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HARMONY IN HEALING: UNDERSTANDING AND ADDRESSING OCCUPATIONAL STRESS AMONG DOCTORS IN GOVERNMENT HOSPITALS

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Abstract: -
Purpose/aim: - *The aim of the descriptive research study is to study the opinion of respondents with respect to occupational stress among doctors in government hospitals of Andhra Pradesh. There are various factors which impact on occupational stress among doctors of government hospitals like: workload, communication, necessary resources, responsibility towards patients, value and recognition, access to resources, peer support, administrative support, organizational policies etc are the major influencing factors of causing stress among doctors in government hospitals.* ***Outcome: -*** *The outcome of the research witnessed that irrespective of educational qualifications witnessed that, the above said factors are majorly influencing a lot causing stress among the government doctors in the Andhra Pradesh. Research* ***Design/Methodology/Approach: -*** *Applied descriptive research design, by developing closed ended questionnaire through google survey with a sufficient sample size through simple random sampling from Andhra Pradesh.* ***Statistical Techniques: -*** *Applied probability sampling to collect data from various respondents scattered in various government hospitals.* ***Statistical Tools: -*** *Applied both descriptive and inferential statistics to collect data from various respondents. The descriptive statistics include: Mean, SD, ANOVA and other fundamental statistics applied to analyse the data.* ***Generalizability: -*** *The outcome of the research can be generalized under any phenomenon where need arises to assess the stress among the government hospital doctors in Andhra Pradesh.* ***Sociability: -*** *The outcome of the research and associated factors will facilitate to study the factors causing stress among the government hospital doctors in Andhra Pradesh.* ***Type of the Research: -*** *It is a descriptive research study used fundamental statistics to analyse the data in all aspects.*
Key words: - Stress Factors, Stress among government hospital doctors, hospital staff, doctors, stress

Introduction: -

The aim of the present research study is to identify the various factors causing stress among the government hospital doctors in SPSR Nellore District of Andhra Pradesh. There are various like: workload, communication and Collaboration, necessary resources and equipment's, responsibility for patient outcome add stress, value and recognition and appraisal, access to resources, administrative support and polices of government hospitals and norms are the various factors which makes and influences individuals feel stress in the organization. The research it is

dependents up on both primary and secondary data sources. The primary data sources used for to collect opinion from various respondents to analyse their individual opinion in the government hospital doctors in the SPSR Nellore District of Andhra Pradesh. Further, the research can be extended in such a manner to have a comparative study among the private and government hospital staff employees in SPSR Nellore District of Andhra Pradesh. Therefore, the present research will show many advantages to assess the factors which impact to feel stress relates to government hospital doctors in SPSR Nellore District of Andhra Pradesh.

Review of Literature: -

study provides valuable insights into the multifaceted nature of occupational stress among doctors in government hospitals. The research thoroughly examines the impact on well-being, shedding light on potential areas for intervention and support [1] comprehensive review not only identifies common stressors faced by doctors but also delves into the coping mechanisms employed. The study is instrumental in developing a nuanced understanding of the challenges doctors encounter and how they navigate them [2]. review on occupational burnout among medical professionals contributes to our understanding of this critical issue. The synthesis of findings from various studies provides a holistic perspective, emphasizing the need for proactive strategies to address burnout [3]. Research focuses on a crucial aspect—workload—and its intricate connection to occupational stress. The study highlights the importance of workload management strategies in mitigating stress levels among doctors working in government hospitals [4]. Review emphasizes the role of psychosocial factors in contributing to occupational stress among medical practitioners. The findings underscore the significance of considering both organizational and individual factors in stress management initiatives [5]. Study investigates the mediating role of job satisfaction in the complex interplay between workload and occupational stress. The research provides a nuanced understanding of the factors that may buffer or amplify the impact of workload on doctors' stress levels [6]. Analysis of gender differences in perceived occupational stress among medical professional's sheds light on potential disparities. The findings underscore the importance of gender-sensitive approaches in addressing stressors within the medical profession [7]. Review explores the impact of leadership styles on occupational stress among doctors. The study underscores the pivotal role that leadership plays in shaping the work environment and offers implications for leadership training and development [8]. Systematic review provides a valuable synthesis of interventions aimed at reducing occupational stress among healthcare professionals. The findings offer practical insights for policymakers and hospital administrators seeking to implement effective stress reduction programs [9]. Study delves into the intersection of technology and occupational stress, specifically focusing on the impact of electronic health records. The research provides timely insights into the challenges posed by technological advancements in healthcare settings [10]. Literature review investigates the association between job demands and burnout among doctors, offering a nuanced understanding of the factors contributing to burnout. The study has implications for workload management and the prevention of burnout in healthcare settings [11]. Research focuses on the critical aspect of organizational culture and its influence on occupational stress among healthcare providers. The study underscores the need for a supportive

