

Occupational Stress Among Doctors in Government Hospitals at Chennai

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Abstract

Human - service is the unique contribution for the wealth and health dimension of their living system. Due to changes in working system of hospital like mode of working pattern, intervention of technology at work places, level of competition, the career of Doctors occupation needs to contribute relentless service at work places. This working pattern leads to occupational stress among Doctors. The present study of stress of Doctors has been carried out with the objective to manage the outcome of occupational stress among Doctors working in government hospitals. In order to describe the framed objectives, the necessary hypotheses would be tested through selected statistical tools. The hypotheses have been framed and tested in the aspects of significant difference in the opinion of Doctors about their organizational performance and support, reasons for occupational stress, and its influences, impact of stress on personal, psychological and health grounds. The focus of the objective and testing the hypotheses, the necessary data has been obtained through primary and secondary sources. The obtained data from the sample size of 125 is analyzed and computed systematically. The emergence of substitution based medical practices shift the loyalty of patients from one service to multiple services. There is good evidence to show that doctors are at higher risk of stress than the general population.

Keywords – Working pattern – organizational performance –medical practices–loyalty of patients

Introduction - The ambition of every human being is to attain the desired wealth and luxury in their material life The Global Health Industry Classification Standard and the Industry Classification Benchmark divides the industry into two main groups: (1) Health care equipment and services and (2) Pharmaceuticals, Biotechnology and related Life Sciences. The most common way is face-to-face delivery, where care provider and patient see each other 'in the flesh'. Due to changes in working system of hospital like mode of working pattern, intervention of technology at work places, level of competition, the career of Doctors occupation needs to contribute relentless service at work places. This working pattern leads to occupational stress among Doctors. Both private and government hospitals offer various training and counseling program to Doctors in order to manage and reduce the level of occupational stress. In order to

understand the consequences of job-related stress towards the social life balance of Doctors in various hospitals irrespective of its size of operations, the researcher decided to organize a study in the title of “Occupational Stress among Doctors in Government Hospitals at Chennai”.

Statement of the Problem- Due to the fierce competition that prevails in the hospital sector, especially due to the participation of private and foreign investments; the Doctors are expected to focus on delivering more sophisticated services. In addition to that, the structure of service, delivery processes are also changed in terms of approach, attitude, time, and reporting, and dealing with technology. The present study has been designed and carried out to understand the occupational stress.

Factors Influencing Occupational Stress among Doctors

1. Doctors provide around-the-clock services to patients in hospitals, nursing homes, long-term care facilities, visiting old age homes as well as to clients using supportive and preventative programs and related community services. Work load, shift work, overtime, and covering for absent colleagues were the most common identified stressors.
2. Working with different patients, the Doctor’s feelings about life, interpersonal conflicts, managing the patients’ pain and the presence of the family also contribute to occupational stress.
3. Emotional exhaustion to Doctors and this leads to negative feelings towards their care. Anxiety, frustration, anger, feelings of inadequacy, and helplessness or powerlessness are emotions often associated with occupational stress.

Causes of Occupational Stress of Doctors

1. Doctors’ participation in teams, attendance during rounds and meetings, field trips, palliative work, providing counseling to patients and their families, and social services.
2. Conditions such as poor physical working conditions, overcrowding, noise, lack of proper ventilation, air pollution, reduced lighting, poor ergonomics and inflexible or unpredictable hours have been recorded as contributory factors.
3. Physical symptoms can include: headaches or backaches, muscle tension and stiffness, diarrhea or constipation, nausea, dizziness, insomnia, chest pain, rapid pulse, weight gain or loss, skin breakout (i.e. hives or eczema), loss of sex drive, and frequent colds.
4. Behavioral symptoms can include: eating more or less, sleeping too much or too little, isolating oneself from others, procrastinating, neglecting responsibilities, using substances (i.e. alcohol, cigarettes, or drugs) to relax, nail biting, pacing, teeth grinding, jaw clenching, overdoing activities (i.e. exercising or shopping), overreacting to unexpected problems, and picking fights with others.
5. A number of medical conditions are related to, or exacerbated by, stress and include: chronic pain, migraines, ulcers, heartburn, high- blood pressure, heart

disease, diabetes, asthma, obesity, premenstrual syndrome, musculoskeletal conditions, anxiety, depression, eating disorders, and substance abuse.

