CHAPTER SIX

6. CONCLUSION

6.1 Introduction

The main objective of this study was to understand the impact of Workplace Stressors on Medical Doctors in Goa. The results indicated that the stress phenomena may be an important component of a medical doctor’s organizational life. On the basis of the outcome of this research, the results yielded, and their interpretation; it would seem reasonable to conclude that the conceptual schematization that laid the foundation for the study held reasonably well. The research model consisted of three broad categories of variables.

- Study of Demographic Variables and their impact on Organizational Role Stress.
- Study of Organizational Variables and their impact on Organizational Role Stress.
- Study of New variables such as Organizational Citizenship, Social Responsibility, and Job Engagement and their impact on Organizational Role Stress.

The earlier chapters have given a detailed account of the results of the data analysis followed by appropriate interpretations of the hypotheses. While some results have supported the postulations, other results conformed to the hypotheses partially. In this chapter we will draw conclusions derived from the study along with their theoretical and practical implications.
6.2 Conclusion

In Chapter Four we confirmed that Organizational Role Stress decreases with increase in Age except for Resource Inadequacy. This can be due to two reasons based on research. Medical doctors grow with age and as individuals develop broader and wider perspectives to life; this enables them to handle the propensity of stress maturely and logically. Hence a higher level of age reflects the implication of maturity and the ability to handle stress effectively (Birren, 1969; Srilatha and Harigopal, 1985). Yet in another study, it is seen that coping with stress improves, and stress reduces as individuals increase in age (Srivastav, 2006). While age conforms to a similar relation in reducing stress, as one advances with age, it is logical that Resource Inadequacy is the outcome of lack of resources and hence needs to be resolved by providing the right infrastructure. Along with age and maturity one has a lower propensity to blame other and take responsibility for medical actions.

It was revealed that Female medical doctors had significantly higher levels of Organizational Role Stress compared to the Male medical doctors. While it is noticed that male doctors have more control over their decision making and emotions, it is also a known fact that they are able to accept situations logically and handle stressful situations more effectively that female doctors. Female medical doctors on the other hand utilize emotional and social networks or at times lose concentration and have less control on the situation (Abrol, 1990; Olsson, Kandolin, & Kauppinen, 1990; Vingerhoets & Van Heck, 1990 & Thoits, 1995). While some of the stressors are common to both genders, there are some pressures and demands that are uniquely associated with women employees. The finding suggests need for strategic alignment to enable a manageable level of stress among women.
Yet in another hypothesis it was confirmed that there was a significant difference among Married and Unmarried medical doctors except for Role Overload and Resource Inadequacy. While this hypothesis was not fully supported we can certainly draw a few inferences for the effective reduction of organizational role stress. Earlier research suggests that higher stress among unmarried individuals may be owing to their comparative lack of security resulting in higher self esteem, autonomy, and self actualization needs (Sen, 1981; S.Kumar, 1989). This could also be due to the fact that they do not have emotional support normally received from the home front. While the results are not fully confirmed, we could use the study to help and train unmarried medical doctors to work in stressful medical practice through utilization of a cross cultural team and a heterogeneous work force.

It was revealed that Doctors married to Doctors experienced higher Organizational Role Stress, compared to Doctors married to Non-doctors. Demands of medical work have an adverse impact on marital relationships and family life (Gabbard et al., 1987). The needs or demands of the patient, and a “patient-first” work ethic culture tend to take precedence over the needs of the doctor, and his or her family. This is less likely to occur in other professions not involving patients. Work demands during ‘home’ or family time was a major source of conflict for dual-career doctors, mentioned more frequently by males than by females. In this sense ‘spillover’ of work role or being “on-call” was perceived as a source of stress which may be compounded where both partners have heavy work demands, as in the medical profession (Swanson & Power, 1999). One possible reason for such an incidence is the pressure of being “On Call” that leaves a lot of the day to ambiguity and uncertainty. This leads to less time for family and children and thus adds to frustration and inability to meet ones expectations. However this construct needs further investigation and study.
In this study we investigated three new variables and their impact on organizational role stress. The variables studied were Organizational Citizenship Behavior, Social Responsibility and Job Engagement.

