CHAPTER 5

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The collected data through the organized questionnaire of this study by interview method has been analyzed methodically and systematically using appropriate techniques in the previous chapter. From the interpretations thus, obtained from various systematic statistical analysis, researcher has developed the findings of the same and conceptualized the conclusion of this study, based on its objectives. Thus, in understanding the findings and conclusions of this study, researcher has given a model incorporating all the recommendations of this study emphasizing wellbeing of Doctors as well as to the management of PPLSSS and IMA-TNSB for effective and efficient performance towards better lifestyle of doctors of Tamilnadu.

5.1 FINDINGS

The collected data is been analyzed using a number of statistical tools. The details of the hypothesis formulation, the used statistical tool and the findings of the same is given in Table 5.1
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Hypothesis (Null Hypothesis)</th>
<th>Statistical tools used</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>There is no significant difference in the mean of dimensions of EI between sex</td>
<td>Independent sample t-test</td>
<td>Reject, so there is significant difference in the mean of dimensions of EI between sex</td>
</tr>
<tr>
<td>2.</td>
<td>There is no significant difference in the mean of dimensions of EI between age group</td>
<td>ANOVA</td>
<td>Reject, so there is significant in the mean of dimensions of EI between age group</td>
</tr>
<tr>
<td>3.</td>
<td>There is no significant difference in the mean of dimensions of EI between family member is a doctor</td>
<td>ANOVA</td>
<td>Reject, so there is significant difference in the mean of dimensions of EI between family member is a doctor</td>
</tr>
<tr>
<td>4</td>
<td>There is no association between age and sex</td>
<td>Chi-square</td>
<td>Reject, so there is association between age and sex.</td>
</tr>
<tr>
<td>5</td>
<td>There is no association between age and year of experience</td>
<td>Chi-square</td>
<td>Reject, so there is association between age and year of experience.</td>
</tr>
<tr>
<td>6</td>
<td>There is no association between sex and year of experience</td>
<td>Chi-square</td>
<td>Accept, so there is no association between sex and year of experience.</td>
</tr>
<tr>
<td>7</td>
<td>There is no association between EI and age</td>
<td>Chi-square</td>
<td>Accept, so there is no association between EI and age</td>
</tr>
<tr>
<td>8</td>
<td>There is no association between EI and sex</td>
<td>Chi-square</td>
<td>Reject, so there is association between EI and sex</td>
</tr>
<tr>
<td>9</td>
<td>There is no association between EI and year of experience</td>
<td>Chi-square</td>
<td>Accept, so there is no association between EI and year of experience</td>
</tr>
</tbody>
</table>
### Table 5.1 (Continued)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Hypothesis (Null Hypothesis)</th>
<th>Statistical tools used</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>There is no significant relationship between dimensions of EI.</td>
<td>Correlation</td>
<td>Reject, so there is significant between dimensions of EI.</td>
</tr>
<tr>
<td>11</td>
<td>There is no significant relationship between dimensions of EI by age group</td>
<td>Correlation</td>
<td>Reject, so there is significant between dimensions of EI by age group</td>
</tr>
<tr>
<td>12</td>
<td>There is no significant relationship between dimensions of EI by sex</td>
<td>Correlation</td>
<td>Reject, so there is significant between dimensions of EI by sex</td>
</tr>
<tr>
<td>13</td>
<td>There is no association between emotional intelligence and IMA-TNSB PPLSSS</td>
<td>Regression</td>
<td>Reject, so there is association between EI and IMA-TNSB PPLSSS.</td>
</tr>
<tr>
<td>14</td>
<td>There is no association between inter and IMA-TNSB PPLSSS</td>
<td>Regression</td>
<td>Reject, so there is association between inter and IMA-TNSB PPLSSS.</td>
</tr>
<tr>
<td>15</td>
<td>There is no association between intra and IMA-TNSB PPLSSS</td>
<td>Regression</td>
<td>Reject, so there is association between intra and IMA-TNSB PPLSSS.</td>
</tr>
<tr>
<td>16</td>
<td>There is no association between EI and IMA-TNSB PPLSSS on adjustment of age, sex and year of experience</td>
<td>Regression</td>
<td>Reject, so there is association between EI and IMA-TNSB PPLSSS on adjustment of age, sex and year of experience</td>
</tr>
</tbody>
</table>
5.2 SUMMARY

