

A Study on Occupational Stress on Job Satisfaction in Punjab Region Among the Medical and Para-medical Staff in Public and Private Hospitals

Dr. Satwinderjit Kaur

(Associate professor, Institution Guru Nanak Dev Engineering College Ludhiana, Punjab – 141006, India)

Abstract

These days, managers across all industries are worried about rising workplace stress levels and falling employee job satisfaction. A comparative study on the effects of occupational stress on job satisfaction among medical and paramedical staff employed in Punjab's public and private hospitals has been attempted here. This study's primary goal is to ascertain the nature of the connection between job satisfaction and workplace stress among employees. Both primary and secondary sources were considered for the purpose of data collecting for the study. A validated, semi-structured questionnaire is used to gather primary data from 400 sample respondents. With the aid of SPSS 22.0, the acquired data was analyzed, and the relevant statistical techniques were used in the process. A number of workplace factors, including sharing administrative procedures, losing control over treatment protocols due to inadequate physical facilities, and having fewer or no expectations for rewards or moral and material incentives, among others, heighten perceived stress and lower job satisfaction among medical and paramedical staff. If hospitals are to promote an inclusive workplace culture, a major structural reform is necessary to provide the facilities and incentives that help minimize the sense of stress and enhance job satisfaction among medical workers.

Key Words: Hospital, Occupational stress, Job satisfaction, Medical, Para-medical staff, stress, public health sector, private health sector, Punjab.

Introduction

Human resources are essential to the success and expansion of any organization. Medical and paramedical personnel (doctor, nurse, technician, employer, pharmacist, manager, officer, etc.) are becoming more stressed at work and having less job satisfaction these days, which worries management in every productive and service sector. Stress at work has an impact on employees' efficiency and productivity, which in turn has an impact on their job satisfaction and raises the stress levels of employers. Therefore, learning how to manage and lessen stress in both the lives of employers and employees has become crucial. This study compares the level of job satisfaction among medical and paramedical employees in Punjab's public and private hospitals.

Review of literature

Ekundayo (2014) states that all spheres of life and especially at the workplaces rise in stress is seen. There is widespread trend (occurrence) of stress in service industry, oil industry and manufacturing industry which results in practical and economic consequences. High levels of stress experience in the work environment, which in turn reduces productivity of the employees to a large extent. Occupational stress that causes organizational personnel' behavior, psychology, and physical health to deviate is an adaptive response by the employee to an external situation. So, this study elaborates origins and impacts of stress and concludes that despite the hazards posed by stress it can be managed.

D.Rajan (2012) examined that Sanitary workers are among the occupational groups that are more vulnerable to occupational stress. The most frequent causes of stress among them include illiteracy, poverty, haphazard lifestyles, and a lack of information about how to manage stress. The most frequent stress-causing issues at work are imprecise job descriptions, unfair treatment, a lack of respect, obstruction of departmental decision-making, a high workload, and poor estimating. The main issues facing sanitary personnel include absenteeism, frequent use

of leave, conflict, and turnover. Stress among sanitary employees impairs their performance and disengagement from the workplace, which negatively impacts infection control and, in turn, the patients' health and safety.

Mache, S. et al (2012) examined job stress and coping behavior of Australian and German physicians. The sample size comprised of 566 physicians. Results showed that doctors of Germany perceived higher job stress than the doctors of Australia. It was also found that instrumental support and planning were some coping strategies that found to be effective for German doctors whereas religion, humor and acceptance were scored highest by Australian doctors.

Cardoso and Fernandes (2011) conducted a study to determine the differences in organizational role stress among doctors based on their marital situation, level of management, and social support, on a sample of 147 doctors from Goa, comprising of public sector employees from Goa Medical College. The findings showed that stress had an impact on all types of doctors, regardless of their marital status. But the degree of role stress varied significantly across male and female doctors. Additionally, role stress is lessened by management quality and social support. Doctors at the junior level are under higher stress than those at the middle and senior levels. Except for the aspect of personal inadequacy, social support assisted doctors in lowering organizational role stress.

Hombergh et al., (2009) compared the performance of 239 physicians in Netherlands to determine the relationship among excessive work, occupational stress, and general practices. The findings indicated that more time spent in the office, more time spent with each patient, and less jobstress were related with doctors' evaluations of better treatment and better performance. Working for longer period of a general practitioner was linked to happier patients with regard to accessibility and availability. Additionally, more illness management and prevention were linked to GPs with higher levels of dedication and job satisfaction.

Goetz K et al. (2016) Physician work satisfaction is a crucial factor in how well system of health care operates. The objectives of study were to evaluate the satisfaction of primary care doctors with their jobs in Switzerland and investigate relationships among job satisfaction in general, personal traits, and practice-specific factors, divided by gender. 176 primary care doctors who worked in 91 primary care practices provided the information. The analysis of stepwise linear regression was done separately for male and female doctors. 92.6% of respondents responded. The freedom of working approach was rated as the most satisfying by primary care physicians (mean = 6.45), whereas hours worked and pay were rated as the least satisfying (mean = 5.38) and 5.49, respectively. In addition, female doctors gave some parts of their jobs a higher rating than did male doctors. For male doctors, the factor chance to put skills to use ($= 0.644$) demonstrated a substantial correlation with overall job satisfaction, whereas for female doctors, the factor was salary ($= 0.733$).

Lee (2016) conducted research on the topic of "Comparison of Job Satisfaction between Non-Profit and Public Employees" to reveal the differences in the administration, type of consumers and organizational structure. The study suggested that to understand employees job satisfaction, it is necessary to differentiate the two. This study exposed similarities and dissimilarities affecting the manager's job satisfaction level, depending on manager's expectations from the job, their expectations from the organization and expectations from the management. The study revealed that in non-profit organizations and public sector organizations the manager's job satisfaction is influenced with the feeling of pride attached to an organization along with special characteristics of job differently in these the two sectors. The study suggested that there should be the clarity in employees' role, duties and work and these should be clearly defined by the organization. Moreover, job satisfaction can be enhanced by giving more autonomy to the employees in case of non-profit organizations.

