

Effect of Stress Outcomes on Job Performance of Women Doctors

OPEN ACCESS

Volume: 6

Issue: 3

Month: January

Year: 2019

ISSN: 2321-4643

Received: 12.12.2018

Accepted: 04.01.2019

Published: 31.01.2019

Citation:

Sadhanandan, HD & Amaravathi, M. "Effect of Stress Outcomes on Job Performance of Women Doctors." *Shanlax International Journal of Management*, vol. 6, no. 3, 2019, pp. 36–42.

DOI:

<https://doi.org/10.5281/zenodo.2550063>

HD.Sadhanandan

Assistant Professor, Department of Commerce
PSG College of Arts & Science
Coimbatore, Tamil Nadu, India

M.Amaravathi

Associate Professor, Department of Management Sciences
PSG College of Arts & Science
Coimbatore, Tamil Nadu, India

Abstract

Work plays a central role in the lives of many people, and thus the impact of occupational stress is an important issue both for individual employees or professionals and the organizations in which they work. Stress experienced at work can have adverse outcomes for the well-being of individuals and organization as whole. Stressors have a major influence upon mood, our sense of well-being, behaviour, and health. The present study focuses on measuring the effect of physical, psychological and behavioural stress outcome on job performance of women doctors. Primary data were collected for the study from 231 women doctors working at various government hospitals and private hospitals in Coimbatore through a structured questionnaire. Hierarchical regression analysis was used to analyse the effect of stress outcomes on job performance of women doctors. The study found that psychological and behavioural stress outcomes have a significant direct effect on the job performance, whereas physical stress outcome does not have a direct effect but it has an indirect effect through psychological and behavioural stress outcomes on women doctors' performance.

Keywords: Stress, Physical Outcome, Psychological Outcome and Behavioural Outcome

Introduction

Modern era is the era of Science and Technology, where everyone is striving to excel in his/her field whether it is at home or at work place. In this modern era, stress has become a universal phenomenon. Everyone wants more and more for the attainment of pleasure and due to this competition has increased in every field of life. This competition generates stress among people. No doubt the competition is inevitable, but we cannot ignore its results in the recent years, as more and more women are coming to take on many jobs.

It is a general belief in many cultures that the role of women is to build and maintain the homely affairs like task of fetching water, cooking and rearing children. In the traditional society, women's role was naturally limited to the family. Since the turn of the century, the status of women in India has been changing due to growing industrialization, urbanization, spatial mobility and social legislation. With the spread of education and awareness, women have shifted from kitchen to higher level of professional activities. Rapid changes in traditional values, life styles, competitiveness and industrialization are the few factors that have changed the whole environment.

This change in environment has encouraged and motivated the women to search for work outside the home, which creates stress in them since they have to handle the role of housewife, mother and employed woman, simultaneously. Many studies have produced evidence to indicate that women report more psychological distress than men and also experience physical symptoms of stress, such as fatigue, irritability, headaches and depression.

Women are also more likely than men to cope with job stress with unhealthy behaviours, such as poor eating habits etc. Especially, Employed women have higher level of stress than non-employed women (Sanlier and Arpacı, 2007). It is also found from studies that working married women have to face more difficulties in their lives. They experienced more stress and depression as compared to non-working married women (Hashmi et al, (2007).

The present study primarily focuses on the stress level and its outcome on the job performance. Medical Bulletin (Hong Kong,2017), highlights various sources of stress for medical professionals such as the Job, the organisation to which they belong, the doctors, relationships with other people and work-life balance (Table 1).

Table Sources of Stress for Medical Professionals (Medical Bulletin, Hong Kong)

The Job -Workload, Time pressure, Administrative duties, Sleep deprivation, No regular meals, Threat of malpractice.
The Organisation - Career structure, Career uncertainties, Inadequacy of resources and staff, Lack of senior support, Culture and climate of the organisation.
The Doctor - Personality (eg. Hardy and non-hardy), High demands on self and others, Dealing with death and dying, Confrontation with emotional and physical suffering.
Relationships with other people - Staff conflict, Professional isolation, patients' expectations and demands, level of support from friends and family.
Work-life balance - Stress over-spill from work to home and vice-versa, Lack of exercise and other leisure activities, lack of free time, Home demands, Disruptions to social life.

Only few researchers highlighted and studied the stress level among women doctors working at various hospitals. The earlier studies analysed the effect of stress level with several factors and found that there is no difference on the stress levels among male and female doctors except in case of the factors- Inter-role Distance and Role Inadequacy. The studies highlighted in case of Inter-role Distance and Role Inadequacy, the stress level among female doctors is much more than male doctors. So, the present study focused on measuring the effect of physical, psychological and behavioural stress outcomes on women doctors' job performance.