The relationship between dimensions of emotional intelligence and demographic variables are summarized below:

- For self awareness, the male (11.92) has higher mean compared to female.
- For the level of self Awareness, male (38.5) has higher mean of compare to female.
- Self Regulation male (18.56) has a higher mean compared to female.
- Level of Self Regulation male (19.75) has a higher mean compared to female.
- Self Regulation-professional and personal life male (19.17) has a higher mean compared to female.
- Self Motivation male (14.76) has a higher mean compared to female.
- Level of Self Motivation male (27.25) has a higher mean compared to female.
- Empathy male (18.60) has a higher mean compared to female.
- Level of empathy male (38.94) has a higher mean compared to female.
- Social skills male (28.76) has a higher mean compared to female.
- Level of social skills male (39.34) has a higher mean compared to female. There is significant difference among age group with respect to the emotional intelligence.

- Self awareness age group with above 50 has a higher mean (12.12) compared to other age group. Level of Self Awareness age group with above 50 has a higher mean (39.48) compared to other age group.

- Self Regulation age group with above 50 has a higher mean (18.86) compared to other age group, Level of Self Regulation age group with above 50 has a higher mean (20.08) compared to other age group.

- Self Regulation-professional and personal life age group with above 50 has a higher mean (19.44) compared to other age group.

- Self Motivation The age group with above 50 has a higher mean (14.96) compared to other age group.

- Level of self Motivation age group with above 50 has a higher mean (27.74) compared to other age group.

- Empathy age group with above 50 has a higher mean (18.85) compared to other age group.

- Level of empathy age group with above 50 has a higher mean (39.58) compared to other age group.

- Social skills age group with above 50 has a higher mean (29.56) compared to other age group.
• Level of social skills age group with above 50 has a higher mean (40.03) compared to other age group. There is significant difference among family member is a doctor with respect to the emotional intelligence.

• Self awareness family member is a doctor has a higher mean (12.38) compared to not a doctor.

• Level of Self Awareness family member is a doctor has a higher mean (40.01) compared to not a doctor.

• Self Regulation family member is a doctor has a higher mean (19.44) compared to not a doctor.

• Level of Self Regulation family member is a doctor has a higher mean (20.47) compared to not a doctor.

• Self Regulation-professional and personal life family member is a doctor has a higher mean (19.91) compared to not a doctor. Self Motivation family member is a doctor has a higher mean (15.40) compared to not a doctor.

• Level of Self Motivation family member is a doctor has a higher mean (28.44) compared to not a doctor.

• Empathy family member is a doctor has a higher mean (19.37) compared to not a doctor.

• Level of empathy, the family member is a doctor has a higher mean (40.52) compared to not a doctor.

• Social skills family member is a doctor has a higher mean (30.24) compared to not a doctor.
- Level of social skills family member is a doctor has a higher mean (40.91) compared to not a doctor.

- For EI male has a higher mean (3.83) compared to female.

- For EI the age group above 50 has a higher mean (3.90) compared to other age group.

- For EI those who are the family member have a higher mean (3.99) compared to other.

- For EI between districts in district Chennai has a higher mean 4.78 compared to other districts.

- The Doctors of PPLSS Scheme are having high Mean value (4.21) on its awareness and understanding, than to the awareness of IMA.

- Further males were in the age group greater than 50 years (43.6%) while majority of the female belong to 30-50 years age group (35.8%). From the observed chi square value of 9.574 and p-value of 0.01 which is less than 0.05 so it is declared that there is association between the age group and sex.