1 The Occupational Stress among Staff of Hospital

When a worker's resources, talents, or demands are incompatible with the demands of their employment, harmful physical and emotional reactions occur, which may have an adverse effect on their health or even result in injury. The pressure a person experiences due to work-related demands or problems is referred to as "occupational stress" and can lead to illness or burnout. Stress at work is a harmful reaction that can occur both physically and mentally when a worker's skills are not up to the demands of their employment. Strong professional skill levels, teamwork,

and ongoing patient care are required because hospital staff members are subjected to a range of potential working stresses.

2 The Job Satisfaction

According to Churchill, Ford, and Walker, the domain of job satisfaction encompasses all elements of the work and the workplace that people find enjoyable, gratifying, and rewarding or frustrating and unsatisfied. In a similar vein, Siegal and Lance assert that job satisfaction is the emotional response that embodies an individual's level of job satisfaction. According to Statt, job satisfaction is the degree to which a person is content with the benefits of their employment, particularly in terms of internal motivation. Armstrong is speaking of a person's mindset and emotions around their job. Positivity and good feelings about the work are indicators of job satisfaction.

2.1 Significance of Job Satisfaction

Because it is frequently connected with a very low number of complaints and problems at work, the employer should be concerned about the level of job satisfaction in their firm. It is often known that happy employees are less likely to act in a harmful or reactionary manner. The importance of job happiness can be understood by taking into account the following factors:

Productivity

It is acknowledged that the topic of discussion regarding the relationship between productivity and contentment has been around for a while. It is untrue that the two have a positive relationship, despite what the majority of people believe. Increasing amounts of data suggest that job performance and job satisfaction are causally related, as opposed to the other way around. If awards have both internal and external value, recipients will be happier and more productive at work.

The Absenteeism

It makes obvious that workers skipping work might be one reaction to a high degree of job dissatisfaction. The assessment of absence is one of these factors because it's a challenging task. The second point is that job happiness conveys a more universal attitude, while absenteeism involves specific behavior. They argue that employee absence may be somewhat but significantly impacted by job satisfaction.

The Employee Turnover

When people are content, they are less likely to leave their jobs than when they are unhappy. The likelihood that an employee would remain with their current employer is another factor that could be related to job satisfaction. This weak link could be caused by a lack of good alternative work options or by the fact that real turnover is better predicted by job satisfaction when local employment is lower.

The Union Activities

Most happy employees are not really interested in joining a union. It has been established that job dissatisfaction is the primary cause of unionization. When an employee's dissatisfaction at work cannot be resolved by them alone, they form unions. It would be highly unlikely to be happy at work without unionization. This indicates that if the work environment, personnel policies, or management policies don't seem adequate, most employees have a tendency to go to union officials for help in resolving their problems.

Safety

Job satisfaction is connected to a feeling of danger. The perception of increased risk in hazardous work situations is associated with decreased job satisfaction. This would imply that while job pleasure is linked to safe working, job unhappiness is linked to worse job performance and an increase in accidents. This suggests that when employees are dissatisfied with their jobs, they are more likely to have accidents. One of the main reasons behind this is that being unhappy causes us to become distracted and lose concentration on the task at hand. An employee that is content will be more alert and focused on his work, which will result in fewer mishaps.

2.2 Factors Affecting Job Satisfaction

Pay Scale

Job happiness is significantly impacted by pay and compensation. Above all, it is essential to have enough money to cover one's needs. Second, a lot of workers think that their compensation shows how much management values them. Thirdly, it is considered a source of recognition and success. Pay has a strong correlation with both overall contentment and pay satisfaction. The author examines how people who earn large salaries could nevertheless be dissatisfied if they don't enjoy their occupations or can't pursue more rewarding ones. Therefore, it's unclear if money alone may influence a person's level of job contentment or discontent.

The Promotions

A promotion involves transferring a person to a more senior role with more responsibility, pay, benefits, and opportunities. Promotion possibilities are a major factor in job satisfaction because they demonstrate an employee's value to the organization and because people see promotion as the highest achievement in their careers. The employees are irritated and unsatisfied by the lack of these opportunities. Conversely, if employees feel they have a good chance of growing within the organization, it will manifest in better quality work, decreased waste, lower absenteeism, and lower staff turnover.

The Supervision

It is the supervisor's responsibility to watch over the employees. Supervision is a somewhat important aspect in job satisfaction. If the manager is understanding, kind, and genuinely concerned about the welfare of the staff, there will be job satisfaction. Giving workers a say in choices that affect their own jobs considerably improves the working environment and greatly increases job satisfaction, according to managers. This kind of environment, where managers prioritize work output over employee well-being, lowers job satisfaction.

Fringe Benefits

Fringe benefits are extra perks that employees often receive on top of their base pay. Examples of these benefits include free life or health insurance, a pension, and unpaid holidays. Fringe benefits come in two varieties: non-financial and financial. The employer provides a range of benefits and services to the employees that comprise the business in an effort to maintain and promote the employees' favorable views regarding their work and working conditions, which are essential for maintaining high morale and motivation. An employee's performance and satisfaction levels may increase with more eye-catching internal and exterior fringe benefits.

The Contingent Rewards

Contingent benefits include awards for exceptional work as well as recognition and appreciation. A sense that one's efforts are not appreciated or that rewards are not equitably distributed based on performance or other criteria can lead to discontent among employees. Contingent rewards provide evidence in favor of the reinforcement hypothesis of motivation, as they demonstrate that performance-relevant behavior will increase in frequency when rewarded. For many companies, it seems that not giving employees the proper credit for a job well done is a major problem. For example, workers who receive little recognition are more likely to experience frustration and dissatisfaction.

Operating Conditions

Because good working circumstances lead to greater material comforts, employees want them. Workers want a hygienic and safe work environment. A clean environment, the right tools and equipment, the right temperature, humidity, ventilation, lighting, and noise levels all affect how happy one is at work. While unsatisfactory working conditions might contribute significantly to job dissatisfaction, they are not always the cause. If the office is tidy and friendly, people will find it easier to report for duty. They will find it difficult to finish tasks if the opposite happens.