Review of Literature

S. Michie (2002)¹ in his research work titled ***“Causes and Management of Stress at Work”*** conceived stress as pressure from the environment, then as strain within the person. It is the psychological and physical state that results when the resources of the individual are not efficient to cope with the demands and pressures of the situation. The prevention and management of workplace stress requires organizational level interventions, because it is the organization that creates the stress. Success in managing and preventing stress will depend on the culture in the organization.

Kelly J Devers et al (2003)² in their study titled ***“Changes in Hospital Competitive Strategy: A New Medical Arms Race”*** described changes in hospitals' competitive strategies, specifically the relative emphasis on strategies for competing along price and non-price (i.e., service, amenities, perceived quality) dimensions, and the reasons for any observed shifts. However, there are important differences between the medical arms race today and the one that occurred in the 1970s and early 1980s: the hospital market is more concentrated and price competition remains relatively important. The development of a new medical arms race has significant research and policy implications.

Dhiraj Sharma (2004)³ in his study titled ***“Just a dose of healthcare statistics”*** examines the essential services of healthcare in growing society. The potential of health services sector is immense in India. People have confidence in healthcare products and services offered by private hospitals. The quality of healthcare has improved considerably with the availability of world class high-tech medical equipment and information technology. However, the low penetration of health insurance is limiting the growth of these world-class services.

Urmila Rani Srivastava (2010)⁴ in her study titled ***“Shift work related to stress, health and mood states: A study of Diary workers”*** found that that shift workers significantly experienced higher level of job and life stress, higher indices of negative mental health outcomes and variations in mood states as compared to day workers. The findings indicated that shift workers mood states such as anger, tense arousal and hedonic tone were significant predictors of mental health outcome.

Saif ur Rehman et al (2010)⁵ in their study titled ***“Stress in banker's life: Demands-Control Model as Predictors of Employee's activity participation”*** focused on the reliability and validity of job factors and analyzed their association with demands-control model and activity participation in two-time cross-sectional study of private and public sector commercial banks of Rawalpindi-Islamabad region. Findings

from current research suggested that control must be classified into (a) personal skill and ability to manipulate, (b) colleagues support in work activity, and (c) supervisory support to exercise power and assistance in carrying out work activity.

Kristy L. Keyock and Diane K. Newman (2011)⁶ in their study on *“Understanding stress urinary incontinence”* identified that under reported and undertreated, stress urinary incontinence leads to decreased quality of life in sufferers and financial burdens for both the patient and the healthcare industry. Doctors should understand their role in identifying, diagnosing, and treating the condition. Urinary incontinence (UI) is a growing problem that affects millions of people worldwide.

Hasson D et al (2013)⁷ in their research article in the title of *“Acute Stress Induces Hyperacusis in doctors with High Levels of Emotional Exhaustion”* explored if an acute stress will increase auditory sensitivity (Hyperacusis) in individuals with high levels of emotional exhaustion (EE). Women with high levels of emotional exhaustion become more sensitive to sound after an acute stress task. This novel finding highlights the importance of including emotional exhaustion in the diagnosis and treatment of hearing problems.

Research Methodology Objectives of the Study

1. To identify the factors that causes stress among Doctors in the different categories of hospitals in Chennai.
2. To understand the consequences of stress and that affects both the personal and professional life of Doctors.
3. To identify the health-related issues encountered by Doctors due to occupational stress.
4. To know the occupational stress management strategies adopted by Doctors at personal, family and organizational levels.

Hypotheses

1. There is no significant difference about frequent patient interaction and its influence on job stress among the Doctors based on their designation.
2. The impact of occupational stress due to personal, job related, economic, family related and psychological aspects do not differ significantly based on designation, marital status, type of organization, education and nature of family.
3. The changes in communication pattern and contribution to the job due to occupational stress do not significantly differ among the Doctors based on their designation and type of organization. The level of occupational stress among the respondents does not significantly differ based on the nature of their family.

Research Design - The research design of present study is descriptive and causal in nature since the study identifies the opinion of Doctors about their occupational stress and also source the impact of occupational stress on their job-related activities. The study has been carried out among the Doctors in various hospitals at Chennai.