- Further above 10 years experience in the age group greater than 50 years (64.7%) while majority of the participants with 5-10 years experience belongs to 30-50 age groups (57.6%) and the participants with less than 5 years belongs to age group below 30 (38.9%). From the observed chi square value of 351.169 and p-value of 0.00 which is less than 0.05 so it is declared that there is association between the age group and year of experience.
It is observed that most of the respondents with higher emotional intelligence (73.7%) are males while medium EI are belongs to female (29.13%) while low EI are in female (7.4%). From the observed chi square value of 9.177 and p-value of 0.00 which is less than 0.05 so it is declared that there is association between the emotional intelligence and sex.

It is evident from the table that self awareness does showed a significant positive linear relationship with self regulation (r = 0.915, p=0.00 < 0.01), self motivation (r = 0.913, p=0.00 < 0.01), empathy (r= 0.941, p=0.00 < 0.01) and social skills (r = 0.922, p=0.00 < 0.01). The correlation values are positive, mean when self awareness increases self regulation, self motivation empathy and social skills also increases. Hence there is a positive relationship between dimensions of emotional intelligence.

It is evident from the table for age group below 30, self awareness does showed a significant positive linear relationship with self regulation (r = 0.915, p=0.00 < 0.01), self motivation (r = 0.907, p=0.00 < 0.01), empathy (r= 0.937, p=0.00 < 0.01) and social skills (r = 0.911, p=0.00 < 0.01). The correlation values are positive, mean when self awareness increases self regulation, self motivation empathy and social skills also increases. Hence there is a positive relationship between dimensions of emotional intelligence by different age groups.
It is evident from the table for male, self awareness does showed a significant positive linear relationship with self regulation ($r = 0.911$, $p=0.00 < 0.01$), self motivation ($r = 0.909$, $p=0.00 < 0.01$), empathy ($r= 0.940$, $p=0.00 < 0.01$) and social skills ($r = 0.920$, $p=0.00 < 0.01$). The correlation values are positive, mean when self awareness increases self regulation, self motivation empathy and social skills also increases. Hence there is a positive relationship between dimensions of emotional intelligence by sex.

The beta coefficient of the regression of emotional intelligence on IMA-TNSB is significant ($\beta=0.029$, $t=9.706$, $p<0.001$) and PPLSSS is significant ($\beta=0.157$, $t=53.976$, $p<0.001$). Since the significance is less than alpha of 0.05 values, the null hypothesis is rejected and hence there is a support of the hypothesis. Thus, there is a significant association between emotional intelligence and IMA-TNSB, PPLSSS. Independent variables together accounted for 94% of the variance ($R^2$) which indicates that emotional intelligence is more significant predictor of IMA-TNSB, PPLSSS.

The beta coefficient of the regression of emotional intelligence on IMA-TNSB is significant ($\beta=0.032$, $t=10.269$, $p<0.001$) and PPLSSS is significant ($\beta=0.155$, $t=51.570$, $p<0.001$). Since the significance is less than alpha of 0.05 values, the null hypothesis is rejected and hence there is a support of the hypothesis. Thus, there is a significant association between inter emotional intelligence and IMA-TNSB, PPLSSS. Independent variables together accounted for 93.7% of the variance ($R^2$) which indicates that inter emotional
intelligence is more significant predictor of IMA-TNSB, PPLSSS.

- The beta coefficient of the regression of emotional intelligence on IMA-TNSB is significant (beta=0.027, t=8.559, p<0.001) and PPLSSS is significant (beta=0.158, t=52.253, p<0.001). Since the significance is less than alpha of 0.05 values, the null hypothesis is rejected and hence there is a support of the hypothesis. Thus, there is a significant association between intra emotional intelligence and IMA-TNSB, PPLSSS. Independent variables together accounted for 93.5% of the variance (R square) which indicates that intra emotional intelligence is more significant predictor of IMA-TNSB, PPLSSS.