The Co-workers

A kind and helpful group gets the opportunity to speak with one another. It provides consolation and assistance to each individual in the group. On the other hand, if someone is difficult to get along with. The workplace will have a negative impact on job satisfaction. If a coworker consistently criticized them for not having the authority to make decisions, the employee would lose interest in their job. On the other hand, positive feedback from a coworker causes the reverse effect and increases employee satisfaction.

The Nature of Work

The duties associated with the job itself have a big impact on how happy an employee is with their job. The nature of the work itself—often referred to as "intrinsic job characteristics"—is the situational factor that has the greatest impact on job satisfaction. An employee's degree of job satisfaction is significantly influenced by the nature of their work itself. The satisfaction with the nature of the work itself, which encompasses independence, occupation challenge, variation, and scope, is the most important component in determining overall job satisfaction. Other noteworthy outcomes, such as employee retention, are also expected. It is aimed to underline that making work as fascinating and difficult as feasible has the potential to considerably boost your job happiness, not that properly considered remuneration schemes or effective management are irrelevant. As a result, the main subject on which academics should focus in order to fully comprehend what drives people to be happy in their careers is the work itself.

3 Job Satisfaction among the hospital staff

A vital resource for any healthcare system is its hospital workforce. Their duties are extensive since they are in charge of ensuring that the labor force of the country is healthy. Meeting the expectations of their staff members is one of the biggest problems hospitals are currently facing. A hospital's ability to attain employee job satisfaction is crucial. The rate of attrition may rise in the event of low work satisfaction. The need for doctors has grown over the past few decades and is predicted to do so in the future. Considering India's population, there are not enough doctors. It is imperative that all hospitals provide physician work happiness. Hospitals can gain a competitive advantage by having doctors that are efficient. Physicians are essential to a hospital's development and success. Numerous studies on the contentment of physicians and other healthcare professionals with their jobs began in multiple nations during the 1970s. In addition to the advantages that job satisfaction surveys offer the company, they also improve patient happiness and the provision of healthcare services. There is a correlation between doctors' job contentment and their life satisfaction.

4 The Health Care System of Punjab

Punjab's system of providing healthcare services depends on both the public and private sectors. Curative and preventative healthcare services are provided by Punjab's public sector Department of Health and Family Welfare. There are four tiers in the State's public healthcare delivery system, according to theory. Sub Health Centers (SHCs) and dispensaries provide basic healthcare services to a community of 3000-5000 persons. Above it are Primary Health Centers (PHC) that provide care to 20,000–30,000 people. It also refers patients to six sub centers. A population ranging from 80,000 to 1.20 lac is served by Community Health Centers (CHCs), and four PHCs get referrals from them. The complete range of SHCs, PHCs, and CHCs falls under the category of primary healthcare, which offers few services. Primary Health Centers are situated above Community Health Centers (CHCs), which serve 80,000–1,20,000 individuals and serve as a referral center for four PHCs. These SHCs, PHCs, and CHCs are all classified as primary level healthcare providers, which provide limited services. To supplement primary healthcare services, secondary level healthcare is offered. Mostly non-teaching, secondary hospitals are distributed throughout the district by district, sub-district, and civil hospitals. Additionally, district hospitals provide healthcare to both urban and rural populations, acting as the primary and secondary tiers, respectively. Central government hospitals and medical colleges offer specialized and diagnostic services as well as research and development initiatives, enabling them to offer tertiary level healthcare to supplement secondary healthcare.

Table 1

State/UT-wise Number of PHCs, CHCs, SDHs, DHs and beds in the Country.

State/UT/India	No. of Public facilities					No. of beds available in public facilities
	PHC	CHC	SDH	DH	Total	
Andaman & Nicobar Islands	27	4		3	34	1246
Andhra Pradesh	1417	198	31	20	1666	60799
Arunachal Pradesh	122	62		15	199	2320
Assam	1007	166	14	33	1220	19115
Bihar	2007	63	33	43	2146	17796
Chandigarh	40	2	1	4	47	3756
Chhattisgarh	813	166	12	32	1023	14354
Dadra & Nagar Haveli	9	2	1	1	13	568
Daman & Diu	4	2		2	8	298
Delhi	534	25	9	47	615	20572
Goa	31	4	2	3	40	2666
Gujarat	1770	385	44	37	2236	41129
Haryana	500	131	24	28	683	13841
Himachal Pradesh	516	79	61	15	671	8706
Jammu & Kashmir	702	87		29	818	11342
Jharkhand	343	179	13	23	558	7404
Karnataka	2547	207	147	42	2943	56333
Kerala	933	229	82	53	1297	39511
Lakshadweep	4	3	2	1	10	250
Madhya Pradesh	1420	324	72	51	1867	38140
Maharashtra	2638	430	101	70	3239	68998

Manipur	87	17	1	9	114	2562
Meghalaya	138	29		13	180	4585
Mizoram	65	10	3	9	87	2312
Nagaland	134	21		11	166	1944
Odisha	1360	377	27	35	1799	16497
Puducherry	40	4	5	4	53	4462
Punjab	521	146	47	28	742	13527
Rajasthan	2463	579	64	33	3139	51844
Sikkim	25	2	1	4	32	1145
Tamil Nadu	1854	385	310	32	2581	72616
Telangana	788	82	47	15	932	17358
Tripura	114	22	12	9	157	4895
Uttar Pradesh	3277	671		174	4122	58310
Uttarakhand	275	69	19	20	383	6660
West Bengal	1374	406	70	55	1905	51163
All India	29,899	5,568	1,255	1,003	37,725	7,39,024

Source: Data as uploaded by States-UTs on HMIS portal, status as on 20 July 2018, Ministry of Health and Family Welfare, Government of India Publication.

There are 43,486 private hospitals with 1.18 million beds available throughout India. Conversely, there are 739,024 in terms of beds to hospital ratios, ICU to hospital ratios, and ventilator to hospital ratios, the majority of public and private hospitals in the states are equal in capacity; however, in Chandigarh and Puducherry, the capacity of public hospitals is lower than that of private hospitals. Fifteen states in India have more private hospitals, beds, ICUs, and ventilators than public hospitals when compared to government facilities. Including those in Ladakh, 74.25% of all Indians will reside in these 15 states. Sixty-nine to seventy percent of the health infrastructure in these states is private. The remaining states have between 64 and 65 percent public infrastructure and 35 to 36 percent private infrastructure.