Objectives of the Study

The present study focuses on measuring the effect of physical, psychological and behavioural stress outcomes on job performance of women doctors.

Methodology

The present study explores the effect of stress outcomes on the job performance of women doctors. The study was conducted in Coimbatore district of Tamil Nadu in India. Primary data were collected from government and private hospital women doctors through structured questionnaire. As a sample,231 woman doctors were taken for the present study by giving equal importance to both government and private hospitals, so as to ensure that both samples are representatives of the universe. Hierarchical regression analysis is used to examine the direct and indirect effect of stress outcomes on job performance of women doctors.

Research Framework – Effect of Stress on Job Performance of Women Doctors

Stress “the pattern of specific and non-specific responses an organism makes to stimulus events that disturbs its equilibrium and exceeds its ability to cope”. From the foregoing definition, it may be pointed out that the researchers explained the notion of stress from various perspectives: i) as an external force which is perceived as threatening; ii) as response to a situation demanding an individual to adapt to change, physically or psychologically; iii) as an interactional outcome of the external demand and internal resources; iv) as personal

response to certain variations in the environment and v) a more comprehensive combination of all (Zimbardo,1988). According to Robbins and Sanghi (2006) “A dynamic condition in which an individual is confronted with an opportunity, constraints, or demand related to what he or she desires and for which the outcome is perceived to be both uncertain and important”. Stress affects not only our physical health but our mental wellbeing, too.

Nevertheless, women doctors are more likely than other women professionals to continue working with family responsibilities, but at what cost to career and personal life? To the aspiring female clinician, this potential conflict is added to the exams, frequent moves, and hard work that affect men as well. It is no wonder that women find themselves shepherded out of the main stream into supernumerary part time training posts or clinical assistantships. Those who make it to the top do so against the odds. At

every stage they will probably have had to make personal compromises to conform to a male model, confronting role conflicts that men do not face.

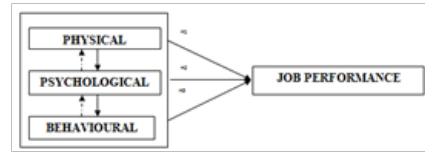


Figure 1 Research Framework for the Present Study

Source: Based on the earlier literature

Physical, Psychological and Behavioural Stress Outcome

Stress Level among Women Doctors

H₀: There is no significant difference on level of stress (Physical, Psychological and Behavioural) among Women doctors.

Table Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Result
Physical Stress	136.162 ^a	64	.000	Rejected
Psychological Stress	143.145 ^a	80	.000	Rejected
Behavioural Stress	129.942 ^a	72	.000	Rejected

5 percent significance level

The above chi-square test shows the level of stress among women doctors (physical, psychological and behavioural) based on their experience in the profession. The chi-square result reveals that the probability value (.000) is lesser than the at 5 per cent significance level. Hence, the Null hypothesis is not accepted. So, there is a significant difference on level of stress (Physical, Psychological and Behavioural) among the women doctors.

Effect of Stress Outcomes on Job Performance

H₁: Physical, Psychological and Behavioural stress outcome have a direct effect on the Job Performance of Women doctors.

Here, Job Performance is the dependent variable and the factors such as Physical, Psychological and Behavioural stress outcome are the independent variables. The hierarchical regression models used to

assess the variability in the dependent variable, Job Performance, are shown as follows:

$$Y (\text{JOBPERF}) = \alpha + \beta_1 \text{PHY} + e \quad (1)$$

In the first step of hierarchical regression equation, the job performance (JOBPERF) is regressed with the independent variable physical stress (PHY), where ‘β’ are coefficients to estimate and ‘e’ is the error term. Here, the researchers analysed the effect of physical outcome of stress on job performance of women doctors.

$$Y (\text{JOBPERF}) = \alpha + \beta_1 \text{PHY}_1 + \beta_2 \text{PSY}_2 + e \quad (2)$$

In the second step of hierarchical regression, another independent variable psychological stress (PSY) outcome is added to the regression equation to examine the direct effect of both the independent variables on job performance or to check if the variables have an intermediate effect.

$$Y (\text{JOBPERF}) = \alpha + \beta_1 \text{PHY}_1 + \beta_2 \text{PSY}_2 + \beta_3 \text{BEHAV}_3 + e \quad (3)$$

In the third step, one more independent variable, behavioural stress(BEHAV) outcome has been added to the regression equation with the other two variables physical and psychological stress outcomes, in order to examine the direct and intermediate effect on the job performance of women doctors.