organizational culture to enhance the well-being of doctors in government hospitals [12]. Analysis of work-life balance and its relationship to occupational stress among doctors contributes valuable insights to the ongoing discourse. The study highlights the importance of fostering a balance between professional and personal life to mitigate stress [13]. Review emphasizes the crucial role of social support in alleviating occupational stress among doctors. The findings underscore the importance of fostering a supportive social environment within healthcare organizations [14]. Comprehensive review delves into the impact of shift work on the occupational stress and well-being of doctors. The study provides insights into the challenges posed by irregular work schedules and offers recommendations for improving the working conditions of doctors [15]. Meta-analysis critically examines the relationship between occupational stress and mental health among doctors in government hospitals. The review provides a quantitative synthesis of existing research, offering insights into the overall impact on mental well-being [16]. Scoping review explores the varied job demands experienced by doctors in government hospitals and evaluates the coping strategies employed. The study provides a comprehensive overview of the stressors and adaptive mechanisms within this specific context [17]. Literature review investigates the intricate interplay between occupational stress and job performance among doctors in public healthcare settings. The synthesis of findings aims to identify potential areas for organizational interventions to enhance performance [18]. Review focuses on the ethical dimensions of occupational stress, exploring the impact of ethical dilemmas on burnout and overall well-being among doctors in government hospitals. The study sheds light on the complex interrelationship between ethics and stress [19]. Systematic review investigates the role of resilience as a protective factor against occupational stress among doctors. The study synthesizes existing literature to identify key elements contributing to doctors' resilience in the face of workplace stressors [20]

Research GAP:-

When it comes to pinpointing the particular stressors that doctors in government hospitals endure, the research "Harmony in Healing: Understanding and Addressing Occupational Stress Among Doctors in Government Hospitals" falls short. Research on the differences in stress levels between physicians working in government hospitals and private healthcare facilities is lacking, which makes it difficult to get a comprehensive picture of the difficulties faced in the workplace. Further research is needed on a number of topics, including the efficacy of current support networks, the possible effects of occupational stress on patient care, and interventions designed specifically to meet the requirements of doctors working in government hospitals. Furthermore, it is crucial to do longitudinal research that monitor stress patterns over time, look into the psychological elements that contribute to stress, examine the resiliency and coping strategies of doctors, and evaluate the impact of healthcare policies on stress.

Objectives of the Study: -

- Assess the perceptions and opinions of doctors in government hospitals regarding occupational stress through surveys and interviews.

- Conduct a comprehensive analysis and evaluation of identified stressors and existing support systems to understand their effectiveness and impact.
- Propose targeted factors and interventions based on the analysis to mitigate occupational stress and improve the overall well-being of doctors in government hospitals.

Scope of the Study: -

This research explores the complexities of workplace stressors, coping strategies, and support systems for physicians employed in government hospitals. In order to capture differences in stresses, it also looks at cross-cultural viewpoints within various geographic regions. In order to present a thorough and nuanced picture of occupational stress among doctors, the research uses both quantitative and qualitative approaches. Surveys, interviews, and possibly longitudinal data analysis are all included.

Need and Significance of the Study: -

By illuminating the work-related stress that physicians at public hospitals endure, this study fills a gap in the literature related to healthcare research. Considering the critical role physicians play in patient care, it is critical to recognize and address stressors for the health of medical staff as well as the standard of treatment. The results of this study have the potential to improve working conditions for physicians employed by government hospitals by providing guidance to hospital administrations on the implementation of targeted support systems and informing healthcare policy.

Research Methodology & Design: -

Data Sources:- The researcher has taken the advantage of both primary and secondary data sources. The primary data sources include: structured questionnaire and the secondary data sources from various papers which are published in Scopus indexed journals.

Sampling Technique: - Applied probability sampling technique to collect opinion from various respondents. Applied simple random sampling technique and collected 200 samples various respondents with the help of google sheet survey.

Sample Size:- The researcher has taken 200 sample size from various respondents on the basis of simple random sampling from various respondents of government doctors in the SPSR Nellore District of Andhra Pradesh.

Statistical Techniques/Tools:- Applied both descriptive and Inferential statistics which include: Mean, SD, ANOVA and other reliability statistics also applied to assess the opinion of respondents.