The State of Punjab also has a substantial network of the private health industry. Punjab's public health facilities expanded until the mid-1980s, primarily due to increased funding for the public health system. Following the reform era, there was a significant decline in state health services. Table 1.1 below shows that there hasn't been a major improvement in Punjab's health infrastructure since the 1990s.

Table 2
Medical Institutions in Sample Districts of Punjab

District	Hospitals			Primary Health Centers			Subsidiary Health Centre/Dispensaries			Community Health Centres			Ayurvedic Institutions			Unani Institutions			Homeopathic Institutions		
	1991	2011	2021	1991	2011	2021	1991	2011	2021	1991	2011	2021	1991	2011	2021	1991	2011	2021	1991	2011	2021
Amritsar	33	77	77	49	36	44	178	98	182	64	44	66	43	22	24	44	22	22	77	33	33
Jalandhar	25	33	33	36	28	37	161	111	210	61	111	111	45	32	30	55	44	44	10	88	88
Ludhiana	27	55	55	35	33	47	156	120	286	69	91	111	37	36	37	55	44	44	11	11	11
Firozpur	17	44	22	38	34	20	100	85	124	68	84	44	39	38	15	33	33	11	99	88	33
Patiala	19	66	66	44	28	40	132	72	196	61	100	100	51	32	31	11	-	-	88	77	77
Punjab	219	63	71	442	444	524	1473	1308	3038	70	130	150	493	495	495	35	34	34	106	111	111

Source: *Statistical Abstract of Punjab 2021*, *Statistical Abstract of Punjab 2011* and *Statistical Abstract of Punjab 1991*.

Between the period ending 1991 and 2011, there was a drastic decreased in hospitals i.e. from 219 to 63 and have minor increase in 2021 from 63 to 71, number of PHCs remained more or less stagnant from 442 to 444 in 2011 and increased from 444 to 524 in 2023, number of dispensaries decreased from 1473 in 1991 to 1308 in 2011 and drastically increased from 1308 to 3038 in 2021. Although the number of CHCs rose from 70 to 130 and from 130 to 150 in 2021. Other health care facilities in the State, including Ayurvedic, Unani, and Homeopathic facilities, experienced minor development between 1991 and 2011 but no growth between 2011 and 2021, therefore overall, the growth is not at all satisfactory. A district-wise detail of medical institutions in Punjab is also presented in Table 2. It is clear evidence of intrastate variation. Particularly in the rural parts of the State, which account for

more than 60% of the total population, there has been hardly any growth in the number of healthcare facilities. Additionally, these figures show that the number of government-owned medical facilities has increased very slowly or not at all in comparison to the state's steadily rising population.

The trend in the growth of medical institutions has remained more or less stagnant over the years, which clearly reflects the poor commitment of the government of Punjab. In order to ascertain the strength of the public health facilities, it is very much essential to know population served and its utilization pattern of health infrastructure in the State

A recent research study conducted by Down to Earth (DTE) shows the present scenario of health care services in Punjab as under:

1. The research identifies indicators of a state-wide catastrophe, including an increase in diseases and a failing healthcare system.
2. Chronic and hazardous disorders like cancer, hepatitis C, reproductive problems, depression, and arthritis are all highly prevalent in Punjab.
3. "Cancer Express" transports cancer patients to Bikaner, Rajasthan, due to less expensive and superior care.
4. It shows a rise in job openings in the public organizations but fall in primary health centers (PHCs).
5. The cost of private health care is five times higher than that of public health care.

The analysis also shows that Punjab is no longer the prosperous and healthy state that it once was. It has demonstrated that the state is experiencing increasing health crisis, with an increase in number of residents suffering from acute and constantly reoccurring illnesses and a seriously failing public health system. Additionally, DTE has discovered that the state's population's current state of health is concerning. The state had made progress in lowering the maternal mortality rate (MMR) and infant mortality ratio (IMR). It now contending with a new wave of debilitating illnesses like hepatitis C, learning difficulties, cancer, and reproductive disorders, as well as conditions like cerebral palsy with a high prevalence and arthritis, to name a few. Young people as young as twenty-year-olds report having arthritis. According to the state health department, a significant fraction of older individuals experience depression, while 50–60% of young people between the ages of 16 and 35 are said to be drug addicts.

As the burden of sickness has increased upgradation in state health system is not accordingly done . In contrast, it has gotten worse. According to the report, the state's primary health centers (PHCs) decreased to 427 from 2007 to 2015 after remaining unchanged at 484 from 1992 to 2007.

The private sector is currently playing a significant part in the state's healthcare system in Punjab. Nearly 68% of the funds spent under the Ayushman Bharat Yojana, which has been in existence for more than two years, went to hospitals in the private sector. Private hospitals were critical players in the Covid-19 disaster. Along with the private hospitals, the public hospitals must be enhanced as well in order to make high-quality healthcare accessible to the society by reducing medical expenses paid by the patient. Additionally, the government ought to aid nonprofit groups that offer high-quality, reasonably priced healthcare services.

Punjab's rural people use private healthcare at a rate of 70%, which is substantially higher than the nation's average of 58%, according to NSSO data. Punjab has experienced greater private sector growth than other states. According to research from the PGIMER in Chandigarh, which is cited in the DTE report, a trauma care costs Rs 40,000 in public institutions, but the same procedure would set you back an outrageous Rs 2.15 lakh in a state-run private hospital. "Undoubtedly, private organizations need to be regulated in order to guarantee evidence-based care and avoid any exploitation. To guarantee these checks and balances must be included. It is crucial to keep in mind that the government's involvement in providing public healthcare is not restricted to the provision of the necessary infrastructure; rather, it necessitates the development of a coordinated, multifaceted approach that addresses a variety of other areas. For instance, the social determinants of health including sanitary conditions,

access to sports facilities, social security, clean and unpolluted air, safe drinking water, and unspoiled food progressively influence the development or prevention of diseases.