Table (a) Correlations

		JOBPERF	PHY	PSY	BEHAV
PHY	Pearson Correlation	.273**	1		
	Sig. (2-tailed)	.000			
PSY	Pearson Correlation	.371**	.515**	1	
	Sig. (2-tailed)	.000	.000		
BEHAV	Pearson Correlation	.300**	.193**	.125	1
	Sig. (2-tailed)	.000	.003	.057	
	N	231	231	231	231

** . Correlation is significant at the 0.01 level (2-tailed).

The table (a) depicts Pearson Correlation analysis between dependent variable Job Performance and independent variables Physical stress outcome, Psychological stress outcome and Behavioural stress outcome. The result reveals that all three independent variables, Physical stress outcome (27.3 percent), Psychological stress outcome (37.1 per cent) and Behavioural stress outcome (30 per cent) are significantly correlated with the dependent variable Job performance of Women doctors at 5 per cent significance level.

Table (b):Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.273 ^a	.075	.071	3.61194
2	.383 ^b	.147	.139	3.47589
3	.454 ^c	.206	.196	3.35963
a. Predictors: (Constant), PHY				
b. Predictors: (Constant), PHY, PSY				
c. Predictors: (Constant), PHY, PSY, BEHAV				

The table(b) shows the overall predictability or goodness of fit of the hierarchical regression model. The result reveals that all the three independent variables physical stress outcome, psychological stress outcome and behavioural stress outcome predict 20.6 per cent (R square value 20.6) variability in the job performance of women doctors.

In table 3.1(c), ANOVA test results show that the p.value (.000) of regression equation (1), regression equation (2), and regression equation (3) are lesser

than the significance level (0.05) at 5 per cent. So, the null hypothesis is not rejected. Hence, it reveals that all the independent variables have a significant relationship with the job performance of women doctors. Therefore, job performance of women doctors depends on independent variables namely, physical stress outcome, psychological stress outcome and behavioural stress outcome. However, it does not mean that all factors are significantly related with the job performance of women doctors.

Table (c):ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	240.702	1	240.702	18.450	.000 ^b
	Residual	2987.566	229	13.046		
	Total	3228.268	230			
2	Regression	473.616	2	236.808	19.600	.000 ^c
	Residual	2754.652	228	12.082		
	Total	3228.268	230			
3	Regression	666.098	3	222.033	19.671	.000 ^d
	Residual	2562.171	227	11.287		
	Total	3228.268	230			
a. Dependent Variable: JOBPERF						
b. Predictors: (Constant), PHY						
c. Predictors: (Constant), PHY, PSY						
d. Predictors: (Constant), PHY, PSY, BEHAV						

The regression coefficient analysis table (d) depicts the effect of all independent variables, physical stress outcome, psychological stress outcome and behavioural stress outcome on the job performance of women doctors. The hierarchical regression

coefficient result reveals that, in equation (1) the independent variable physical stress outcome has 27.3 per cent (beta 0.273) significant direct effect on the job performance.

Table (d):Coefficients^a

Model B		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		Std. Error	Beta			
1	(Constant)	14.550	2.226		6.536	.000
	PHY	.258	.060	.273	4.295	.000
2	(Constant)	9.653	2.415		3.997	.000
	PHY	.105	.067	.112	1.565	.119
	PSY	.240	.055	.313	4.391	.000
3	(Constant)	7.189	2.409		2.984	.003
	PHY	.064	.066	.068	.975	.331
	PSY	.233	.053	.305	4.415	.000
	BEHAV	.148	.036	.249	4.130	.000
a. Dependent Variable: JOBPERF						

In the second step, equation (2), another independent variable psychological stress outcome has been included into the regression model along with physical stress outcome. The result reveals that physical stress outcome has no significant direct effect on the job

performance, but it has an indirect effect on the performance of women doctors through psychological stress outcome. Psychological stress outcome has 31.3 per cent direct significant effect on job performance.

In the third step, equation (3), another independent variable behavioural stress outcome has been included into the regression model along with physical and psychological stress outcome. The result reveals that psychological and behaviour stress outcome have significant direct effect on the job performance of women doctors.

It is concluded from the hierarchical regression analysis that physical stress outcome has a direct effect on performance of women doctors, but when it is compared with the other two independent variables psychological and behavioural stress outcomes, it has no direct effect on the job performance of women doctors. It clearly depicts that physical stress outcome has an indirect (see table 2.1(a)) effect on job performance through psychological and behavioural stress outcomes.

