characteristics. This study is exploratory and descriptive in nature which further tests the causal relationships among constructs to examine the proposed research hypotheses.

Sampling and Sample design

Amritsar, Ludhiana, Patiala, Ferozpur, Jalandhar, 25% of the districts of Punjab in three geographical regions; Majha, Malwa and Doaba with the highest population density according to the Census of India 2011 have been chosen as sample. Sample size is 40 respondents, 20 from each selected public and private hospital.

Analysis

This section of the research paper describes the findings and interpretations of the statistical analysis performed on the data obtained from the research study's questionnaire. The present research paper measures the effect of occupational stress on job satisfaction among medical and paramedical staff in public and private hospitals in Punjab.

To understand the impact of the independent variables on the dependent variable, a regression model is constructed. Further, a regression model helps to estimate the value of the dependent variable for the known values of the independent variable. In this study, Job Satisfaction (JS) is taken as the dependent variable against the five factors of stress or subscales as independent variables, namely, Role Overload (RO), Role Conflict (RC), Political Pressure (PP), Role Ambiguity (RA), and Under Participation (UP).

The multiple regression models for job satisfaction (JS) with the above independent of predictor variables may be expressed as:

Model -1

JS= Bo+B1Ro+B2Rc+B3&Pp+B4Ra+B5Up+E

where B0 is the constant in the regression model, " is the random error variable. B1 to B5 are regression coefficients. B0 and e are included to take care of (i) mean effects of omitted variables and (ii) error of approximation of functional form.

Table 2

Variables	Coefficient	T-statistics	P value
Constant		3.465*	0.000
RO	.229	53.121*	0.000
RC	.208	49.323*	0.008
PP	.219	51.176**	0.044
RA	.171	43.334*	0.003
UP	.121	37.432*	0.002
R-square	0.691		
Adjusted-R square	0.623		
F-statistics	27.251		
Prob (F-statistics)	0.000		

Durbin-Watson statistics	2.143
Total Observation	100

Table states that the model's results indicated an R2 value of 0. 691. According to this, the chosen factors account for 69.1% of the total data, with the remaining portion being explained by additional variables not included in the study. This model's excellent cross validity has been demonstrated by an adjusted R square value of 62.3%, which is positive. Large (27.251) and significant (at a 1% confidence level) F statistic was discovered. According to the indicators, the regression model is both statistically valid and fit. The value of Durbin-Watson (2.143) indicates that there is no problem of auto correlation in the model as it is within the prescribed limits (1-3). As per the results of the model, it has been found that all the selected variables of occupational stress have a significant positive relation with job satisfaction.

Regression coefficients declare the relative contribution of the predictor variable. Analysis indicated that among the five factors of stress or subscales, '**Role overload**' ranks first with a regression coefficient of 0.229 followed by "**Political Pressure**", with a regression coefficient of 0.219. "**Under Participation"** is the source causing lowest stress for the medical staff of public hospitals. Regression coefficients of the multiple regression model as computed by SPSS.

Model -2

JS= Bo+B1Ro+B2Rc+B3Ug&Pp+B4Ra+B5Up+E

where B0 is the constant in the regression model, " is the random error variable. B1 to B5 are regression coefficients. B0 and e are included to take care of (i) mean effects of omitted variables and (ii) error of approximation of functional form.

Table 3

Variables	Coefficient	T-statistics	P value
Constant		3.382*	0.000
RO	.299	58.181*	0.000
RC	.308	59.213*	0.006
PP	.259	51.121**	0.041
RA	.191	42.324*	0.002
UP	.221	45.412*	0.003
R-square	0.671		
Adjusted-R square	0.629		
F-statistics	27.102		
Prob (F-statistics)	0.000		
Durbin-Watson statistics	2.121		
Total Observation	100		

The findings of the model, which are shown in the table, indicated that the value of R2 is 0.671.

It indicates, the chosen factors account for 67.1% of the total data, with other variables not included in the study accounting for the remainder. This model's excellent cross validity has been demonstrated by a positive value of Adjusted R square of 62.9%. Large (27.102) and significant (at a 1% confidence level) F statistic was discovered. According to the metrics, the regression model is statistically sound and reliable too. The value of Durbin-Watson (2.121) indicates that there is no problem of auto correlation in the model as it is within the prescribed limits (1-3). As per the results of the model, it has been found that all the selected variables of occupational stress have significant positive relation with job satisfaction.

Regression coefficients declare the relative contribution of the predictor variable. Analysis indicated that among the five factors of stress or subscales, '**Role conflict**' ranks first with a regression coefficient of 0.308 followed by "**Role overload**", with a regression coefficient of 0.299. "**Role ambiguity"** is the source causing lowest stress for the paramedical staff of public hospitals. Regression coefficients of the multiple regression model as computed by SPSS.

Findings

The present study compares the various dimensions of occupational stress in medical and paramedical staff of public and private hospitals in Punjab and describes the impact of occupational stress on job satisfaction.

According to the research, a large majority of public and private health employees suffer occupational stress. Additionally, it confirms the notion that workers in the health industry are among those most frequently exposed to work stress. This investigation also revealed that there was strong agreement among public and private health professionals, and that occupational stressors are important when developing stress management programs for hospitals.

The workload is the most important determinant of work-related stress in both public and private hospitals; as a result, professionals who worked 40 hours per week were nearly half as likely to experience stress as those who worked more than 50 hours in a week. The result of which is, as the workload increases, so does the likelihood of experiencing stress. The burden of the COVID-19 epidemic can be used to explain this in which working for long hours, a shortage of employees, or ineffective human resource apportion caused weariness and stress.

Additionally, receiving support and help at work is a key factor in determining work stress for healthcare professionals working in private hospitals; as a result, who received sufficient support and help from supporting staff ,management and colleagues were 77% less prone to become stressed out than employees who did not. This can be because private hospitals have a heavy workload, not enough employees, and need their medical staff to put in long hours.

This study shows that employees in public hospitals are more prone to experience stress than their private sector counterparts. A discrepancy in the ERS or insufficient staffing could both be contributory issues. The discrepancy in the WRS was caused by a variety of factors, including a difference in monthly income, an increase in patients and community violence in the government, a lower level of education among healthcare professionals, poor stress management, a shortage of equipment and medications, and a lack of equipment and pharmaceuticals.

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 when it comes to the working conditions and monitoring at tertiary hospitals.
Many workplace factors, such as losing control over treatment protocols due to inadequate physical facilities, ignorance of epidemic treatment, and fewer or no expectations of rewards or material and moral incentives, among others, contribute to cause and heighten perceived stress among medical professionals. As a result, providing proper facilities and incentives can aid in lowering the perception of stress and boosting job satisfaction among medical personnel.
A fundamental structural overhaul is required if hospitals are to foster an inclusive workplace culture. All of this can reduce the perceived stress that the present epidemic has on the medical community.

Work Assessment Committees may be established in the hospitals, under the direction of a competent professional, to enhance the Medical and Paramedics' Quality of Work Life in the Public and Private Hospitals Selected Under Study. The Committee could convene frequently to review performance and recognize the experts' earnest efforts.

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