- The beta coefficient of the regression of emotional intelligence on IMA-TNSB is significant (beta=0.030, t=9.850, p<0.001), PPLSSS is significant (beta=0.157, t=53.170, p<0.001), age (beta=0.030, t=2.273, p<0.05) and year of experience (beta=-0.028, t=-2.060, p=0.04<0.05). Since the significance is less than alpha of 0.05 values, the null hypothesis is rejected and hence there is a support of the hypothesis. Thus, there is a significant association between emotional intelligence and IMA-TNSB, PPLSSS, age and year of experience Independent variables together accounted for 94% of the variance (R square) which indicates that emotional intelligence is more significant predictor of IMA-TNSB, PPLSSS, age and year of experience.
5.3 CONCLUSIONS

Thus, the present study on Emotional Intelligence practiced by Doctors with special reference to Professional Protection Linked Social Security Scheme of IMA-TNSB, was carried out with the perspectives as given by objectives of this study. After having a detailed formulation of statistical calculation on the collected data, the inferences were derived and accordingly the findings and summary of it were stated in detail. In accordance to it, this research study concludes the below mentioned.

- The conceptual framework of Emotional Intelligence is thoroughly studied, analyzed, compared and selected. Among the other authors of Emotional Intelligence, the theory contributed by Daniel Goleman (1998), was studied to find out the suitability for this study, emphasizing EI for the working professional, which was selected to incorporate the elements of it in analyzing Emotional Intelligence of Doctors of PPLSS Scheme of IMA-TNSB.

- The aspects induced to regulate Doctor’s emotions for the relationship with others both in personal and professional context is thoroughly analyzed. This feature comprises the intra personal competencies for better regulation to different situations that the Doctors face in personal and professional endeavors. The above research analysis, declares that the level of self-awareness, level of self-regulation and the level of self-motivation, which comprises the intrapersonal competencies are high in Doctors of PPLSSS, IMA-TNSB.

- The capabilities of Doctors to regulate the feelings and emotions of others through Emotional Intelligence are
systematically analyzed. This feature comprises empathy and social skills, which encompass the interpersonal competencies, are equipped to better regulate and manage other people in both personal and professional endeavors. The above research analysis proclaims that the level of empathy and social skills are high in Doctors of PPLSSS, IMA-TNSB.

- The awareness and understanding of PPLSS Scheme of IMA-TNSB, among the sample Doctors and are comprehensively analyzed. The Doctors of PPLSS Scheme are well aware of the subjective, objective, along with details of their scheme information, on its allowances, activities in comparison to the awareness of Doctors on IMA features.

- Based on the concept of Emotional Intelligence, the contemporary situations of the Doctors in both personal and professional lifestyle, providing better contribution to the public health in the society and the mandatory need emphasized by the above study findings, a unique model has been developed, which is named as “CAREDOC MODEL”. The CAREDOC MODEL recommends activities for a Doctor, which has to be accomplished, in everyday basis, in weekly basis and in monthly basis, also. Further, it recommends the activities for a Doctor to manage professional relationships, especially with patients comprehensively. Additionally, the CAREDOC MODEL effectively formulates suggestions to PPLSS Scheme of IMA to better manage and maintain Doctors to be Emotionally Intelligent, for better society, by and large.
5.4 RECOMMENDATIONS

Thus, by analyzing all the findings of this study done on Emotional Intelligence practiced by Doctors of Professional Protection Linked Social Security Scheme of IMA-TNSB, the needful changes and alteration required for wellbeing of Doctors of the scheme and better functioning of PPLSS Scheme of IMA-TNSB, was analyzed exceptionally. The needful suggestions were incorporation together as a model by which there can be a comprehensive transformation induced towards wellbeing of Doctors in their personal and professional performances, better professional environment creation with hospital management, peers, subordinates and uniquely with the patients, towards a better society and also for the better functioning of the PPLSS Scheme and IMA-TNSB managements. The model is named as “CAREDOC MODEL”, which really cares for Doctors, comprehensively, at all levels and by all times.