Period of the Study - The study period ranges over the years 2017 to 2018. The review part of the study covers period from 2009 to 2014. The primary data collection was carried out between the periods from 2019 to 2021.

Study Population - The study of population of Doctors (men and women) in

Government Hospitals at Chennai. The population sources list for the present study has been obtained from the District Medical Office, Government Hospitals, Indian Medical Association (Chennai Chapter) and urban hospital centers.

Sampling Unit - The sampling units was so chosen as to cover Doctors belonging to different cadres and designations in government hospitals in the study location. The original sample size for the present study was determined through proportion during the time of pilot study as 250 but later due to the poor response among the selected samples and non-reach ability, the sample size for the present study has been limited to 125.

Sampling Design – For the present study, stratified disproportionate random sampling has been used. The required sample for the study has been taken from the government hospitals. The Doctors working in the hospitals have been taken from the existing designation levels like Professors, Surgeons, Assistant Professors, and Head of Departments.

Sources of Data - The required data for the study has been obtained from the both Primary and Secondary sources. The primary data required for the study has been obtained from the Doctors working in government hospitals, PHC, PHU, Municipal Corporation Hospitals from various, and designation levels with the help of a structured questionnaire.

The secondary data required for present study have been obtained through earlier research works, journals, magazines, periodicals, books, manuals obtained from the hospital sources and web related sources. The obtained secondary sources were helpful for framing the research problem, conduct pilot research, construct and evaluate reviews related to study, framing of questionnaire with apt scales for designing of the profile to hospital industry and occupational stress of Doctors.

Nature of Questionnaire - The questionnaire used for the collection of primary data from the Doctors in the selected study area was structured, pre-tested and constructive in nature. Reference International Journal of Nursing studies Vol 43, issue 7 Sep - 2006 pages 875-889 – occupational stress, job satisfaction and working environment among Icelandic Doctors: A cross sectional questionnaire Survey by Herclis Sveinsdottir, and Pall Biering Alfons Ramel(2006)⁸.

Tools Employed for Analysis - The socio-economic profile of Doctors like age, educational qualification, marital status, designation, monthly income, nature of family, family size, nature of location, number of children, type of organization employed and total experience have been analyzed with the help of simple percentage analysis. The career profile of the respondents and their opinion about the purpose of choosing the career like reason, influence to choose, ability to optimize the career, career wisdom and opinion about their present organization and its working background have been analyzed with the help of cross table. The satisfaction of respondents about their career output, delegation, job rotation and level of stress management have been analyzed. The analysis of variance has been applied to verify and test the opinion of Doctors about the sources of occupational stress related to personal, job related, economic, family and psychological with the help of type of organization and nature of occupation. The causes of occupational stress and its consequences have been analyzed with the help of garret ranking. The opinion about the impact of occupational stress in terms of personal,

work related aspects, economic and social aspects and health related factors have been analyzed. The managing of occupational stress in terms of personal, organizational and psychological aspects has been analyzed with the simple percentage analysis.

Results and Discussions - The collected responses through structured questionnaire has been edited, coded and tabulated for studying the personal profile of Doctors, their career profile and reason for choosing the medical career. The opinion about occupational stress, causes, factors influencing stress and its impact is also tested for its significance based on the factors like type of organization, nature of job; marital status and age, independent sample T-test have been used for this purpose.

TABLE 1

SL. NO.	PARTICULARS	NUMBER OF RESPONDENTS	PERCENTAGE
Age Category of the Respondent			
01	23 TO 25 years	11	08.8
	26 to 30 years	17	13.5
	31 to 35 years	20	15.4
	36 to 40 years	19	15.2
	41 to 45 years	18	14.7
	46 to 50 years	35	28.0
	50 and above	05	04.4
	TOTAL	125	100
Educational Background of the Respondents			
02	UG (MBBS)	06	05.0
	UG+DIPLOMA	18	14.0
	PG	49	39.0
	FELLOWSHIP	35	28.0
	DOCTORATE	17	14.0
	TOTAL	125	100
Marital Status of the Respondents			
03	Single	33	26
	Married	74	59
	Others	18	15
	Total	125	100
Designation of the Respondents			
04	Duty Doctors	22	18
	Assistant Professors	27	22
	Professor	41	33
	Surgeons	25	20
	Head of Departments	10	07
	Total	125	100
Monthly Income of the Respondents			
05	Less than 50k	13	11
	51k to 75k	35	28