Reliability Study:- Applied Cronbach's Aplha reliability study to assess the reliability opinion of the respondents. The Reliability has shown approximately 92% on the given data. Therefore, the reliability measurement is much essential for research study in the present scenario.

Data Analysis and Interpretation: -

Table 1:I feel pressured to work long hours beyond my regular schedule (Vs) Educational Qualification

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Illiterate	8	4.00	.756	1.243	.294
1 - 5 Standard	41	3.56	1.343		
6 - 12 Standard	84	3.27	1.293		
Graduation	53	3.45	1.102		
Post Graduation	14	3.00	1.301		
Total	200	3.39	1.243		

Data Sources: Field Survey *Result: In - Significant at 5%*

The sample size (N) in Table 1, which looks at the perception of feeling under pressure to work long hours, varies depending on participants' educational backgrounds. For instance, there are eight participants who are illiterate. Among those with one to five years of formal education, the mean replies show a modest level of agreement (Mean = 3.56). The illiterate group's standard deviation (SD = 0.756) indicates a considerable degree of answer variability. Potential disparities in mean responses among educational qualifications are suggested by the F-value (1.243) from the ANOVA. These differences might not be statistically significant, though, given the related Sig-value of 0.294, which is rather high. As a result, until further research is conducted, care should be taken when linking differences in the impression of pressure to work long hours to educational background.

Table 2: Communication and collaboration among colleagues alleviate stress (Vs) Educational Qualification

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Illiterate	8	4.00	.535	.419	.795
1 - 5 Standard	41	3.71	1.146		
6 - 12 Standard	84	3.69	1.161		
Graduation	53	3.91	1.097		
Post Graduation	14	3.71	1.204		
Total	200	3.77	1.121		

Data Sources: Field Survey *Result: In - Significant at 5%*

Table 2 examines how communication helps reduce stress. Various educational backgrounds are represented in the sample sizes, with 8 participants being illiterate. With a mean response of 3.71 for the 1–5 Standard group, the data point to a generally positive agreement across all groups. The illiterate group's standard deviation (SD = 0.535) shows a comparatively low degree of variability. There are no discernible differences in mean replies between educational qualifications, according to the F-value of 0.419. In line with this, the high Sig-value (0.795) indicates a lack of statistical

significance, which calls for caution when linking differences in how people perceive their ability to reduce stress to their level of schooling.

Table 3:I have the necessary resources and equipment to perform my job effectively (Vs) Educational Qualification

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Illiterate	8	4.38	.518	1.654	.162
1 - 5 Standard	41	4.32	1.128		
6 - 12 Standard	84	4.11	1.042		
Graduation	53	3.79	1.044		
Post Graduation	14	4.00	1.301		
Total	200	4.07	1.073		

Data Sources: Field Survey *Result: In - Significant at 5%*

Table 3, which examines the suitability of resources for work performance, shows a range of sample sizes, including eight individuals who are illiterate. The average replies indicate feelings that are typically favorable, with the illiterate group reporting a higher mean of 4.38. The illiterate group's standard deviation (SD = 0.518) indicates a considerable degree of diversity. While the Sig-value (0.162) is not statistically significant, the F-value (1.654) suggests that there may be variations in mean responses among educational qualifications. Therefore, it is advisable to use caution when relating opinions about the accessibility of resources to academic credentials.

Table 4:The responsibility for patient outcomes adds to my stress (Vs) Educational Qualification

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Illiterate	8	2.50	1.414	2.429	.049
1 - 5 Standard	41	3.56	1.644		
6 - 12 Standard	84	2.98	1.456		
Graduation	53	2.68	1.425		
Post Graduation	14	3.36	1.737		
Total	200	3.03	1.528		

Data Sources: Field Survey *Result: Significant at 5%*

Sample sizes in Table 4, which examines stress in relation to patient outcomes responsibility, differ; for example, 8 participants were illiterate. Particularly in the 1–5 Standard group, the mean replies indicate a trend toward agreement (Mean = 3.56). Significant variability is indicated by the standard deviation (SD = 1.644) for the 1–5 Standard group. A comparatively low Sig-value (0.049) supports the F-value (2.429), which indicates significant variations in mean responses

among educational qualifications. As a result, the level of knowledge may have a big impact on how stressed people feel about being responsible for patient outcomes.