5.4.1 CAREDOC Model

The study enhanced in evaluating Emotional Intelligence of the Doctors of PPLSSS of IMA-TNSB, has given valuable findings, emphasizing the mandatory requirement for the Doctors to sustain Emotional Intelligence, by following a systematic method. In understanding the present status of the condition of the Doctors and their lifestyle, in association to the contemporary world, the researcher has known the credibility in proposing a model for the welfare and wellbeing of the doctors. This study has used the specially designed questionnaire formulated with the vital keywords of Daniel Goleman, to estimate the Emotional intelligence of the respondents.

The researcher has formulated this model using the keywords of Daniel Goleman, as the backbone. This model is named CAREDOC MODEL, meaning “A Care for Doctors”, sustains unique factors which
guides Doctors towards better personal and professional wellbeing. CAREDOC Model focuses the vital parts of everyday life of Doctors to provide a comprehensive solution. Psychologically this study estimates the expectations of the family members of the Doctors and the expectations of the Doctors on them, to formulate this model, from a number of contemporary dissertations and research articles reviewed for this study. This model takes into account on all perspectives, such as the focus of Doctors on their family, friends, professional relationships, and patients and also the focuses of others on Doctors too, effectively to design and formulate. Thus, this study proposes CAREDOC Model, for all the Doctors of this world with given objectives and measures, for better personal and professional endeavors, instigating intrapersonal and interpersonal competence towards wellbeing.

**Objectives of the Model**

- To ascertain the ethical quality of a Doctor, continuously developing their knowledge and ability for better medical treatment for the public and also to support them when they face issues.

- To establish a better balance between personal and professional life of Doctors by incorporating continuous programs, workshops, seminars, conferences focusing and emphasizing EQ for better living.

- To enrich Doctors to be an Emotional Leaders to knowledge and develop the public healthier physically, mentally with ethics of life and facilitate the art of living for better society continuously.
Framework of Caredoc Model

- Daily routine agenda for doctors

- To maintain a time table for exercise or yoga, balanced diet, systematic work, family association, recreation, sex and sound sleep to assure your personal, physical and mental hygiene with high moral.

- Any bodily activity like walking, jogging, swimming, workouts in gym, or any kind of a dance or aerobics shall be incorporated in daily routine.

- To take at least one meal a day with your family members by all means.

- To spend at least minimum time to know the daily happenings of your family and involve yourself in giving and receiving suggestions.

- To be well aware of the birthdays and wedding anniversaries of all your family members and never forget to greet and also receive from them by all means.

- It is always emphasized not to behave like a Doctor as you do in profession at home and the behavior should be the way you are related to them.

- Make sure that you exchange your care, love and affection with all your family members on all times on daily basis.

- To be well aware of the state of your family members in their personal and social association by periodic enquires and understanding their behaviors with changes.
- To regulate yourself to situations which are abnormal at family matters, to re-establish ease and normality as always.

- To be aware of current affairs, political, technological, economical events of the world and also spend at least minimum possible time to read a good non-medical book.

#### Weekly Routine Agenda for Doctors

- To participate in a self interest creative activities either performing or learning like playing a musical instrument, singing, dancing, drawing, swimming, or learning martial arts, yoga, particularly not in your house but in a social place.

- To take your family for an outing to some places like temple, visiting your family relatives or friend’s houses, or for a dinner to a hotel.

- To watch a movie or a television program along with your family members and maintain environments with discussions and exchange of ideas.

- To volunteer yourself and participate or assist to the works of your family members, undertaking assignments concerning your home, giving mental and physical support to them, ascertaining your concern and love.