	76k to 100k	40	32
	101k and above	37	29
	Total	125	100
Nature of Family Respondents			
06	Nuclear	60	48
	Joint	65	52
	Total	125	100
Family size of the Respondents			
07	Less than 3 members	40	32
	4 to 7 members	42	34
	Above 7 members	43	34
	Total	125	100

Age and Educational back ground of the Respondents - The influences of Age Vs Stress significantly differ. In order to understand this aspect, the age background of Doctors working in different categories of organization in the study unit has been collected. Antoniou et al (2006)⁹. The age composition of doctors in the selected study area, Percent of the Doctors in the age category of 23 to 25 years is 8.8 percent, Percentage between the age category of 26 to 30 years is 13.5, Percentage between the age category of 31 to 35 years is 15.4, Percentage between the age category of 36 to 40 years is 15.4, Percentage between the age category of 41 to 45 years is 14.7, Percentage between the age category of 45 to 50 years is 28.0, Percentage between the age category of 50 and above is 4.4,

Based on the level of education, the ability to manage work related issues will differ among the individuals. In order to verify the influence, the educational background of Doctors have been collected and analyzed in the study. Sliskoric and Sersdic (2011)¹⁰ Highlights of the educational background of the respondents are 5 percent of the respondents are having degree qualifications, 14 percent have degree with diploma background, 39 percent are having Master Degree qualification, 28 percent have fellowship qualifications and 14 percent have Doctorates as their qualifications. These results are supported by the findings of the study conducted by Antoniou et al (2006), Sliskoric and Sersdic(2011)

Marital Status and Designation of the Respondents - The marital status also influences the psychological background of the individuals. The personality, perception and attitude undergo changes in every individual after marriage. It causes different form of stress due to the imbalances of family, social, environmental and organization dimensions. In this aspect, the marital status of Doctors has been studied Riedel et al (2001)¹¹. The details of the marital status of the Doctors' in the selected study area is 26 percent of the Doctors are not married, 59 percent are married and 15 percent are in the other status like widow, divorce and so on.

In order to verify this aspect, the designation background of the Doctors has been taken for the study. Quick and Quick (1984)¹². This describes the designation background of Doctors in the selected study belong to government hospitals. 18 percent

of them are working as duty Doctors, 22 percent are as Assistant Professors, 33 percent are serving as Professors, 20 percent are as Surgeons, and 7 percent are in the status of Head of Department. These findings are supported by the study conducted by Riedel et al (2001), and Quick and Quick(1984).

Monthly Income of the Respondents - Income helps to attain materialistic status in life and acts as the instrument for self and family management. Finding the sources of income also contribute to stress. By keeping this view, the income background of Doctors' has been analyzed in the study unit. Fauzia Khurshid et al. (2011)¹³. The brief the monthly income status of the respondents is 11 percent of the respondents are getting the monthly income less than Rs.50000, 28 percent receive the income between Rs.51000 to Rs.75000 and 32 percent receive the income between Rs.75000 to Rs.100000, 29 percent obtain more than Rs.100000. These findings are in parallel with the study conducted by Fauzia Khurshid et al.(2011).

Nature of Family and number of children of Respondents - Depending upon the nature of family, the responsibility level, system of sharing, acquiring wealth and welfare differs and it also brings different categories of pressures. Based on the response obtained from the families; an individual can manage work place situations. Greenhaus and Beutell (1985)¹⁴. This pattern portrays the nature of family of the Doctors in the selected study area. 48 percent of them are in joint family category and 52 percent are in nuclear family category.

The role of family members also influences an individual at the family and at the occupational level. In order to understand this aspect, the family sizes of Doctors have been analyzed. O'Connor (2006)¹⁵. The family size of the respondents are 32 percent have less than 3 members in the family, 34 percent have 4 to 7 members and 34 percent have more than 7 members in their family.

