

## WORKPLACE STRESSORS AND THEIR EFFECTS ON HEALTH OF MID-CAREER FEMALE DOCTORS OF A SEMI GOVERNMENT HOSPITAL

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### ABSTRACT

**Objective:** To identify the nature of workplace stressors and their influence on health of mid-career female doctors of a semi government hospital of Rawalpindi.

**Study Design:** Qualitative study which employed collective case study approach.

**Place and Duration of Study:** This study was conducted in a semi government hospital of Pakistan, from Jan to Jun 2016.

**Material and Methods:** A total of 12 midcareer female doctors having more than ten years of working experience in a semi government hospital of Rawalpindi were identified and approached. This study was a qualitative study and collective case study approach was used. All females were interviewed after the informed consent by using semi-structured questionnaire. They were inquired about the stress factors they come across at their workplace that affect their health. They were also inquired about the nature of health issues facing them due to these stress factors. Themes identified in the data were compared with themes already searched in literature.

**Results:** One on one in depth interviews of mid-career female doctors revealed various themes associated with departmental and institutional stress factors. All female doctors believed that their job was very challenging and tough and they faced many problems like gender discrimination, long working hours, stressful working environment, low salaries and lack of rewards and remuneration policies of institutions, all of which had caused harm to their health.

**Conclusion:** Work place stress factors influence the health and well-being of mid-career female doctors' by curbing their efficiency and having a negative impact on their overall quality of life by causing harm to their health.

**Keywords:** Hypertension, Mid-career, Remuneration, Semi government hospital.

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### INTRODUCTION

Female education is considered as the major contributor of growth and development of any country. In order to improve socioeconomic and human development of any part of the world, developed or developing; gender equality is the only door opening element that needs to be indorsed<sup>1</sup>. It has been observed over the past few decades that though more females take up medical profession as their career but there is visible decline in the female workforce as specialists therefore their career advancement comes to an early end due to constraints and

barriers from myriad cradles<sup>2</sup>. There are no statistics available to show exact decline in female doctor's workforce but there is visible discrepancy between the number of females entering into medical school and female doctors working at higher positions<sup>3</sup>. This study is based on the concept that human beings have inherent tendencies to grow and develop. This ability to development is dependent on intrinsic motivation without having an external influence upon their choices to grow<sup>4</sup>. Male dominance at workplace often affects the female career in many ways thus adversely affecting physical and mental health of females across the globe<sup>5</sup>. Males at higher positions maltreat their subordinate females by giving dirty remarks or talking about their way of dressing up<sup>6</sup>. Therefore this study will help to identify the workplace stressors that

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have influenced female doctor's health by causing negative consequences.

## **MATERIAL AND METHODS**

The study was carried out in Fauji Foundation hospital and Pakistan Railways hospital of Rawalpindi after obtaining ethical approval, from Jan to Jul, 2016.

Study participants were all mid-career female doctors working in these hospitals. These females had more than ten years of experience of working in a hospital and many of them were almost near the end of finishing their post graduate training. Study was started after obtaining ethical approval from the hospital ethics committee. Informed written consent was attained from all participants of study. All the females were approached individually and information was gathered through a semi structured questionnaire. Their observations and personal experience were qualitatively inquired for better understanding of the workplace stress factors and its influence on health was explored<sup>7</sup>. All cases were analyzed individually as well as comparisons were made among cases as a 'collection' to understand and theorize the phenomenon. Twelve female doctors from gynae, surgery, medicine, anesthesia, ENT and rheumatology departments were selected keeping in mind that all have more than ten years of working experience in the hospital. Purposive random sampling technique was used and only those female doctors were approached who had desired information needed to achieve the objectives of study. In qualitative studies smaller sample size is acceptable but it should be large enough so that all the desired perceptions and feedback from the participants is achieved<sup>8</sup>.

A semi-structured questionnaire containing eight questions regarding departmental and institutional stress factors were prepared. Data was collected through one on one in-depth interviews. All the mid-career doctors were briefed about the objective of this study. They were requested to reply in English since transcription in English language is feasibly done

on computers. All the interviews were audio recorded and later transcribed. Thematic analysis of the data was done by consolidating, reducing, and interpreting the data and condensing it in such a way that it gives meaning to data also known as the process of "making meaning"<sup>9</sup>. Transcribed data were organized and coded using NVivo software version 11. Conclusion were drawn after interpretation of data.

## **RESULTS**

Thematic analysis is one of the most common forms of analysis in qualitative research and it is based on examining or recording themes or patterns within the data. In thematic analysis various themes emerged while conducting interviews and they were highlighted in data as well<sup>10</sup>.

