

Gender Difference and Marital Status in Organisational Role Stress Among Medical Doctors.

Dr Pia Muriel Cardoso.

DGO, MD, FICS, FICOG.

Research Scholar, Dept of Management Studies, Goa University.

Assistant Professor, Dept of Obstetrics and Gynaecology, Goa Medical College.

Tel: (0091)9823169350.

Email: pmcardoso30@yahoo.co.uk

Dr R. Nirmala. MBA, PhD.

Assistant Professor,

Dept of Management Studies, Goa University.

Tel: (0091)09923000060.

Email: nirmala@unigoa.ac.in

Abstract:

This research investigates the relationship between Gender, Marital Status and Organizational Role stress among medical doctors in Goa. Ten types of role stress were measured using ORS scale. The total sample of 454 was divided on the basis of Men and Women Doctors for gender analysis, and Married and Unmarried for Marital status. Two hypotheses were tested using t- test. Results revealed significant difference in Gender and Marital status analysis.

Keywords: Gender, Marital Status & Role Stress.

Introduction:

Medical doctors, as well as dentists, are known to be groups of people with high stress occupations, along with other professionals such as pilots, police and mine workers (Cooper et al. 1989). The inclusion of responsibility for “people” and the fact that every action they undertake has a powerful impact on human life offers sufficient evidence of high stress (Caplan et al., 1975; Antoniou, 2001). Stress can be understood as the physical, emotional and mental strain resulting from a gap in the person –environment fit. This has a three way relationship between demands on a person, the persons feeling about those demands and their ability to use resources to cope with demands made. (Richards C 1989). Moreover since doctors are continually evaluated by clients, patients and colleagues, errors are highly visible with high embarrassment and mental turbulence for patients as well as doctors (Payne and Firth- Cozens 1987).

Review of Literature

Doctors have been shown to have relatively high levels of occupational stress in comparison with other professionals. The proportion of doctors and other health professionals showing above threshold levels of stress has stayed at around 28%, compared to 18% in the general working population. (Firth-Cozens, 2003). Arguably, stress in medical professionals has potentially most serious consequences for the individual and the community. The doctor’s role in the community is central, being the ‘gatekeeper’ to a wide range of medical provisions and services. The stress and strain in medical professionals is likely to affect their work performance, including the quality of patient consultations and prescribing, as well as adversely affect their own personal and family life.

Challenges like patient overload, loss of autonomy, loss of respect, lower reimbursements, and bureaucratic red tape create a hostile environment for medical professionals that are so intense that three-fourths of doctors report having stress-related problems. Symptoms like fatigue, emotional burnout, marital and family discord, and even clinical depression regularly afflict more than half of doctors. The problems are so pervasive that 60% of doctors report having considered leaving the medical profession (Grenmy 2006). There is a paucity of survey research on stress in the medical profession in India. (Pestonjee, 1999). The relationship of marital status and role stress and coping has been studied by Chaturvedi (2009) who in his study of coping behavior of female teachers found that married teachers in the 40 to 60 years group cope better with job stress. In a study of doctors occupying any level of the social roles i.e. unmarried, or married, they did not differ significantly from each other in terms of experiencing role conflict. (Malhotra and Sachdeva 2005). Gabbard et al (1987) investigating the sources of marital conflict in the traditional marriages of male physicians with female non-physician spouses, demonstrated that the time spent away from the family was the second most important reason for conflict. Although research has begun to identify the major stressors for health professionals, the majority of this research has failed to differentiate between the stressors of men and women, assuming occupational stress for each is synonymous. When gender is addressed it tends to be as an afterthought rather than as a critical variable which is built into the research design. This omission in research must be seen against a backdrop in which women in medicine can be found in rapidly increasing numbers. Today, women make up over 50 per cent of those entering medical school (Audit Commission, 1995).