The number of children in the family is also reflected at their work places in the form of poor concentration and occupational stress. By keeping this view, the number of children of Doctors in the study unit has been reviewed. Bailiey (1985)¹⁶. The number of children of the respondent is 9 percent do not have children, 23 percent have one child, 46 percent have two children and 22 percent have more than three children. These related studies conducted are supported by the findings of Greenhaus and Beutell (1985), O'Connor (2006) and Bailiey (1985).

Nature of the Location and Type of organization employed - It is also an important factor for the cause of work place and job-related stress among the individuals. In this aspect, the nature of Geographical location of doctors has been reviewed for the study. Grant (1991)¹⁷. The nature of location of the Doctors in the selected study area is 42 percent of them belong to urban background, 40 percent belong to semi urban base and 18 percent are in the rural background.

The type of organization brings different form of working environment and working condition which changes the contribution and attitude of employees at work places. It leads to different form of stress among the individual. In this aspect, in order to know the occupational stress difference among the Doctors, the details of types of

organizations employed by them have been analyzed. Griffiths (1998)¹⁸. Regarding the respondents' employment related to type of hospitals, from the table 5.10 it is observed that 36 percent are working in private hospitals, 39 percent in government, 16 percent in public health care centers and 9 percent in funded hospitals in the selected study area. All these results are supported by the results of study conducted by Grant (1991), and Griffiths (1998)

Total Experience of the Respondents - Experience is the cultivating channel for individual development. In addition, it is the factor that helps the individual to especially manage occupational related stress with suitable strategies. To review this aspect, the background of experience of women nurses working in different categories of hospitals in the study unit has been analyzed. *Velnampy (2008)*¹⁹. The total experiences of the Doctors, working in different categories of hospitals in the selected study area. 11 percent have less than 5 years of experience, 21percent have 06 to 10 years of experience, 18 percent have 11 to 15 years of experience, 28 percent have 16 to 20 years' experience, and only 22 percent have 16 to 20 years of work experience. All these results are supported by the results of study conducted by *Velnampy (2008)*.

Opinion about the changes due to occupational stress - The responsibility level of job, nature of job, type of work, hours of stretched work, individual contribution, support of family, economic status, prevailing working condition, age, gender, marital status are also aspects which have more influence on occupational stress. In order to verify these aspects among the Doctors, the following table has been designed. *Lazarus and Folkman (1984)*²⁰, *Murphy and Schoenborn (1987)*²⁰. The respondents' opinion about the psychological changes due to occupational stress is 36 percent opinioned changes in their attitude, 31 percent experience of changes in conflict, and 24 percent have changes in their level of personality and 9 percent experience exchanges in their motivational levels due to occupational stress. These results are supported by the results of study conducted by *Lazarus and Folkman (1984)*, *Murphy and Schoenborn (1987)*

Managing of Occupational Stress - The way of managing the stress is influenced by individual attitude, value proposition, perception, personality and situation needed to be managed, for which the strategies employed by various individuals also differ at personal, organizational, and psychological levels. *Craig and Hancock (1996)*²¹. 83 percent manage by meditation, 89 percent by yoga, 72 percent by mind diversion, 79 percent by exercise, 69 percent by counseling and 31 percent by therapies. In organizational level, 48 percent of the respondents manage occupational stress by medical counseling offered by organizations, 81 percent by workshop/training, 39 percent by sabbatical leave, 73 percent by Mediclaim and 69 percent manage by job rotation.

Table II

Sl. No	Particulars	Number of Respondents	Percentage to Total
Nature of the location of the Respondents			
01	Urban	53	42
	Semi Urban	50	40
	Rural	22	18
	Total	125	100
Number of Children of the Respondents			
02	None	11	09
	One	28	23
	Two	58	46
	Three	28	22
	Total	125	100
Type of Organization Employed			
03	Government	45	46
	Public Health Centers	48	39
	Public Health Units	20	16
	Municipal Corporation	12	09
	Total	125	100
Type of Experience of the Respondents			
04	Less than 5 years	13	11
	6 to 10 years	26	21
	11 to 15 years	22	18
	16 to 20 years	36	28
	More than 20 years	28	22
	Total	125	100
Option about the changes due to Occupational Stress			
05	Personality	30	24
	Attitude	45	36
	Level of Motivation	12	09
	Conflict	38	31
	Total	125	100

The managing of occupational stress by the respondents based on psychological balance, 92 percent manage by personality reshaping, 43 percent perceptual change, 56 percent by attitude formation, 89 percent by self-motivation, 93 percent by relationship management and 84 percent manage by new learning avenues. These findings are in parallel and supported by the results of study conducted by *Craig and Hancock(1996)*.