All the mid-career female doctors agreed that their work has influenced their health due to multiple aggravating factors at workplace stressor. Themes identified through literature search and through analysis of data have many commonalities and most of the themes are overlapping. However, there are certain themes which are context specific and cultural bound, owing to difference in context and culture of our country to the rest of western world. This has been depicted in the table below, some of the health issues demonstrated by respondents are as follows. In the result section only those themes will be discussed which have markedly predisposed female doctors' health to risk of development of disease.

### **Sluggish Career Advancements**

All the female doctors were of the view that in our workplace gender discrimination is the major issue and males are always preferred at higher positions, hence more females are low ranked compared to men in hospital therefore their career advancement is slower and their promotion takes longer than men. Some of the representative statements of participants is as follows:

Every department of the hospital has a male head except gynecology, very few females are

heading departments probably when it comes to the matter of control of whole department then males are preferred though females of equal calibre are available. "I don't know why males are chosen to be head of department when females are available this creates demotivation

"I quit my previous job because working environment was not feasible as male doctors used to force us to do more duties, they used to make rosters of their own choice, some of them used to stare at female doctors in an irritating way. Therefore I had decided to quit the job as

**Table: Departmental and institutional stressor and their emerging themes leading to declining health.**

Work place stressors	Theme	Effect on health
Gender discrimination	Sluggish Career Advancement	↓↓↓ **
Effect of Male dominance/ sexual harassment	Career uncertainty	↓ ****
Workload with long working hours	Work-life imbalance Stress and Burn out	↓↓↓ ↓ *
Institutional policiessuch as low salaries, working environment, Reward and remunerations	Burn out Stress	↓↓ ↓ ***
Peer pressure	Stress and Anxiety	↓↓ ↓ ***

\*(a): Denotes profound effect on health, \*\* (b): Strong effect but slightly less than (a), \*\*\* (c): Effect but less stronger than (b), \*\*\*\* (d): Least effect even less than (c).

among female doctors especially when they are expecting to become head." (participant 4).

"Female doctors are not good leaders as they are influenced by or you may say that under pressure due to their male counterparts that their leadership qualities are overshadowed, so majority of departments are headed by males." (participant 7).

**Career Uncertainty**

It is very clear from the results that there are very few complaints or issues reported from the participants about effects of male dominance on their work except gynecology females who reported that males from other departments try to influence them by objecting on their department functionality and passing personal remarks on female doctors. Some of the females complained that insecurity at workplace has forced them to change the job. Some of the representative quotes are as under:

soon as I got another one." (participant 1).

"We all females here are married with children and I'm working in this department for



**Figure: Health issues faced to female doctors.**

the last eleven years. Majority of us are already stressed because of domestic and children's responsibilities therefore when our male counterparts or senior doctors dominate or create problems for us we think of quitting this job or changing the department. We are uncertain about our future career plans partly due to family

responsibilities, young children, and partly due to stress at work because of male dominance.” (participant 11).

### **Work-Life Imbalance**

Majority of the respondents were near the end of their post graduate training and were of the view that it is very difficult to strike a balance between family and work, since their night calls were very frequent and their workload was very high, therefore their family life was compromised. Some of the representative statements are as under:

“Most of us were married at the time of our job and then post graduate training. We have children, so we serve dual jobs i.e. home and non-home roles we try to manage both places i.e. home and job, these problems are aggravated when you have stress at work. Among the major issues facing them are the night calls, stressful working environment, work load, on call duties, long working hours and burn out etc. All these issues are sufficient to demotivate us to work.” (participant 7).

### **Health Issues**

All of the females strongly argued with the fact that their workplace stress had impaired their health. They all believed that their health had been compromised and they had put on weight, anxiety and tension headache was very common and their blood pressure was sometimes raised due to these headaches. One participant declared that due to persistent stress her blood sugar levels were altered. Some of the representative statements are as under:

“We all are mostly stressed. If we don’t develop HTN or Diabetes we do develop stress, anxiety and headaches. The facilities in the hospital are insufficient for smooth running of department. Sometimes electricity issues sometimes water issues. Only one room for duty doctors which is shared by all”. (participant 2)

“I have got tension headaches, anxiety with this routine. This gynae is very tough it always keeps you committed”. (participant 3)

“Yes I’m suffering from stomach aches and anxiety. It’s very tough our sleep is decreased. Every third day is call duty. So very tiring”. (participant 6)

### **Stress Anxiety and Burn Out**

All of the respondents believed that workplace stressors had made them stress prone individuals. Sometimes stress and psychological disturbances end up in burn out. They said this condition created problems both for them and their patients, because doctors were emotionally exhausted and depersonalized and they were not in the state to treat patients and made frequent mistakes.