- To enhance special initiatives towards your family members, if they do have fallen fatigue, spending time leisurely to discuss their difficulties in their endeavor to have mutual understandings and exchange suggestions with love and care.
Monthly Routine Agenda for Doctors

- To go for shopping, along with your family members and this will be an opportunity for you, knowing their likes and dislikes on things, which predominantly helps you to understand them and also on their changes, if any.

- To take your family for a good movie to watch in theater or to watch a cultural event or for an exhibition or to any social gathering establishing an opportunity to engage your family in a social environment.

- To take efforts to meet your children’s faculties to better understand their academic performance and also their attitude, social interactions to govern his pattern of behaviors to guide them gradually towards betterment.

- A picnic or for a day outing shall also be engaged along with your family, once for a month.

- To take part in a social activity not only through donation but through physical presence to better improve your understanding, communication towards social context and also for personal contentment, for establishing your social contribution.

- To make best efforts to attend the functions, ceremonies of your family and friends.
Professional Relationship Agenda for Doctors

- To be very clear that you don’t bring any of your personal or thoughts of personal sectors to your professional environments.

- To be always with self-awareness, on the duties and responsibilities that you endorse on your professional endeavors and with co workers of all level

- To be always aware assessing your strengths and limits, with a strong sense of self-confidence that you are capable to accomplish jobs of daily basis.

- To keep your disruptive emotions and impulses in check and maintain your standards of integrity with all co workers honestly, instigating an opportunity for better personal performance.

- To prepare yourself that you approach situations with novel ideas in every approach to others and initiate flexibility within yourself in handling changes.

- To make sure that you always get aligned towards goals of your team or organization and continuously strive to improve your performance to a higher standard of excellence.

- To always be proactive and persistence in pursuing goals, consistently despite obstacles and setbacks arises.

- To take an active interest in sensing other employee’s feelings and perspectives to attempt developing their abilities to meet higher standard by your continuous concerns.
• To recognize the needs of people at professional environments and flexible to cultivate opportunities for better performance meeting objectives.

• To be always with effective persuasion, by effective communication, managing conflicts, guiding individuals towards attainment of group objectives at workplaces.

• To initiate changes confidently nurturing relationships, collaborating with the team creating group synergy pursuing collective goals.

➢ Patients Relationship Agenda for Doctors

• To be always with awareness and assessment of the yourself, knowing your strength and limits to develop self-worth and capabilities towards pursuing treatment effectively to patients

• To manage yourself having your emotions in check, maintaining standards of integrity, being responsible for your performance, inculcating innovation using novel ideas, with comprehensive adaptability to handle changes with patients, during examination, diagnosis and treatment.

• To motivate yourself with achievement drive, aligning with the goals of your organization, responsibly displaying proactivity and persistence, in accomplishing treatment for better recovery despite setbacks.

• To be actively aware of the feelings and perspectives of patients and their attendees, developing their confidence by recognizing and empathizing their needs and concerns through better rapport development.
To inculcate effective tactics for persuasion in patients, by listening openly, resolving their challenges, inspiring them to guide for a recovery change, by building relationships collaborating and cooperating in pursuing complete treatment for better recovery, at the earliest.

**PPLSSS Agenda for Wellbeing of Doctors**

- To send seasonal greetings to all the members of PPLSSS under signed by chair persons of the scheme, to emphasize the care and concern of the scheme on them, thus flourishing an emotional attachment to the association, which then determines the belief on it and notion to follow the regulation laid by the scheme.

- To send seasonal greetings to non members of the scheme, continuously updating them on the happenings of the scheme and the welfare measures accessed by the existing members for their wellbeing, which in turn will bring them into the scheme, sooner.

- There should be a yearly agenda prepared on the welfare activities for the members of the scheme, to be uniformly implemented and followed by the District head quarters, in every district through the active participation of the regional centers, to get in touch with the members continuously being near to them.