Conclusion

In the modern age, stress management planning is a big business as we are now finding ourselves in the age of anxiety. Stress has a number of immediate effects (i.e. long-term behavioural, physical, psychological and cognitive), irrespective of gender. Many people have developed different ways for coping with stress, so that they are able to respond adaptively. The present study is focused on finding whether women doctors have stress and how the women doctors are coping with it physically, psychologically and behaviourally. The study also focused on the impairment that stress causes among women doctors with respect to workload, demands and challenges, problems in interpersonal communication, professional aspirations, and proneness to various addictions, environmental hazards, security issues, media phobia, legal threats, suicidal tendencies and family life where its outcomes have an effect on their job performance. The study found that women doctors are having more stress physically, psychologically and behaviourally at their working environment. The chi-square result reveals that there is a significant difference on level of stress (Physical, Psychological and Behavioural) among the women doctors. It is also found that psychological and behavioural stress outcomes have a direct significant effect on the job performance of women doctors. Further, it is found

that physical stress outcome has an intermediate effect on job performance through psychological and behavioural stress outcomes. It is concluded from the study that all the three, i.e. physical, psychological and behavioural stress outcomes have influence on women doctors' job performance. Much can be done to improve doctors' ability to cope with stress. Training in management skills would equip them for new managerial and administrative roles, whilst communication skills would improve doctor-patient interaction where they can deal with difficult clinical situations. Stress management skills would improve the way the doctors perceive sources of stress and enhance their coping repertoire. Other stress coping skills like emotional training and yoga can also be very supportive to women doctors. Rather than denying or ignoring stress that is being faced by them, women doctors have to make the stress combating mechanisms as a part of their day to day activities; otherwise it can act as an exterminator in terms of their performance personally or professionally.

References

- American Psychological Association. "Stress in America". *American Psychological Association*, USA. 2008.
- Bimal, B. "A Study of Family Stress Among Non-Working Married Male and Female: A Special Reference with Rural Area of Patna". *International Journal of Indian Psychology*. ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.008/20170402, ISBN: 978-1-365-68608-5. vol. 4, no. 2, P. 85.
- Chaudhuri, A., (et.al). "Effect of Progressive Muscle Relaxation In Female Health Care Professionals". *Ann Medical Health Science Research*, vol. 4, pp. 791-795.
- Dusek, JA., (et.al) "Long Term Effects of Stress Reduction on Mortality In Persons >55 Years of Age With Systemic Hypertension". *American Journal of Cardiology*. vol. 95, pp. 1060-1064.
- Greeson, JM. "Mindfulness Research Update". *Complement Health Practical Review*. vol. 14, pp. 10-18.
- Hamilton, S., & Fagot, BI. "Chronic Stress and Coping Styles: A Comparison of Male and Female Undergraduates". *J Pers. Soc. Psychol.*, vol. 55, pp. 819-823.

- Hashami, HA., Khurshid, M., & Hassan, I. "Marital Adjustment, Stress and Depression Among Working and Non-working Married Women". *Journal of Medical Science*, vol. 2, 2007, pp. 19-26.
https://www.researchgate.net/publication/266009755_Workplace_stress_among_doctors_in_government_hospitals_an_empirical_study [accessed Sep 25, 2017].
- Jacobson, E. "Progressive Relaxation". *University of Chicago Press*, Chicago. 1938.
- Kabat-Zinn, J. "Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress", Pain and Illness. *Bantam Doubleday Dell Publishing Group*, Inc, New York.
- Klarreich, SH. "Work Without Stress. A Practical Guide to Emotional and Physical Well-Being on the Job". Brunner/ Mazel Int, New York.
- Klinik Community Health Centre. "Stress and Stress Management". *Klinik Health Community Centre*, Canada. 2010.
- Muntazir, M., Neharshi, S., & Manju, P. "A Comparative Study of Mental Health Among Working Women and House Wives". *Indian Journal of Health and Wellbeing*, vol. 5, 2014, pp. 1398-1400.
- Neera Dhar, U., Datta., & Deoki Nandan. "Stress Among Doctors – A Review. Health and Population: Perspectives and Issues", vol. 31, no. 4, pp. 256-266.
- Nevin, S., Fatima, A., 2007, "A Study into the Effects of Stress on Women's Health". *Journal of Humanities & Social Science*, vol. 2, pp. 104-109.
- Patel, M. "A Study to Assessment the Effectiveness of Progressive Muscular Relaxation Therapy on the Stress Among Staff Nurses Working in Selected Hospitals at Vadodra City". *IOSR Journal of Nursing and Health Sciences*, vol. 3, pp. 34-59.
- Robbins, PR., & Sanghi, S. "Organizational Behavior" (11th edn.). *Dorling Kindersley*, India.
- Sanlier, N., & Arpaci, F. "A Study into the Effects of Stress on Women's Health". *Humanity and Social Science Journal*, vol. 2, no. 2, pp. 104-109.
- Selye, H. "The Stress of Life". *McGraw Hill*, New York. 1956.
- Stephen, R. "Organizational Behaviour". (8th edn.). *Prince Hall of India*, New Delhi. 1999.
- Swanson, NG. "Working Women and Stress". *Journal of the American Women's Medical Association*. vol. 55, pp. 76-79.
- Varvogli, L., & Darviri, C., "Stress Management Techniques: Evidence-Based Procedures That Reduce Stress and Promote Health". *Journal of Health Science*, vol. 5, pp. 74-78.