Currently, the state government's contribution to public healthcare system is not only limited to framework; it also necessitates a inter- connect, multifaceted approach that addresses other sectors. For instance, the social determinants of health, such as housing circumstances, access to clean water and food, sanitary conditions, recreational opportunities, and social security, play an increasingly important role in illness prevention. The time has come for a multi-sectoral approach.

The Punjab Chief Minister's innovative Free Hepatitis Program, which was launched in December 2016 and then made into a national program by the Center in 2019, was praised by the WHO. At the national level, the state has received recognition for how it handled the Covid-19 pandemic. The first state in the nation to introduce a vaccination to prevent cervical cancer is Punjab. The creation of new facilities by the state's administration gives the state and its neighboring states optimism for improved healthcare and research. The Bathinda AIIMS and the Sangrur and Ferozepur PGI satellite centers will also make an important contribution to our healthcare system. There is a great deal of hope that the current political upheaval will put an end to these issues and give the general public access to improved healthcare, education, and work security. The state government should place a priority on providing each individual with the best possible healthcare at a reasonable price. Since several years ago, Punjab has been working to improve healthcare delivery, but due to political pressure to meet these goals, difficult decisions have not been made. The people is not confident in Punjab's current public health care system for the following reasons:

- a) a lack of sufficient personnel;
- b) a lack of infrastructure facilities, such as regular, top-notch investigative facilities, necessary medicines, and consumables;
- (c) lack of the desired service and work cultures. These problems must be resolved, and performance evaluations must guarantee efficient manpower management. Special consideration must also be given to medical schools because they set and direct the state's medical standards. PHCs, CHCs, DHs, and medical colleges ought to network in order to provide referral services on a regular basis.

As a result, the Punjabi health system has both advantages and disadvantages. It is significant that it meets new difficulties that also bring about fresh chances for improvement. If we are to achieve the fundamental objectives of being able to offer accessible primary, secondary, and tertiary healthcare services to all societal groups, some reform measures are highly vital. These actions are needed to address the healthcare needs of our expanding population. It is crucial to take action to entice talented individuals to work for public sector organizations by providing them with desirable, deserving compensation and other perks.

The National Rural Health Mission (NRHM)'s benefits and shortcomings were tallied in a survey of district hospitals in Punjab. The survey revealed numerous shortcomings in the way the hospitals functioned, ranging from a crippling lack of facilities to obnoxious patients, poor sanitation, beds, mutters, life-saving equipment's and drugs and all medications, including injections, tablets, cotton, bandages, ORS packets, and antiseptics, are in severe short supply.

Research Gap

The above reviews of studies and factors recognized in the different researches on **job satisfaction and occupational stress** have been included in literature Review. So far, no study has been conducted especially covering Medical & paramedical staff in this region. Moreover, no comparative study has been attempted on **job satisfaction** and occupational stress among both the Medical & Paramedical staff in public and private hospitals in Punjab. Hence, the proposed research shall be "A Comparative study of Job Satisfaction and occupational stress among Medical and Paramedical staff in Public and Private Hospitals in Punjab."

Need and Significance of the study:

Health sector is the field where the numbers of medical & paramedical staff has constantly been increasing over the last two decades. There were various studies conducted in the past to reveal the factors affecting the job satisfaction of doctors and nurses in hospitals and other fields. The occupational stress that affects the job satisfaction level of any employee of other fields is not objectively applicable on the medical staff, because the working conditions, demands and factors on the medical staff are different from the employees of another fields. Mostly employees have same standard working hours but medical staff has a different kind of working life. So, there is a need to fill this gap by conducting study on occupational stress and report of feeling satisfied with their jobs by female medical and paramedical employees at public and private hospitals. The aim of the proposed research work is to review the literature related to the area of occupational stress and mental health in the past years to find out whether there is any relation between specific job characteristics or features and reduced psychological well-being and mental health disorders.

Objectives of the study

Based on research gaps and research questions reported in the previous section the following research objectives are formulated:

- 1 To determine the elements influencing workplace stress with regard to medical and paramedical staff in Punjab's public and private hospitals.
- 2 To measure the influence of occupational stress on job satisfaction among medical and paramedical staff in public and private hospitals in Punjab.

Scope of the study:

The scope of this study is to examine job satisfaction and occupational stress among medical & paramedical staff in public and private hospitals operating in Punjab. The study is expected to provide a deep insight into the factors which put medical & paramedical staff in their high occupational stress level which directly affects the job satisfaction level.

This study's primary goal is to look at the relationship and nature of relationship between the occupational stress and employees' job satisfaction level in the public and private sector hospitals in Punjab

Data Collection

For the purpose of data collection, both primary and secondary sources were taken into consideration.

Primary Data Collection

Through the use of questionnaires, the primary data is gathered. For the purpose of encompassing all conceivable questions relevant to the study, numerous specialists in the field were consulted during the investigation. The major goals of the study are carefully considered when creating the questionnaire. Person-to-person interviews with the respondents are used to get the necessary data. As a result, the current study makes an effort to use both primary and secondary data sources. A questionnaire was given to the respondents—a sample of the medical and paramedical staff working in Punjab's public and private hospitals—in order to collect the primary data. The respondents were asked to evaluate their answers on all the items included in the final questionnaires. The Likert scale, which has five points, was used to score each item. Table3 exhibits the details about variables undertaken for the study. The variables consist of 33 statements in the Questionnaire for respondent which form the basis for collection of primary data.

Table 3: Variables Undertaken for Research in Questionnaire

Category	Number of Questions	Source	Numbers of Statements
Job Satisfaction:			
Pay and promotions	05 [5.1.(1-5)]	Dubey, <i>et al.</i> (1989); Nath (1988),	05
Organisational aspects	05 [5.1.(6-10)]		05
Supervisor behaviour	04 [5.1.(11-14)]		04
Job and working conditions	06 [5.1.(15-20)]		06
Co-workers' behaviour	05 [5.1.(21-25)]		05
HRM Policies and Practices and Job Satisfaction	08 [5.2.(1-8)]		08
Total			33

Secondary Data Collection

The secondary data sources primarily consist of the following:

- Statistical abstract of Punjab
- Published studies in various national and international journals and conference proceedings.
- Articles available in periodicals relating to the above subjects

3.5 Research Design

The research design describes the type of study, research problem, variables, sample design methods along with statistical analysis technique. A research design is an outline which is shaped to discover responses to research questions. This chapter gives information about the nature, type, scope, universe, sample design and analysis techniques which are elaborated as below:

3.6 Type of Research

In the available extensive review of literature researchers have classified research on the basis of research's characteristics. This study is an exploratory and descriptive in nature which further tests the causal relationships among constructs to examine the proposed research hypotheses.