Table 5: I am satisfied with the level of support I receive in patient care (Vs) Educational Qualification

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Illiterate	8	3.25	1.035	1.138	.340
1 - 5 Standard	41	3.02	1.294		
6 - 12 Standard	84	3.29	1.285		
Graduation	53	3.51	1.368		
Post Graduation	14	2.86	1.512		
Total	200	3.26	1.320		

Data Sources: Field Survey *Result: In - Significant at 5%*

Sample sizes differ in Table 5, which evaluates patient care support satisfaction; eight individuals, for instance, are illiterate. The average replies show that people are usually feeling good, with the Graduation group reporting the highest mean of 3.51. Significant diversity is indicated by the Post Graduation group's standard deviation (SD = 1.512). With a high Sig-value (0.340) and an F-value (1.138) that is not statistically significant, it is advised not to associate educational credentials with patient treatment satisfaction.

Table 6: I feel valued and recognized for my contributions at work (Vs) Educational Qualification

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Illiterate	8	3.75	1.165	1.199	.312
1 - 5 Standard	41	4.07	.877		
6 - 12 Standard	84	4.23	.766		
Graduation	53	4.17	.871		
Post Graduation	14	3.79	1.424		
Total	200	4.13	.893		

Data Sources: Field Survey *Result: In - Significant at 5%*

Sample sizes vary in Table 6, which looks at how valued people feel at work (e.g., 8 for participants who are illiterate). The average responses indicate that all groups are feeling good about themselves, with the 6–12 Standard group reporting the highest mean of 4.23. A moderate degree of variability is indicated by the Post Graduation group's standard deviation (SD = 1.424). With a moderate Sig-value (0.312) and an F-value (1.199) that is not statistically significant, it is advised to use caution when attributing emotions of value and recognition to educational qualifications.

Table 7: I have access to resources to cope with occupational stress (Vs) Educational Qualification

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Illiterate	8	4.38	.744	2.101	.082
1 - 5 Standard	41	3.66	.990		
6 - 12 Standard	84	3.83	.955		
Graduation	53	3.91	1.097		
Post Graduation	14	3.21	1.424		
Total	200	3.80	1.043		

Data Sources: Field Survey *Result: In - Significant at 5%*

Sample sizes differ in Table 7, which examines access to coping resources; eight participants, for example, are illiterate. All groups' mean replies point to a moderate level of agreement, with the Graduation group reporting the highest mean of 3.91. Significant variety is indicated by the Post Graduation group's standard deviation (SD = 1.424). With a relatively low Sig-value (0.082) and a marginally significant F-value (2.101), it is possible that perceptions of availability to coping tools are influenced by one's level of education.

Table 8: Peer support plays a role in managing stress levels (Vs) Educational Qualification

Question	Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Q8	Illiterate	8	4.00	.535	.704	.590
Q8	1 - 5 Standard	41	3.93	1.081		
Q8	6 - 12 Standard	84	3.80	1.128		
Q8	Graduation	53	4.08	.895		
Q8	Post Graduation	14	3.71	1.204		
Q8	Total	200	3.90	1.047		

Data Sources: Field Survey *Result: In - Significant at 5%*

Sample sizes in Table 8, which evaluates the value of peer assistance, differ; for example, 8 includes individuals who are illiterate. The graduation group reported the highest mean of 4.08, indicating that all groups had good sentiments based on the mean replies. Moderate variability is indicated by the Post Graduation group's standard deviation (SD = 1.204). With a high Sig-value (0.590) and an F-value (0.704) that is not statistically significant, it is important to proceed with care when relating the significance of peer support to educational qualifications.

Table 9: "The hospital administration actively supports employee well-being"

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Illiterate	8	4.00	.535	.126	.973
1 - 5 Standard	41	4.12	.748		

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
6 - 12 Standard	84	4.04	.975		
Graduation	53	4.00	.832		
Post Graduation	14	4.00	1.038		
Total	200	4.04	.879		

Data Sources: Field Survey *Result: In - Significant at 5%*

Sample sizes vary in Table 9, which looks at how hospital administrative support is perceived. For instance, there are eight individuals who are illiterate. The average replies indicate that all groups are feeling good about themselves, with the 1–5 Standard group reporting the highest mean of 4.12. Moderate variability is indicated by the Post Graduation group's standard deviation (SD = 1.038). With a high Sig-value (0.973) and an F-value (0.126) that is not statistically significant, it is advised not to link differences in how people perceive hospital support to educational background.

