CHAPTER – 5

SUMMARY, DISCUSSION AND CONCLUSION

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5.1 INTRODUCTION

This chapter provides a summary of the key findings. Based on the findings of this research study, implications of the study along with directions for further research are provided. Finally limitations of the study are indicated along with conclusion.

The present study was undertaken to investigate the psychological wellbeing, self efficacy and occupational stress among Doctors and Nurses. An effort has been made to understand the concept of Psychological well-being by explaining varies definitions, concepts and theories. The introduction to the concept of self-efficacy by explaining definitions, types and the theories of self-efficacy has been introduced. The introduction to the construct of occupational stress includes the importance of occupational stress, the various definitions, components and guidelines on how to enhance it.

The introduction is followed by studies done by researchers which provide background for the present study. The reviews include studies on psychological well-being, self-efficacy and occupational stress at hospitals and other sectors, and also among Medical professionals and other group of samples.

5.2 THE OBJECTIVES OF THE STUDY

The major objectives of the present studies are

➢ To assess the level of psychological well being among Doctors and Nurses.
➢ To assess self-efficacy of the Doctors and Nurses.
➢ To assess occupational stress of Doctors and Nurses.
➢ To study the influence of gender, age and length of service on psychological well being, self-efficacy and occupational stress.
The following are hypotheses formulated for the present investigation.

- Doctors and Nurses differ significantly on psychological well-being.
- There will be significance difference in the level of self-efficacy among Doctors and Nurses.
- Doctors and Nurses differ significantly in experiencing occupational stress.
- Gender, age and length of service will influence psychological well-being, self-efficacy and occupational stress.

The study was conducted on a sample of 600 Medical professionals (300 Doctors and 300 Nurses) in and around the Bangalore city.

The following questionnaires were administered on the sample:

1. To measure Psychological wellbeing, Carol Ryff’s psychological wellbeing Scale (1995) – medium form was used.
2. General Self-efficacy questionnaire developed by Singh and Kumar (1990) were used for measure self efficacy.
3. Occupational stress scale by Srivastava and Singh (1981) were uses to measure occupational stress.

Along with above scales the demographic Information Schedule was also used to collect the personal information of the subjects such as gender, age and length of service.

The responses recorded were scored according to the respective norms.

Statistical analysis was done through Statistical presentation Software System. The statistical techniques such as Independent sample t-test, two way ANOVA test along with descriptive statistics was used for analysis. The data obtained through the analysis was tabulated and discussed in detail.
5.3 MAJOR FINDINGS OF THE STUDY

- Majority of the respondent’s psychological well being scores are average level, followed by high and low level.
- Majority of the respondent’s self efficacy scores are average level, followed by high and low level.
- Majority of the respondent’s occupational stress scores are moderate level, followed by low and high level.
- From the study it was observed that doctors and nurses working in Bangalore City did not show any difference in overall psychological well being. However in the Domains of autonomy and environmental mastery, doctors and nurses differed significantly.
- There is a significant difference between gender respondents on personal growth.
- For Age group, there is a significant difference between above 30 years of age respondents and below 30 years of age respondents on overall psychological well being. Domain wise age group above 30 years had shows high on autonomy, environmental mastery and positive relation with others than age group below 30 years.
- Length of service did not differ significantly on overall psychological well being.
- There is a significant variation between doctors and nurses on Self efficacy, whereas doctors are showed to be higher on self efficacy than nurses.
- There was no significant difference observed between male and female on self efficacy.
There is a significant variation between Age group on self efficacy, whereas age group of above 30 years respondents had high self efficacy then age group below 30 years. However doctors’ age below 30 years respondents were shown to be high on self efficacy than nurses’ age below 30 years respectively.

There is no significant difference between length of service. However interaction effect of group and length of service, doctor’s length of service up to 10 years was shown to be high on self efficacy than nurses’ length of service up to 10 years respectively.

Doctors and nurses did not differ significantly on overall Occupational stress, however significant difference was observed in powerlessness and low status, whereas nurses showed to be more powerlessness and low status than doctors.

Gender wise a non significant difference was observed between male and female respondents in their overall occupational stress.

There is no significant difference was observed between ages on overall occupational stress. For Interaction effect, male nurses are more powerlessness than male doctors.

Length of service did not differ significantly on occupational stress. However there is a significant variance of powerlessness, whereas up to 10 years of service respondents were more powerlessness than the length of service above 10 years.
5.4 HYPOTHESES RELATED DISCUSSION

5.4.1 Discussion of Hypothesis 1:

Hypothesis 1 states that: ‘doctors and nurses differ significantly on Psychological wellbeing’. Outcome of the study it was found that overall score of doctors and nurses did not differ significantly in their psychological wellbeing. However, doctors and nurses differed significantly in the domain of autonomy and Environmental mastery score, whereas Nurses are shown to be higher on autonomy and environmental mastery than doctors. Non significant differences were observed on personal growth, positive relation with others, purpose in life and self-acceptance between doctors and nurses (table 4.4).