Motivational instrument to choose the medical career based on the educational background of the respondents - The motivational sources behind the reason for choosing the Doctors' career are influenced by family, self, friends, relatives and existing

employee sources. The choice of Doctors career is also highly influenced by the possession of educational qualification. In order to understand the influence of educational background for choosing the Doctors' career the following table has been designed and interpreted. *Salami (2002)*²². The motivational sources for the Medical profession to choose the Doctor based on their educational background. 7 percent of the respondents with the educational background of degree chose the career due to their self-interest, 6 percent due to the influence of friends and relatives, 6 percent due to family and 4 percent through the sourcing of employees in the sector. 5 percent of the respondents with the educational background of degree + diploma influenced by their family, 8 percent due to self-interest, 7 percent due to friends and relatives and 4.8 percent through employees in present jobs. These findings are supported by the study conducted by *Salami(2002)*.

Types of Stress Encountered by Respondents based on Age Category - Doctors' profession is the kind of relentless service where the encounter of stress in job is highly influenced by age. In order to understand this impact, the types of stress encountered by Doctors' based on their age have been analyzed. *Gmelch et al (1986)*²³.

The types of stress encountered by the Doctors based on their age category are 4 percent of the respondent in the age group of less than 25 years encounter physical stress, 3.2 percent psychological and 4.5 percent encounter both physical and psychological stress. The respondents in the age group of 26 to 30 faces stress as follows, 6.4 percent face both physical and psychological, 6 percent psychological and 4.8 percent physical. In the age group of 31 to 35, 4 percent face physical, 7 percent psychological and 8 percent both. 7 percent of the respondents in the age group of 36 to 40 both suffer physical and psychological stress, 7 percent physical stress and 8 percent psychological stress. Regarding the age group of 41 to 45, 6 percent encounter due to both physical and psychological stress, 6 percent psychological and 8 percent due to physical stress. 9 percent of the respondents in the age group of 46 to 50 encounter stress due to both physical and psychological reasons and 8 percent in the age group of above the age group of 50 also encounter stress due to the same reasons. These findings are supported by the results of study conducted by *Gmelch et al(1986)*.

Realization of Occupational Stress based on the Age Category of Respondents - Age is the factor which invokes different situations for encountering the stress. The realization of occupational stress based on age is also influenced by nature of job, time and duration of work, outcome and methods of performing job. *Kahn et al (1964)*²⁴. The realization of occupational stress by the respondents based on their age category is the respondents less than age category of 25 realizes the stress as follows. 6 percent due to inconvenient working hours, 6 percent due to shift system, 3 percent due to dead line work pressure, 4 percent attributed with family remembrance and 3 percent due to heavy work place complaints.

Regarding the public health care centers, 6 percent manage occupational stress through redesigned working hours, 5 through peer group sharing, 7 percent through periodical training, and 7 percent through counseling. 7 percent of Doctors in funded hospital manage occupational stress through redesigned working hours, 5 percent through peer group sharing and 4 percent through periodical training. These findings are

supported by the results of study conducted by *Kahn et al(1964)*.

Findings - Demographic Profile of Respondents Regarding the age category of Doctors in hospital sector, it is found that 8.8 percent of Doctors are in the agegroup of less than 25 and only 4.4 percent are above the age group of 50. Since the sector induct moderate age group in recent years, the role of maturity and age play significant role. It is found the educational background of Doctors' in the study location; 5 percent have degree qualification and only 39 percent have post-graduation background. It is found that the qualification of specialized hospital courses helps the Doctors to equip themselves on technical aspects.

It is found the monthly income of Doctors that 11 percent are earning less than Rs.50,000 and which may cause economic insecurity for them and leads to the part of occupational stress. Regarding the nature of family of Doctors in the selected study location, 52 percent live in joint family and 48 percent in nuclear family. The constitution of family system as a nuclear may bear additional responsibility that may lead to work life imbalances for Doctor's. It is also found that 34 percent of respondent have 4 to 7 members in their family and nearly 34 percent have more than 7 family members. Regarding the caring responsibilities it is found that almost 39.9 percent have one to two children.