- The activities of the scheme should emphasis on the wellbeing of doctors in their personal and professional endeavors, comprehensively.
• A monthly meeting should be formulated in every district head quarters, for which the members should be invited with their family to discuss the contemporary issues, faced in the Doctor’s life for better well being and this get together shall also be constituted with non academic competitions, cultural performances, and game events for both Doctors and their family members.

• The get together with their family for a dinner, will facilitate the social relationship for the family members of the Doctors and also discussing to resolve common concern will regulate and emphasize the wellbeing of family life of doctors.

• The PPLSSS shall acknowledge the children of the membership Doctors, by giving certificates, scholarships and awards for rank holders, winners in sports events and other competitions, by school level and college level in every district wise, and also publish their name in the PPLSSS newsletter, to honor them.

• The monthly news letter of PPLSSS, should not only has the performance of the scheme and related advertisements but also on articles by the Doctors and for the Doctors concerning the challenges they face, needful solution for the same, the training camps available and related conferences concerning professional enhancement, additionally other topics of articles emphasizing the wellbeing strategies for the Doctors should be added up. This monthly newsletter should be a new pathfinder and guideline for their wellbeing with latest updates and information for the same.
- There can be separate columns in the monthly newsletters of PPLSSS, shall also welcome articles on various topics and issues from the members of PPLSSS, in a cyclic way, giving every member a opportunity to contribute which inculcate responsibility and instigate responsiveness for the scheme, associated to it.

- The PPLSSS monthly newsletter shall also include a separate column for the contribution from the children of the doctors, being member of the scheme.

- PPLSSS should formulate meetings with key speakers not only from the field of medical sector but also the personalities, who are expertise in other fields shall also present value added programs.

- PPLSSS, shall emphasis both government as well as private banks to issue loans in special, inculcating new schemes and allowances for the doctors, being members of this scheme. This will earn high credibility among non members, and influence them to join PPLSSS.

- PPLSSS, shall introduce a call centre, functioning 24/7, especially for Tamilnadu state, where enquiries on any aspect for the doctors, complaints from Doctors on legal issues spontaneously, complaints against the doctors from the affected patients for immediate remedy, information on schemes, requirement of allowances for doctors, shall be fetched at anytime and anywhere from Tamilnadu state. This will channel and document all the inquiries to record the spontaneity of response of the call.
The PPLSSS shall also understand the common setbacks of Doctors, both in personal and professional outsets in general and compose camps, events, seminars, and also rejuvenation programs like yoga, meditation shall be regularly conducted for ascertaining the physical and mental wellbeing of membership Doctors.

The membership Doctors who has successfully undertaken challenging medical cases should be acknowledged in the annual functions of PPLSSS, every year, which again encourages and motivates other Doctors for enhance professional excellence. This can also be widened by selecting a Doctor in different specialty of treatment.

The Doctors who are non members of PPLSSS shall also be invited for the annual functions and other prominent programs of PPLSSS, which will facilitate and convince them to join PPLSSS, to exercise the extended benefits by the scheme and ascertain wellbeing.

There should be continuous feedback system, which has to be addressed instantly by monthly basis, to ascertain needful alteration done for better regulation of the scheme for wellbeing of Doctors.

Thus, this study has taken a valuable instinct to care for the wellbeing of the Doctors, who again function for the wellbeing of the common people, building healthier society. Unique objectives, on the wellbeing of Doctors of PPLSSS of IMA-TNSB and performance of the scheme has been formulated, questionnaire developed to collect data, systematically analyzed to extract associated findings to formulate the needful
conclusion. Based on the conclusion of this study the researcher has effectively proposed the required recommendations for the wellbeing of Doctors and better performances of PPLSSS of IMA-TNSB. Incorporating all the regulations and recommendations that this study suggests, the researcher has developed, formulated a new model named as “CAREDOC MODEL” and highly recommends it to deploy for the wellbeing of Doctors, with effective and efficient activities of PPLSSS of IMA-TNSB, through this thesis.

“Doctors, Please Take care…”