The hypothesis that Organizational Citizenship Behavior (OCB) helps in reducing organizational role stress in medical doctors stands confirmed except for Resource Inadequacy. While OCB is a recent development in the academic world it has become imperative to notice the impact it has made in the sustainability of an organization. OCB represents “individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and in the aggregate promotes the efficient and effective functioning of the organization” (Organ, 1988). Research suggests that OCB is consistently related to organizational effectiveness (Podsakoff and MacKenzie, 1997). It is noteworthy to learn that medical doctors in this study have responded positively to the need for organizational citizenship behavior and this in turn has led to lowering the level of organizational role stress. While this behavior cannot be forced upon individuals it implies that encouraging such behavior through informal interaction would enhance the outcome for the medical doctor as well as the medical industry. Personal discussion with doctors revealed that individual with a strong sense of citizenship thrived on reaching out to colleagues, work teams as well as patients and thus enjoyed contributing.

The hypothesis that Social Responsibility helps in reducing organizational role stress in medical doctors stands confirmed. Individual Social Responsibility is at the root of corporate social responsibility, because a corporate comprises of individuals and hence determines the social responsibility culture it creates. Individuals are becoming more socially responsible and, in response to this corporations and companies need to become more socially responsible to meet consumer demands. The medical fraternity should encourage individual doctors to be trained during their studentship including internship to be experientially responsive to
social issues relating to the medical set up. Such training will not only offer individuals an opportunity to harness the need for responsibility but will gradually build a community which reflects the true nature of corporate social responsibility – a concept that can only take life secondary to collective individual response. Personal discussion within the doctor’s community revealed that social responsibility leads to a sense of achieving respect and motivates younger doctor in following role models.

**The hypothesis that Job Engagement helps in reducing organizational role stress in medical doctors stands confirmed.** While this is one of the “hottest topics in management”, getting employees engaged is one of the greatest challenges faced by many organizations (Welbourne, 2007; Frank et al., 2004). Currently it has been considered as the main contributor in gaining a competitive edge (Saks & Gruman 2010). Fully engaged employees enjoy and love their work and maintain good levels of energy and connection with their work. (Schaufeli & Salanova, 2007). The challenge today is to pick up candidates with passion during interviews and support medical doctors with time and effort to establish their role in the profession. This can be achieved through informal as well as formal interventions. Individuals should be supported in investing their full energy in the work activity (Saks & Gruman, 2011).

**Higher Length of Service reduces Organizational Role Stress, stands confirmed except for Role Isolation and Resource Inadequacy.** It is imperative to note that medical doctors with higher length of service are normally more experienced and are in a position to handle stressful situations in a better manner. Earlier studies conform to these findings (Pelitt, 1973; Richardson & Stanton, 1973; Nahta, 1980; Sen, 1981; Surti, 1982; Gupta, 1988). It would be appropriate to harness and offer demanding roles to people with higher length of service to make optimum use of human resources. Younger medical doctors hesitate to take decisions in cases of emergencies, while as doctor employees increase in length of service there is more confidence and responsibility seen in handling difficult medical
cases. Personal interaction revealed a number of junior doctors expressed comfort with a senior doctor supporting them in taking difficult major decisions.

**The hypothesis that a higher level of Work Climate leads to lower levels of role stress is confirmed except for Role Stagnation.** Based on the above study it is important to increase the support from peers and superiors to employees and help medical doctors to deal with stressful situations with the aid of work climate initiatives. Earlier research has confirmed that initiatives aimed at reducing and preventing stress that have focused on improvements to the work and organizational environments seem to have met with some success (Clarke, 2000; Cox & Cox, 1991; Cox & Flin, 1998). Heterogeneity of role stress confirms that there cannot be one uniform solution/intervention which holds good for the organization as a whole. More likely what would be profitable is a tailor made and specific solution/intervention for different parts of the organization (Srivastav, 2010).