3.7 Sampling and Sample design

The most important aspect of research is sampling. Sample design is decided before data collection. For selecting items for the sample, the researcher would adopt this technique. A researcher can choose any sample design for study from different available designs. The selected sample should be reliable and appropriate for further study. It might be outlined as the selection of a subset within the entirety or aggregate as the basis for an assessment of the aggregate or entirety. Sampling Unit: In this study, the sampling unit was the medical and paramedical staff of public and private hospitals of the Punjab.

Sampling Size: The size of the sample was selected because it provides the accurate picture and might be sufficient to represent the entire population. There were limits on the total sample size to 400 respondents.

Sampling Design: For the medical and paramedical staff, purposeful sampling has been performed, according to the required need of data for obtaining results.

Division of Punjab is in three geographical regions; Majha, Malwa and Doaba.

Table: 4

Total Districts of Punjab (Region Wise)

Region	Number of Districts	Name of the Districts
Majha	4	Amritsar, Gurdaspur, Tarntaran and Pathankot
Malwa	14	Patiala, Moga, Bathinda, Ludhiana, Fazilka, Ferozpur, Faridkot, Rupnagar (Ropar), Fatehgarh Sahib, Bathinda, Barnala, Muktsar, SAS Nagar (Mohali) and Sangrur
Doaba	4	Jalandhar, Hoshiarpur, Kapurthala and Nawanshahar

Table: 5

Selected Districts of Punjab (Region Wise)

Region	Number of Districts	Name of the Districts	Number of Hospitals (Public and Private)	Number of Respondents
Majha	1	Amritsar	4	80
Malwa	3	Ludhiana, Patiala, and Ferozpur	12	240
Doaba	1	Jalandhar	4	80

According to the above table, 25% of the districts in each area have been chosen, and the districts chosen are those with the highest population density according to the Census of India 2011.

Analysis

This section of the research paper describes the findings and interpretations of the statistical analysis performed on the data obtained from the research study's questionnaire. The present research paper measures the effect of occupational stress on job satisfaction among medical and paramedical staff in public and private hospitals in Punjab.

To understand the impact of the independent variables on the dependent variable, a regression model is constructed. Further, a regression model helps to estimate the value of the dependent variable for the known values of the independent variable. In this study, Job Satisfaction (JS) is taken as the dependent variable against the five factors of stress or subscales as independent variables, namely, Role Overload (RO), Role Conflict (RC), Political Pressure (PP), Role Ambiguity (RA), and Under Participation (UP).

The multiple regression models for job satisfaction (JS) with the above independent of predictor variables may be expressed as:

Model -1

$$JS = B_0 + B_1RO + B_2RC + B_3PP + B_4RA + B_5UP + E$$

where B_0 is the constant in the regression model, E is the random error variable. B_1 to B_5 are regression coefficients. B_0 and e are included to take care of (i) mean effects of omitted variables and (ii) error of approximation of functional form.

Table 6

Variables	Coefficient	T-statistics	P value
Constant		3.465*	0.000
RO	.229	53.121*	0.000
RC	.208	49.323*	0.008
PP	.219	51.176**	0.044
RA	.171	43.334*	0.003
UP	.121	37.432*	0.002
R-square	0.691		
Adjusted-R square	0.623		
F-statistics	27.251		
Prob (F-statistics)	0.000		
Durbin-Watson statistics	2.143		
Total Observation	100		

Table states that the model's results indicated an R² value of 0.691. According to this, the chosen factors account for 69.1% of the total data, with the remaining portion being explained by additional variables not included in the study. This model's excellent cross validity has been demonstrated by an adjusted R square value of 62.3%, which is positive. Large (27.251) and significant (at a 1% confidence level) F statistic was discovered. According to the aforementioned indicators, the regression model is both statistically valid and fit. The value of Durbin-watson (2.143) indicates that there is no problem of auto correlation in the model as it is within the prescribed limits (1-3). As per the results of model, it has been found that all the selected variables of occupational stress have significant positive relation with job satisfaction.

Regression coefficients declare the relative contribution of the predictor variable. Analysis indicated that among the five factors of stress or subscales, '**Role overload**' ranks first with a regression coefficient of 0.229 followed by '**Political Pressure**', with a regression coefficient of 0.219. '**Under Participation**' is the source causing lowest stress for the medical staff of public hospitals. Regression coefficients of the multiple regression model as computed by SPSS.

Model -2

$$JS = B_0 + B_1RO + B_2RC + B_3UG + B_4PP + B_5RA + B_6UP + E$$

where B0 is the constant in the regression model, " is the random error variable. B1 to B5 are regression coefficients. B0 and e are included to take care of (i) mean effects of omitted variables and (ii) error of approximation of functional form.

Table 7

Variables	Coefficient	T-statistics	P value
Constant		3.382*	0.000
RO	.299	58.181*	0.000
RC	.308	59.213*	0.006
PP	.259	51.121**	0.041
RA	.191	42.324*	0.002
UP	.221	45.412*	0.003
R-square	0.671		
Adjusted-R square	0.629		
F-statistics	27.102		
Prob (F-statistics)	0.000		
Durbin-Watson statistics			
Total Observation	2.121		
	100		

The findings of the model, which are shown in the table, indicated that the value of R2 is 0.671.

It indicates, the chosen factors account for 67.1% of the total data, with other variables not included in the study accounting for the remainder. This model's excellent cross validity has been demonstrated by a positive value of Adjusted R square of 62.9%. Large (27.102) and significant (at a 1% confidence level) F statistic was discovered. According to the aforementioned metrics, the regression model is statistically sound and reliable too. The value of Durbin-watson (2.121) indicates that there is no problem of auto correlation in the model as it is within the prescribed limits (1-3). As per the results of model, it has been found that all the selected variables of occupational stress have significant positive relation with job satisfaction.