It is found that 42 percent of Doctors belong to urban background and 18 percent belong to rural base of residential location. Regarding the type of organization of Doctors, 36 percent employed in private hospitals and 39 percent in government hospitals. The employment avenues for Doctors are higher in private hospitals than other forms like government, public health. It is found that 21 percent of Doctors have 6 to 10 years of work experience and 18 percent have 11 to 15 years of experience. It is also found that only 28 percent have 16 to 20 experiences. 11 percent have less than 5 years of experience and it may be a reason for encountering occupational stress due to lack of experience in the category of less than 5 years. Regarding the changes due to occupational stress among Doctors, 36 percent find attitude changes, 24 percent observe personality changes and 9 percent feel change in the level of motivation. It is found that the major changes due to occupational stress among Doctors are psychological aspects. In the category of Duty Doctors 4 percent chose for growth in career and 2 percent chose with service mind. Regarding Assistant Professor 2 percent chose for service attitude and 8 chose for ambition. 3 percent of professor chose with service mind and 7 percent for ambition and whereas at Head of the Department level 2 percent choose Doctors profession for ambition. Majority of Doctors chose the career for growth.

The causes of occupational stress, from the application of garret ranking it is found that survival is the major cause, psychological background and economic factors are the others and whereas work related factors are lesser one among the Doctors. It is found that work affinity is high among Doctors. It is found that the impact due to status in society on occupational stress significantly differs among Doctors based on their designation. It is also found the impact of occupational stress due to temporary disablement, mild diseases, major health hazards and ruts out due to health dimension significantly differ among Doctors based on their marital status.

Suggestion to Medical Fraternity

1. The psychological changes are required among Doctors especially in terms of personality grooming, perceptual and attitudinal moderations.
2. The participative and collaborative approach towards work and work places are needed among Doctors to manage occupational stress.
3. The feeling of pride being an occupant of nursing community helps them to attain the social image and that will help to establish the character of self-management.
4. The spouse counseling helps the Doctors to make their counterpart to understand their work place issues and gain exposure. It helps them to share their emotional feelings. It reduces the level of work stress.

Suggestions to Families

1. The understanding of work place issues encountered by Doctors should be realized by family members and proper moral support should be extended.
2. The frequent interaction and emotional sharing should be followed by family members.
3. The climate of personal faith and individual care should be expressed by the family members towards Doctors.
4. Responsibility sharing attitude by the spouses help Doctors to enhance their confidence level at family and as well as at workplaces.

Suggestions to Hospitals

1. The job place autonomy should be given for Doctors that will make them to act with identity at workplaces.
2. The motivational program on special pay, allowances, compensation schemes, health insurance schemes may be constituted at hospitals.
3. Flexible working hours with frequent job rotation help the Doctors to face work heterogeneity.
4. If mandatory, they should be trained abroad by the management, on advanced treatment for various cropping diseases like – MERS, EBOLA and so on.

Conclusion - The patient relationship management has become an imperative tool in present day hospital services. The emergence of substitution-based medicine practices shifts the loyalty of patients from one service to multiple services. We must remember that doctors need to nurture themselves, address their own spiritual needs and engage in self-care practices, in order to be able to give their best to patients. Peer support and a sense of community are important. Sometimes, doctors feel that their problems cannot be understood by people outside of the profession, therefore developing and maintaining a professional network is valuable.

Medical Practice, thus adding to a sense of professional isolation in India may need to follow in the footsteps of other countries e.g. Australia and Britain in developing multi-faceted support services for doctors under stress. Although the current study provides an improved understanding of the stress sources among the doctors of Government, private hospital and multispecialty nursing homes in Chennai, Tamilnadu; yet there is a room for more in-depth study of the sources of stress among doctors of public and private hospitals across the entire country. Further research can also be done

for exploring the coping strategies for stress among doctors. We quote a wise and insightful comment from Firth-Cozens 'Getting things right for patient's means first getting things as good we can for those who deliver their care.'

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