### 6.3 Implication of the Study

Based on the above results and findings, there are a number of recommendations that could help in the reduction of organizational role stress among medical doctors. In the chapter on demographic variables, medical doctors with lower age group, female doctors as well as unmarried doctors experience higher organizational role stress. The medical organization can take appropriate steps in nurturing doctors with tools and techniques to combat organizational role stress. This could be achieved through systematic training embedded in the curriculum of medical study, further supported by counseling and mentoring possibilities that can support grooming of medical talent and unleash it for a bigger social contribution. Appropriate training programs need to be conducted from time to time for the competency mapping of younger doctors to meet present day requirements. Such programs will not only
mould their attitude but also assist them in choosing their field of work, and path of career progression. Secondly having noticed the recent entry of women doctors into the field of medicine in large numbers, the medical human resources body could re-establish links with work-life balance especially for the women doctors who have a higher responsibility for child bearing and child development.

There is currently a practice of offering maternity as well as child care leave to the female medical doctors in Goa, yet a future strategy needs to be formulated for effective support in order to reduce organizational role stress. Special emphasis could be offered to timings of work; support teams in case of emergency, so that “On – Call” duties could be assisted with group intervention rather than depend on just a few individuals. The public healthcare sector should be open to offering the best environmental support to doctors, especially in the form of the essential instruments and job equipment, easy availability of drugs and medications, good service conditions and superior support. This will in turn increase the receptivity of the employed doctors and lead to higher retention and productive output. Initiatives aimed at reducing and preventing stress that have focused on improvements to the work and organizational environments seem to have met with some success, but a new strategy would require organizations to take a highly participative approach with high quality appraisal, personal development, and other modern human resource management techniques.

There is need to develop a systematic approach to primary prevention of stress involving better teamwork and leadership training, career counseling and education about errors, backed up by a secondary service strategy providing coaching, counseling and psychotherapy. Employers should encourage and integrate coping strategies in the lives of the doctors by offering training packages, refresher courses or seminars that encourage them to explore the various options available to deal with
stress. As stress has become endemic in medical practice it should be tackled as a mainstream element of management and an essential part of patient safety.

In the organizational coping strategies, variables such as Organizational Citizenship, Social Responsibility, and Job Engagement emerged as contributory factors in lowering the level of organizational role stress among medical doctors. Organizational Citizenship, Social Responsibility and Job Engagement are strongly driven by the altruistic perspective of medical doctors. These can be augmented by placing visible role models, communicating ethical expectations, providing training and rewarding ethical acts. An ethical climate in a way reinforces the desire for Organizational Citizenship Behavior, Social Responsibility and Job Engagement.

The results of this study further the evidence that the impact of demographic as well as organizational factors such as Organizational Citizenship, Social Responsibility, and Job Engagement is significant. The study reveals that organizational role stress decreases as medical doctors advance in age. Married doctors experience lower role stress compared to unmarried doctors, and male doctors experience lower organizational role stress as compared to female doctors. It is imperative to note that organizational factors such as Organizational Citizenship Behavior, Social Responsibility, Job Engagement, Length of Service and Work Climate help in reducing role stress

6.4 Directions for Future Research

While this study was conducted among public sector medical doctors in Goa, the outcomes of the study would certainly bear more relevance with the inclusion of other variables in a larger sample across India. It would also be helpful to study the impact of cross-functional industries and thereby make a comparative analysis.
The current study resulted in various findings which have been interesting as well as relevant. However in utilizing a wider sample base as well as cross-functional areas would help in refining new research response to help theory building. Secondly this study revealed results using different factors individually. A complex multivariate methodology would offer distinctive findings, especially on the impact of the various variables studied so far. This in turn would help resolve issues relating to multi-collinearity.

The new variables studied such as Organizational Citizenship, Social Responsibility, and Job Engagement could be further tested for scale refinement as well as comparing them with their impact on role stress in other industries.

Amidst the limitations, the outcomes of this study have been interesting as well as encouraging.

The results could certainly help practitioners to design appropriate measures to help reduce the impact of organizational role stress in the medical profession. The outcome of this study have been encouraging as far as the objective of stress reduction is concerned and practitioners, policy makers and employers need to further work on developing practical programs for implementing the findings of this study.

While the focus of this research was to study the different levels of demographic and organizational factors on role stress, interaction effects between different independent variables could be decided along with a focus on moderating influence on organizational role stress. Special initiatives could be taken in the medical industry to promote and design quality of worklife for doctors, especially for women doctors.