All of them stated working doctors around the world could not provide quality care until and unless the problems of the demotivated staff were adequately addressed, which were not merely monetary rewards but also physical recognition for their better performance at workplace.

## **DISCUSSION**

This study is based on the concept that human beings have inherent tendencies to grow and develop. This ability to development is dependent on intrinsic motivation without having an external influence upon their choices to grow<sup>11</sup>. However another theory which also influences the learning of an individual is situativity theory which is based on the fact that knowledge, thinking and learning are located in experience while context plays a vital role in attaining that experience. Therefore working environment imparts huge impact on individual learning<sup>12</sup>.

This study strongly points out the various stress factors at workplace the affect female doctors’ performance. Although female doctors are very passionate about their job but their preference for job changes if favorable working environment is not provided to them. Some of the females quit the job when they feel unsafe or sexually harassed at workplace<sup>13</sup>. Similar trends of difficulties are faced by female doctors in other parts of the world. Literature search shows that

numerous barriers and stresses at workplace are seen, usually having their origin in the professional culture of that part of the world<sup>14,15</sup>. Female doctors in Pakistan have career uncertainty because female choices and preferences have changed over the time for the specialties after observing the work pattern of busy departments as gynecology, medicine and surgery etc. so they now opt for the specialties where work load is optimal and there are lesser or no night calls in order to balance their personal life and career<sup>16</sup>.

Therefore their career progression is slower as compared to men. It has been reported in data from Switzerland that males and females aim at different career goals, moreover female doctors plan their career more purposefully as compared to men but they choose the specialty by keeping in mind the potential obstacles in their career like family responsibilities and children<sup>17,18</sup>.

In my study it was observed that though all female doctors complained about gender discrimination at workplace, very few actually consented about insecurity and sexual harassment at workplace. However it has been reported from Pakistan that male dominance and sexual harassment is frequently being reported by female doctors who are doing their house jobs, training and who are working as consultants. A study carried out by Malik and Farooqi linked the association of workplace harassment with PTSD (post traumatic stress disorder) and it resulted very positively linking both of them strongly<sup>2</sup>.

All the participants reported that they have a lot of stress here as working environment was not conducive and depression prevailed due to which they made mistakes. They stated that they had compromised their wellbeing by developing health issues. Similar trends have been seen in the literature where female doctors have faced anxiety, depression, mood changes, emotional exhaustion and burn out<sup>19</sup>. Therefore they believed that their motivation to work had reduced. Sometimes this stress and psychological disturbances end up in Burn Out<sup>20</sup>. This study is

supported by studies carried out in other parts of western world which state that female doctors are 60% more prone to burn out as compared to male doctors<sup>21,22</sup>.

All the participants were asked about the institutional policies which influenced their working environment, they all stated that long working hours were one of the biggest stresses. They demanded that institutions should do something regarding long working hours, frequent on call duties and workload, because all these issues imbalance their family and work life<sup>23</sup>.

Another problem was the low salary of the trainees, they all claimed that salaries were not appropriate as compared to other institutes, in addition to that stress of work, frequent calls and work load imparted harmful effects on their health. They all believed that their health was compromised and they had put on weight, anxiety and tension headache was very common and their blood pressure was sometimes raised due to these headaches<sup>24</sup>. Studies conducted in developing countries emphasized the role of incentive in boosting the morale of workers. Similar studies were also carried out in Maldives, Indonesia, Malaysia and Australia which have backed the concept of incentive for enhancing the workers motivation for work<sup>25</sup>.

### **LIMITATION OF THE STUDY**

Generalizability of study is limited since themes originated are context specific.

### **CONCLUSION**

Work place stress factors influence the health and well-being of mid-career female doctors' by curbing their efficiency and having a negative impact on their overall quality of life by causing harm to their health.

### **RECOMMENDATION**

Some significant factors for lowering work place stress are encouragement and moral reward, gender equality and provision of opportunities to learn.

Policies should be made to address the complexity of the work-environment issues, policy responses need to be multidimensional, cross-cutting and inclusive. For coherent policies, policy action has to be considered at four levels: international/regional level; national level; sectoral level; and local/ organizational level. Effective solutions are context-related and therefore priority has to be given to the local and organizational level.

### CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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