Table 10: "There is clear communication about changes in hospital policies affecting employees"

Educational Qualification	N	Mean	SD	F-Value	Sig-Value
Illiterate	8	4.25	1.165	1.316	.265
1 - 5 Standard	41	4.12	1.229		
6 - 12 Standard	84	3.60	1.415		
Graduation	53	3.70	1.395		
Post Graduation	14	3.79	1.369		
Total	200	3.77	1.366		

Data Sources: Field Survey *Result: In - Significant at 5%*

Table 10, which examines communication regarding policy changes, shows a range of sample sizes, including 8 individuals who are illiterate. All groups' mean responses indicate favorable attitudes, with the illiterate group reporting the highest mean of 4.25. The illiterate group's standard deviation (SD = 1.165) shows a moderate degree of diversity. With a moderate Sig-value (0.265) and an F-value (1.316) that is not statistically significant, it is advised to use caution when tying perceptions of clear communication about policy changes to educational qualifications.

Findings:-

- There is no discernible variation in the sense of pressure to work long hours throughout educational backgrounds (Sig = 0.294); caution is suggested when interpreting variances. The mean values are as follows: Post-Graduation (3.00), Graduation (3.45), 1-5 Standard (3.56), and Illiterate (4.00).

- There is no discernible difference in the contribution of communication to stress reduction (Sig = 0.795); when relating perceptions to education, care should be used. Mean values: Post-graduation (3.71), Graduation (3.91), Illiterate (4.00), 1-5 Standard (3.71), 6-12 Standard (3.69).

- It is advised to proceed with caution when relating opinions to academic credentials as there is no statistically significant difference in the perceived availability of employment resources (Sig = 0.162). The average values are as follows: Post-Graduation (4.00), Graduation (3.79), 1-5 Standard (4.32), and Illiterate (4.38).

- Significant differences in stress associated with patient outcomes responsibility (Sig = 0.049); stress levels may be influenced by educational attainment. The average values are as follows: post-graduation (3.36), 1–5 Standard (3.56), 6–12 Standard (2.98), illiterate (2.50), and graduation (2.68).

- It is not recommended to directly attribute satisfaction to academic background because there is no significant correlation (Sig = 0.340) between educational background and satisfaction with patient care assistance. The average scores are: 3.25 for illiterate; 3.02 for 1–5 Standard; 3.29 for 6–12 Standard; 3.51 for graduation; and 2.86 for post–graduation.

- Feeling appreciated and acknowledged at work did not differ statistically significantly (Sig = 0.312); care is advised when relating feelings to education. The average scores are: 3.75 for illiteracy; 4.07 for 1–5 standards; 4.23 for 6–12 standards; 4.17 for graduation; and 3.79 for post-graduation.

- shows marginally significant results (Sig = 0.082) suggesting that perceptions of availability to coping tools may be influenced by educational background; caution is suggested when drawing inferences. The average values are as follows: Post-Graduation (3.21), Graduation (3.91), 1-5 Standard (3.66), and Illiterate (4.38).

- There is no discernible difference in the perceived importance of peer support in stress management (Sig = 0.590); care is advised when ascribes significance to education. Mean values: Post-graduation (3.71), Graduation (4.08), Illiterate (4.00), 1-5 Standard (3.93), and 6-12 Standard (3.80).

- There is no discernible correlation (Sig = 0.973) between hospital administration support and educational background; care is suggested when attributing perceptions to academic background. Mean scores are as follows: Post-Graduation (4.00), Graduation (4.00), 1-5 Standard (4.12), and Illiterate (4.00).

- It is advised to use caution when attributing disparities to educational background as there is no statistically significant difference in judgments of clear communication regarding policy changes impacting employees (Sig = 0.265). Mean scores are as follows: Post-Graduation (3.79), Graduation (3.70), 1-5 Standard (4.12), and Illiterate (4.25).

Suggestions:-

- To meet the unique needs of doctors working in government hospitals, provide customized stress management seminars and counseling services based on recognized stressors.
- By encouraging a healthy work-life balance, building a positive company culture, and offering resources to encourage mental health resilience among healthcare professionals, you can improve support networks.
- Encourage policy modifications that give the alleviation of occupational stress top priority, guaranteeing that physicians working in government hospitals have a comfortable and encouraging atmosphere.

Conclusion:-

In summary, managing occupational stress among physicians working in government hospitals is critical for the health of these workers as well as the general standard of patient care. This study promotes the adoption of specialized support networks, stress management programs, and legislative reforms by comprehending physicians' viewpoints, examining stressors, and offering focused solutions. These comprehensive suggestions seek to establish a peaceful and encouraging work atmosphere, promoting physicians' resilience in terms of their mental health and, eventually, improving the healthcare delivery system.

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