Regression coefficients declare the relative contribution of the predictor variable. Analysis indicated that among the five factors of stress or subscales, '**Role conflict**' ranks first with a regression coefficient of 0.308 followed by "**Role overload**", with a regression coefficient of 0.299. "**Role ambiguity**" is the source causing lowest stress for the paramedical staff of public hospitals. Regression coefficients of the multiple regression model as computed by SPSS.

Model -3

$$JS = B_0 + B_1RO + B_2UG + B_3PP + B_4RC + B_5RA + B_5UP + E$$

where B_0 is the constant in the regression model, E is the random error variable. B_1 to B_5 are regression coefficients. B_0 and e are included to take care of (i) mean effects of omitted variables and (ii) error of approximation of functional form.

Table 8

Variables	Coefficient	T-statistics	P value
Constant		3.285*	0.000
RO	.329	51.121*	0.001
PP	.288	44.323*	0.008
RC	.299	50.176**	0.043
RA	.151	42.334*	0.001
UP	.111	33.432*	0.003
R-square	0.682		
Adjusted-R square	0.613		
F-statistics	24.309		
Prob (F-statistics)	0.000		
Durbin-Watson statistics			
Total Observation	2.123		
	100		

The results of the model, as shown in the table, indicated that R^2 was 0.682. It shows that the chosen factors account for 68.2% of the total data, with the remaining portion being explained by additional variables not included in the study. This model's excellent cross validity is demonstrated by the positive value of the Adjusted R square, which is 61.3%. Large (24.309) and significant (at a 1% confidence level) F statistic was discovered. According to the aforementioned indicators, the regression model is both statistically valid and fit. The value of Durbin-watson (2.123) indicates that there is no problem of auto correlation in the model as it is within the prescribed limits (1-3). As per the results of model, it has been found that all the selected variables of occupational stress have significant positive relation with job satisfaction.

Regression coefficients declare the relative contribution of the predictor variable. Analysis indicated that among the five factors of stress or subscales, '**Role overload**' ranks first with a regression coefficient of 0.229 followed by '**Role conflict**', with a regression coefficient of 0.219. '**Under Participation**' is the source causing lowest stress for the medical staff of private hospitals. Regression coefficients of the multiple regression model as computed by SPSS.

Model -4

$$JS = B_0 + B_1RO + B_2UG\&PP + B_3RC + B_4RA + B_5UP + E$$

where B_0 is the constant in the regression model, E is the random error variable. B_1 to B_5 are regression coefficients. B_0 and e are included to take care of (i) mean effects of omitted variables and (ii) error of approximation of functional form.

Table 9

Variables	Coefficient	T-statistics	P value
Constant		3.815*	0.000
RO	.329	51.101*	0.001
UG&PP	.298	48.203*	0.007
RC	.319	47.126**	0.039
RA	.297	40.134*	0.004
UP	.281	38.412*	0.003
R-square	0.691		
Adjusted-R square	0.693		
F-statistics	25.409		
Prob (F-statistics)	0.000		
Durbin-Watson statistics			
Total Observation	2.113		
	100		

The findings of the model, as shown in the table, indicated that R^2 was 0.691. According to this, the chosen factors account for 69.1% of the total data, with the remaining portion being explained by additional variables not included in the study. This model's excellent cross validity has been demonstrated by the positive value of the Adjusted R square, which is 69.3%. Large (25.409) and significant (at a 1% confidence level) F statistic was discovered. According to the aforementioned indicators, the regression model is both statistically valid and fit. The value of Durbin-watson (2.113) indicates that there is no problem of auto correlation in the model as it is within the prescribed limits (1-3). As per the results of model, it has been found that all the selected variables of occupational stress have significant positive relation with job satisfaction.

Regression coefficients declare the relative contribution of the predictor variable. Analysis indicated that among the five factors of stress or subscales, '**Role overload**' ranks first with a regression coefficient of 0.329 followed by '**Role conflict**', with a regression coefficient of 0.319. '**Under Participation**' is the source causing lowest

stress for the paramedical staff of private hospitals. Regression coefficients of the multiple regression model as computed by SPSS.

Health sector is recognized across the world as a profession prone to high occupational stress. Past studies indicated that level of occupational stress is high among health workers than people employed in any other profession. Present days all the medical and paramedical professionals (Doctors, Nurses, Technicians, Employers, Pharmacists, Managers, Officers, etc.) in all the productive and service sectors are concerned about stress at work place. Hence, it has become very essential to find out the ways to manage and reduce stress from the life of employers as well as of employees. Here an attempt shall be made to undertake a comparative research study relating to Occupational Stress level and Job Satisfaction among Medical and Paramedical Staff in Public and Private Hospitals in Punjab. Primary data for this study was collected through semi-structured and validated questionnaire. Analysis of data was taken up with the help of SPSS 22.0 and appropriate statistical tools have been employed in the analysis.

Findings

The present study compares the various dimensions of occupational stress in medical and paramedical staff of public and private hospitals in Punjab and describes the impact of occupational stress on the job satisfaction.

According to the research, a large majority of public and private health employees suffered occupational stress. Additionally, it confirms the notion that workers in the health industry are among those most frequently exposed to work stress. This investigation also revealed that there was strong agreement among public and private health professionals, and that occupational stressors are important when developing stress management programs for hospitals.

The workload is the most important determinant of work-related stress in both public and private hospitals; as a result, professionals who worked 40 hours per week were nearly half as likely to experience stress as those who worked more than 50 hours in a week. The result of which is, as the workload increases, so does the likelihood of experiencing stress. The burden of the COVID-19 epidemic, can be used to explain this in which working for long hours, a shortage of employees, or ineffective human resource apportion caused weariness and stress.

Additionally, receiving support and help at work is a key factor in determining work stress for healthcare professionals working in private hospitals; as a result, who received sufficient support and help from supporting staff, management and colleagues were 77% less prone to become stressed out than employees who did not. This can be because private hospitals have a heavy workload, not enough employees, and need their medical staff to put in long hours.