Little attention has been given to the question of whether these women share the same experience of occupational stress as their male counterparts. Hendrix et al. (1994) claimed that working women are affected by stressors which are common to both sexes, but also others which are unique to women. Following a review of the literature, Firth-Cozens (1990) reported that studies which have focused specifically on female doctors have revealed increased stress arising from prejudice, lack of role models and career conflict. Conflict between their work and personal lives seems to have been particularly stressful for female doctors. (Chambers and Campbell 1996), (Bynoe 1994) and Rout (1996). Females experienced more stress than males from visiting during adverse

weather conditions, fear of assault on night visits, finding a locum, the working environment, lack of emotional support at home, and dealing with friends or relatives as patients. A survey by Swanson et al. (1996) found lower stress and higher job satisfaction levels in female general practitioners compared to their male counterparts. Yet female consultants were found to experience more work-related stress than their male colleagues. Consultants were also reported to be significantly more stressed than GPs on sub-scales of "extrinsic stressors, concerns about management structure, working relationships and achievement". Swanson concluded women were still experiencing difficulties with career advancement in hospital medicine. These reports must surely have strong implications for the future of hospital medicine. The differential pressures and motivators for women doctors across medical specialties can no longer be neglected. This is particularly true in the light of recent studies revealing women to be more strongly motivated to study medicine and placing a greater value on teamwork, clinical responsibility and being valued by patients, than their male colleagues (BMA, 1992).

More recently, Parkhouse and Ellin (1988) have suggested that gender-linked stress can lead women doctors to make important compromises between their personal lives and careers. He reported that women are more likely than men to enter a specialty which is not their first choice. Many women encountered a stage in which they contemplated leaving the rigid structure of hospital medicine for the greater flexibility of general practice. (White 1997). This must surely have unfavourable implications for the future of hospital medicine. As Godley (1990) claimed, "women have proved their intelligence, competence and commitment. Those who have reached the top are justifiably proud of their success in a 'man's world'. But more should be done to remove the additional barriers to women in medicine and to make it as easy, or as difficult, as it is for men". By contrast, according to Dasgupta and S. Kumar (2009), male doctors are more stressed than female doctors in the areas of Inter-role Distance and Role Inadequacy. They also found that Role Overload is the most significant source of stress in hospital doctors. In Scotland, male doctors in a sample of dual career families of doctors, perceived their work as more stressful and less satisfying than females (Swanson and Power, 1999).

Hypothesis

H1 There will be significant difference between the stress level of married and single medical doctors in the organizational role stress.

H2 There will be significant difference between the stress level of male and female medical doctors in the organizational role stress

Methodology

The survey research design was utilized for this study. The sample for this study consisted of 454 doctors from Goa, consisting of public sector employees from Goa Medical College, Primary Health Centres and District Hospitals in Goa. The questionnaire was divided into two parts; the first part was designed to capture the demographic responses. The second part was the ORSS (Organizational Role Stress Scale) questionnaire. Gender difference was calculated by dividing the sample based on men and women doctors, while marital status was analyzed between married and unmarried doctors.

Tool

Organizational Role Stress (ORS) was measured with the help of an ORS-scale (Pareek, 1983). The scale comprises 50 items. The respondents rate each item as 0, 1, 2, 3 and 4 depending on the item's applicability to their organizational role (0 for rarely/not applicable and 4 for nearly always/very frequently applicable). The scale measures the following ten role stressors. The score for each role stressor (in the range 0-20) is obtained by adding the scores of five pre-assigned items.

1. **Inter-Role Distance (IRD):** is experienced when there is a conflict between Organizational and non-organizational roles.
2. **Role Stagnation (RS):** is the feeling of being stuck in the same role for long due to lack of opportunities or development.
3. **Role Expectation Conflict (REC):** arises out of conflicting demands originating from superiors, subordinates or peers.
4. **Role Erosion (RE):** arises when a role occupant feels that others are performing certain functions, which should have been a part of his role.
5. **Role Overload (RO):** is the feeling that one is required to do too much.
6. **Role Isolation (RI):** arises when a person feels that his role is isolated from the mainstream of organizational life.
7. **Personal Inadequacy (PI):** is created by the lack of adequate skills and the resulting inability to meet the demands of ones role.
8. **Self-Role Distance (SRD):** arises from a gap between one’s concept of self and the demands of his role.
9. **Role Ambiguity (RA):** is experienced when there is a lack of clarity about the demands of the role.
10. **Resource Inadequacy (RIN):** arises when human and material resources allocated are inadequate to meet the demands of the role.

