Chapter - IV

Discussion of Results
CHAPTER-IV

DISCUSSION

Essentially an organization rests on these elements, the structure of the organization, the process, and attitudes (of the people). Each element affects each of the other two and gets affected by them in turn, thereby forming an integrated whole. The contemporary turn in organization behaviour research is focussed on ingredients both personal and organizational. As mentioned in the previous chapter, the present endeavour aimed at studying the Occupational stress and Work Alienation as related to Quality of work life Among Clinical and Non-clinical Medical professionals, and hence explore the relationship among two sets of variables viz, personal and occupational/organizational. A group of 200 medical professionals from two streams of specialization viz, clinical and Non-clinical comprised the sample for the present study. Although no formal hypotheses were formulated; certain questions were framed to find the answers and certain assumptions were made to test for eg. it was assumed that clinical and non-clinical groups will differ so far as the Occupational stress and work Alienation is concerned owing to the fact and logic that the characteristics and job demands of the clinical professionals and different from that of non-clinical ones, which make them (clinical doctors) especially vulnerable to stress as an extreme preoccupation with work may result in acute individual distress sometime to the unique Japanese phenomenon of Karoshi or death by over work. But
simultaneously the medical professionals from clinical stream may feel more self reliant. It has been observed that self reliant people respond to stressful, threatening situations by reaching out to others appropriately; and are confident, enthusiastic and persistent in facing challenges (Nelson and Quick 1990). Hence it was logical to assum that large clinical medical professionals are over worked/stressed, but their level of work alienation could be much less as compared to the non-clinical group of doctors. In contrast, work alienation in level may be higher among non-clinical group of doctors as working in these especialized area e.g. pharmacology, pathlogy etc may make them feel less satisfied with their jobs owing to the absence of challenge and enthusiasm in this type of work, and may result in certain psychological phenomenence like absencesin tired, and other behavioural dysfunctions. It is a fact that stress is a positive force leading to effective work and maintainence of good health. Insufficient stress might lead to rust out and work alienation. Since stress is essentially individually defined and so must be understood with reference to characteristics of both the individual and his environment (cooper and Marshall 1976). However the results of the study showed that significant negative relationships exists between the scores obtained on occupational stress and work alienation among doctors of both clinical ($r = -.51$, $p<.01$) and non-clinical ($r = -.44$, $p<.01$) groups and thereby rejecting the assumption that the two groups of medical profession will differ viz-a-viz the relationships among the two variables i.e. Occupational stress and Work Alienation. The present findings indicate that the doctors of both the
groups reported high levels of occupational stress and low level of work alienation. So the negative correlation coefficients exists between the two variables.

Significant positive correlation coefficients have been found to exist between the Quality of Work Life (QWL) and Occupational Stress among doctors from both clinical and non-clinical groups. The results are in support of the argument of those researchers in organizational psychology who believe that stress at work result from increasing complexities of work and its divergent demands. In other words occupational stress is correlated with job-situations/environmental in other words QWL (e.g., Caplan, Cobb and French, 1975). Cooper and Marshall (1976) definition of occupational stress as "negative environmental factors or stressors associated with a particular job", also fall in line with the results supporting the notion that Quality of work life may have a direct relationship with the occupational stress. The perception of QWL could be a contributing factor (positive or negative) to the experience of stress. However, an interesting finding of the study is that significant negative correlation has been found to exist between QWL and work alienation among clinical groups, whereas, no relationship is evident among these two variables in non-clinical group.

According to Herbst "the product of work is people" - it is people who constitute the core of an organization. Contemporary social scientists e.g. (Faunce, 1968) suggest that characteristics like economic affluence, rapidly changing industrial society, ever increasing size and
complexity of social organizations and rapid social change result in work-alienation among people”.

Marx believe that "work alienation results when one's labour does not lead to the realization of one's individuality”. However, some earlier studies have shown that social class and occupational differences with respect to values attached to intrinsic and extrinsic work outcomes. The studies have suggested that white-collar workers tend to hold middle class work values stressing the importance of intrinsic outcomes, such as personal autonomy, achievement and control in the job. The extrinsic job outcomes like pay and security seem to be emphasized by the blue-collar workers. The blue-color workers, therefore, have been considered as being more alienated than the white collar workers.

Since medicine is a high status, highly paid and respectable profession/with a high social rating and potentially high level of job satisfaction, the doctors irrespective of the fact that they are at times overworked/stressed, seem not to be alienated professionally. On the basis of this it may be argued that doctors have perception of greater meaningfulness and feelings of powerfulness.

This most striking finding of the study does corroborate the earlier findings of Kohn and Schooler (1969) according to whom, "conditions of occupational life at higher social class levels facilitate interest in the intrinsic qualities of the job, foster a view of self and society that is conducive to believing in the possibilities of rational action toward purposive goals, and promote self-direction.....".
Therefore, it seem that it is the type of profession and expectations and status attached to it which determines the degree of work alienation.

The multiple correlation reflected that using quality of work life as the criterion variable, both occupational stress and work alienation intered as significant predictors for both groups of doctors. However, % of variance shows that a large portion of variance of quality of work life remains unaccounted, thereby suggesting for further research/exploration of the variables as criteria of QWL. When the dimension to dimension relationship among quality of work life and occupational stress, and Quality of work life and that of work alienation of both groups was explored, there seemed a moderate correspondence between some of the dimensions such are present here.

In clinical group, work life, perceived control-in-contexts and perceived stimulation-in-contexts factor of QWL was found to be positively significant with role demand of the occupational stress, and perceived Growth, Perceived Mastry, Perceived Involvement, Perceived Control-in-contexts, Perceived Stimulation-in-contexts, Opportunities for Promotion, Supervision on Present Job factors of QWL found to be positively. Significant with the Task Demand of the occupational stress, and perceived Growth, Perceived control-in-contexts, Perceived Stimulation-in-Contexts, Present job factor of the QWL found to be negatively and positively significant with the Inter Personal Demand of Occupation Stress. Different Aspects of Life, Perceived Growth, Perceived
Mastry, People on your present job, Supervision on present job factors of the QWL were found to be positively significant with the physical Demand of the Occupational Stress. Among clinical group work life, Perceived Control-in-Contexts, factors of QWL were found to be in both negatively and positively significant with the meaninglessness of the work alienation. Whereas the opportunities for promotion of QWL found to be negatively significant with Normlessness of the work alienation, work life, Opportunities for Promotion of QWL found negatively significant with powerlessness of the work alienation.

Among Non-Clinical group there are mostly QWL factors are insignificant with occupational stress and work alienation. Only few are shown negative and positive significance i.e. working life of QWL found positively significant with Role Demand of occupational stress, and perceived Involvement of QWL also found positive significance with Task Demand of Occupational Stress. Working life of QWL found to be positive significance with Inter-Personal Demand of Occupational stress. The physical demand of occupational stress shows positive and negative significance with different Aspects of Life, Perceived Control-in-context and present job factors of QWL.

Among Non-Clinical group the QWL factors such as working life, different aspects of life, perceived growth, perceived involvement found to be negatively significant with meaninglessness of work alienation. Normlessness of work alienation does not show significance with any factors of QWL. Working life, different aspects of life of QWL found
both type of significant relationship with powerlessness of work alienation respectively.

Over all dimension to dimension correlaton among QWL with occupational stress and QWL with work alienation doesn't show any strong and remarkable correlation, no explanation is readily available to explain their outcomes.