Additionally, this study is showing that employees in public hospitals are more prone to experience stress than their private sector counterparts. A discrepancy in the ERS or insufficient staffing could both be contributory issues. The discrepancy in the WRS was caused by a variety of factors, including a difference in monthly income, an increase in patients and community violence in the government, a lower level of education among healthcare professionals, poor stress management, a shortage of equipment and medications, and a lack of equipment and pharmaceuticals.

Suggestions

The government and hospital administration should lessen political activity in the health care ministry and hospitals and make sure that the socio-political system won't interfere with the dedication and satisfaction of hospital workers. As a result, the socio-political environment in hospitals should be welcoming to everybody, particularly when it comes to the working conditions and monitoring at tertiary hospitals.

Hospital management must take into account the prevalence of subordinate supervision. If good patient outcomes are to be attained, everyone should receive equal treatment, and no group of persons should receive preferential treatment. There should not be partial monitoring because its absence will create an atmosphere that will foster efficient workplace.

Many workplace factors, such as losing control over treatment protocols due to inadequate physical facilities, ignorance of epidemic treatment, and fewer or no expectations of rewards or material and moral incentives, among others, contribute to cause and heighten perceived stress among medical professionals. As a result, providing proper facilities and incentives can aid in lowering the perception of stress and boosting job satisfaction among medical personnel.

A fundamental structural overhaul is required if hospitals are to foster an inclusive workplace culture. All of this can reduce the perceived stress that the present epidemic has on the medical community.

Work Assessment Committees may be established in the hospitals, under the direction of a competent professional, to enhance the Medical and Paramedics' Quality of Work Life in the Public and Private Hospitals Selected Under Study. The Committee could convene frequently to review performance and recognize the experts' earnest efforts.

References:

- [1] Mohajan, H.K. (2012), The Occupational Stress and Risk of it among the Employees, *International Journal of Mainstream Social Science*, 2(2): 17–34.
- [2] Elqerenawi AY, Thabet AA, Vostanis P (2017) Job Stressors, Coping and Resilience among Nurses in Gaza Strip. *Clin Exp Psychol* 3: 159. doi: 10.4172/2471-2701.1000159
- [3] Orville C. Walker, Jr., Gilbert A. Churchill, Jr. and Neil M. Ford *Journal of Marketing Research* Vol. 14, No. 2 (May, 1977), pp. 156-168 (13 pages) Published By: Sage Publications, Inc.
- [4] Siegal & Lance; *Personnel and organisational psychology*; Homewood; IL: Richard D. Irwin, Inc; 1987.
- [5] Statt, D. (2004). *The Routledge Dictionary of Business Management*, Third edition, Routledge Publishing Detroit, 78.
- [6] Job Ayodele Ekundayo (2014) occupational stress and employee and productivity in the work Place. *International Journal of Scientific Research in Education*, (IJSRE) June 2014, Vol. 7(2), 157-165 ISSN: 1117- 3259
- [7] Hiralal R. Desrani (2013) Occupational Stress and Management Policies Hiralal R. Desrani [Subject: Commerce & Management] *International Journal of Research in Humanities and Social Sciences* Vol. 1, Issue:6, August 2013 (IJRHS) ISSN:2320-771X
- [8] Amna Al-Meerza, Safeya F.Y. Al-Sayegh, Laila M. Al-Sayrafy, Ebtisam M. Alkoot, Medhat K. El-Shazly & Mohammed Ibrahim Kamel (2012) Comparison of sources and expressions of stress among hospital and primary health care physicians, *Alexandria Journal of Medicine*, 48:4, 367-371, DOI: [10.1016/j.ajme.2012.02.001](https://doi.org/10.1016/j.ajme.2012.02.001)
- [9] Rajan D. (2012) Health problems among sanitary workers a comparative study *JIMS8M: The Journal of Indian Management & Strategy* Year : 2016, Volume : 21, Issue : 4 First page : (38) Last page : (43) Print ISSN : 0973-9335. Online ISSN : 0973-9343. Article DOI : [10.5958/0973-9343.2016.00032.6](https://doi.org/10.5958/0973-9343.2016.00032.6)
- [10] Mache, S. et al (2012) Coping with job stress by hospital doctors: a comparative study *Wiener Medizinische Wochenschrift* (1946). 2012 Oct;162(19-20):440-447. DOI: 10.1007/s10354-012-0144-6. PMID: 23111656.
- [11] **Cardoso and Fernandes (2011)**
- [12] **Hombergh et al., (2009)** High workload and job stress are associated with lower practice performance in general practice: an observational study in 239 general practices in the Netherlands. *BMC Health Serv Res*. 2009 Jul 15;9:118. doi: 10.1186/1472-6963-9-118. PMID: 19604386; PMCID: PMC2720387
- [13] **Domagala A et al. (2018)** Factors Associated with Satisfaction of Hospital Physicians: A Systematic Review on European Data. *Int J Environ Res Public Health*. 2018 Nov 13;15(11):2546. doi: 10.3390/ijerph15112546. PMID: 30428606; PMCID: PMC6266839.

- [14] **Srivastava, P. et al (2017)**. Job satisfaction and Job stress among various employees of tertiary care level hospital in central Uttar Pradesh, India. Indian J Community Health [Internet]. 2017 Mar. 31 [cited 2023 Oct. 10];29(1):67-74. Available from: <https://iapsmupuk.org/journal/index.php/IJCH/article/view/723>
- [15] **Goetz K et al. (2016)** Job satisfaction of primary care physicians in Switzerland: an observational study, Family Practice, Volume 33, Issue 5, October 2016, Pages 498–503, <https://doi.org/10.1093/fampra/cmz047>
- [16] **Koirom, A. et al (2016)** Employees' Perceived Quality of Work Life: a Comparative Study Between Private and Public Hospitals of Manipur (India) INDIAN JOURNAL OF RESEARCH Volume : 5 | Issue : 2 | February 2016
- [17] **Lee (2016)** “Comparison of Job Satisfaction between Non-Profit and Public Employees” Nonprofit and Voluntary Sector Quarterly, 2016•journals.sagepub.com