Results:

H1: There will be significant difference between the stress level of married and unmarried medical doctors in the organizational role stress.

Table 1 reveals the mean, SD and t- ratio between married and unmarried medical doctors from the public sector. There is significant difference between the means of married and unmarried medical doctors except for RS, RE, RO, RI, & PI, Hence the first hypothesis that “**There will be significant difference between the stress levels of married and single medical doctors**” stands **partially confirmed** for IRD, REC, SRD, RA, RIN and TRS.

Role Stressors	Table 1: Role stress among married and unmarried medical doctors					
	Married N=245			Unmarried N= 209		
	Mean	S.D	n	Mea	S.D	t-ratio
IRD	9.05	2.746		11.09	3.528	6.925**
RS	9.07	3.776		11.64	3.536	7.490
REC	9.16	3.183		9.91	3.366	2.420*
RE	8.92	3.238		10.37	3.290	4.708
RO	8.64	2.444		8.97	2.229	1.527
RI	9.68	2.409		10.64	2.481	4.170
PI	10.39	3.718		12.41	3.632	5.842
SRD	9.22	2.548		10.08	2.905	3.331**
RA	7.48	2.886		8.32	3.347	2.871**
RIN	9.20	3.362		9.27	2.712	.225**
TRS	90.79	20.976		102.6	19.95	.617*

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* $P < .05$, ** $P < .01$

H2 There will be significant difference between the stress level of men and women medical doctors in the organizational role stress.

Table 2 reveals the mean, SD and t- ratio between men and women medical doctors from the public sector. There is significant difference between the means of men and women doctors except for RE, RI, and PI. Hence the second hypothesis that “**There will be significant difference between the stress levels of male and female medical doctors**” stands confirmed except for RE, RI and PI.

Role Stressors	Table 2: Test of significant difference of Gender and role stress among medical doctors					
	Male N= 233		Female N=221			
	Mean	S.D	n	Mea	S.D	t- ratio
IRD	8.64	2.776		11.76	3.150	-11.175**
RS	8.58	3.532		12.44	3.144	-12.326**
REC	7.95	2.443		11.26	3.242	-12.219**
RE	8.29	2.964		11.20	3.059	-10.299
RO	7.88	2.212		9.81	2.035	-9.636**
RI	9.50	2.465		10.94	2.305	-6.426
PI	9.27	3.130		13.82	2.962	-15.899
SRD	8.16	2.077		11.29	2.501	-14.490**
RA	6.71	2.667		9.22	3.150	-9.120**
RIN	8.91	3.420		9.57	2.512	-2.352**
TRS	83.83	18.463	1	111.3	13.45	-18.188**
				8		

* $P < .05$, ** $P < .01$

Discussion

The first hypothesis that “*There will be significant difference between the stress level of married and unmarried medical doctors in the organizational role stress stands confirmed except for RS, RE, RO, RI, & PI.*”

The Second hypothesis that “*There is a significant difference in the organizational role stress among male and female doctors*” stands confirmed except for RE, RI and PI .

This implies that there is a considerable difference in the level of role stress among men and women doctors. Women doctors have a higher level of role stress. Also unmarried doctors have more role stress as compared to married doctors. While this is consistent with earlier studies (Abrol 1990; Olsson et al., 1990), it is noticed that men compared to women deal more patiently amidst crisis (Thoits 1995). Women generally tend to lose concentration and reveal their feeling and usually seek emotional and social support (Thoits, 1995) More stress among unmarried officers may be owing to their comparative lack of security, resulting in higher self esteem, autonomy, and self actualization needs. It may often lead to clashes and interpersonal conflicts (Sen – 1981).

Conclusion

The results of the above study point to the fact that stress affects all categories of doctors irrespective of their sex or marital status. However the study reveals that there is considerable difference in the role dimension between men and women medical doctors. It is further noticed that women doctors experience higher role stress compared to the men doctors. Also the study reveals that unmarried doctors have higher role stress than married doctors. With the emerging economic crisis as more and more unmarried doctors and women doctors add to the medical workforce, it is imperative to formulate appropriate measures to support a stress free work life.

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