The finding was supported by Vicenta and Santiago (2007) reported that doctors demonstrated a greater prevalence of poor vitality, mental health, and emotional exhaustion than did nurses. Greater demands were associated with all three outcomes for both doctors and nurses. Lower job control and co-worker social support were predictive of poor psychological well-being only for doctors. Another study by Alberto et al., (2009) shows that Work overload, lack of recognition and lack of career development were significantly related to high levels of burnout and low well being levels at work respectively. Hypothesis-1 formulated in the present study, which states that ‘doctors and nurses differ significantly on Psychological wellbeing’ is not accepted, as it was found that doctors and nurses were not significantly differ to each other. However, domain wise hypothesis is accepted for autonomy and Environmental mastery (table 4.4).
5.4.2 Discussion of Hypothesis 2:

Hypothesis-2 states that: ‘There will be significant difference in the level of self-efficacy among Doctors and Nurses’. Outcome of the study revealed that doctors and nurses differ significantly in their self efficacy score, whereas doctors has high self efficacy than nurses (table 4.5).

The studies related to self efficacy among doctors and nurses are quite a few and those are summarized. Study by Jette et al., (2007) reported that Communication skills training can improve doctors and nurses self efficacy and evaluation of his /her ability to perform a specific communication task-measured as self-efficacy. Another study by Wendy D et al., (2009) indicated General Self-efficacy (positive relationship) and Spiritual Well-Being (negative relationship) are the significant part of the variance.

Hypothesis-2 formulated in the present study, which states that ‘There will be significant difference in the level of self-efficacy among Doctors and Nurses’ is accepted.

5.4.3 Discussion of Hypothesis 3

Hypothesis-3 states that: ‘Doctors and Nurses differ significantly in experiencing occupational stress’. Independent t test revealed non-significant differences between doctors and nurses in their occupational stress. However, doctors and nurses differed significantly on the domains of powerlessness and low status, whereas nurses are found to be more powerlessness and low status than doctor’s respondents. components such as role overload, role ambiguity, role conflict, unreasonable group and political pressure, responsibility for person, under participation, poor peer relation, Intrinsic
impoverishment, strenuous working conditions and unprofitability were all found to be non-significant between doctors and nurse (table 4.6).

Studies supported by Bagaajav et al., (2011) reported that effort-reward imbalance significantly influenced on all dimensions of burnout, but over-commitment had significantly influenced on only personal and work-related burnout. Study by Rout (1999) reported that the Male general practitioners had significantly higher scores on anxiety and depression than a British normative population. On the other hand Practice nurses reported lower scores on anxiety and depression.

Hypothesis-3 formulated in the present study, which states that ‘Doctors and Nurses differ significantly in experiencing occupational stress’ is not accepted, as the result revealed that doctors and nurses did not differ significantly in experiencing occupational stress. However domain wise hypothesis is accepted for powerlessness and low status (table 4.6).

5.4.4 Discussion of Hypothesis 4:

Hypothesis-4 states that: ‘Gender, age and length of service will influence psychological well-being, self-efficacy and occupational stress’.

Group, Gender and psychological well being

When male and female respondents were compared for psychological wellbeing, result revealed that Gender wise a non significant difference was observed between male and female respondents in their overall psychological wellbeing. However in the domain of Personal growth male and female differ significantly, whereas male were found to be more personal growth than female respondent. Further, other domains of psychological wellbeing like autonomy, environmental mastery, Personal growth, Positive relations with others, Purpose in life, and Self-
acceptance were all found to be non-significant between male and female respondents. Interaction effect in group and gender found to be non-significant on psychological well being. (Table 4.7).

A study by Martin and Silvia (2000) investigated that older women reported significantly lower psychological well being than men, and gender differences were found in younger than in older groups. Another study by Jungmeen and Phyllis (2001), the findings shows that the relationship between retirement and psychological well-being must be viewed in a temporal, life course context. Salimirad and Srimathi (2016) in their study reported that, psychological well-being was not effect significantly on gender. Escriba & Burillo (2004) reported that gender role and psychosocial work environment have a negative influence on the psychological well-being of hospital staff.

Gender wise Hypothesis is not accepted, as result revealed non-significant difference between male and female respondents in their overall psychological wellbeing. However hypothesis is accepted for domain of Personal growth (Table 4.7).

**Group, Age and psychological well being**

Two way ANOVA revealed significant differences between respondents with different age groups, whereas age group above 30 year respondents are higher scores on psychological wellbeing than age up to 30 years. Result revealed significant difference on domains of autonomy, environmental mastery and positive relation with others, whereas age group above 30 years had more autonomy, environmental mastery and positive relation with others than age group up to 30 years respondents. Age group did not have significant influence on Personal growth, Purpose in life and
Self acceptance. Interaction effect in group and age shows non-significant difference on overall psychological well being (Table 4.8).

A study by Nilsson et al., (2009) reported that males had stronger well-being compared to females. There were a larger proportion of individuals who experienced well-being as a function of age. However well-being increased with age in both sexes (Male and female). Another study by Creed and Tania (2003) revealed that the young unemployed reported higher wellbeing than the mature group. Interaction between group and age not differ significantly on overall psychological well being and also for domains of psychological well being.

Hence Hypothesis 4 is accepted, as result shows age is influenced on psychological well being. Hypothesis is not accepted for domains such as Personal growth, Purpose in life and Self acceptance.

**Group, Length of service and psychological well being**

Result of the study revealed non-significant influence of length of service on psychological wellbeing. Domain wise revealed significant mean difference between length of service in autonomy. In the case of autonomy it was found that respondents with length of service up to 10 years had less autonomy than length of service above 10 years. Result revealed length of service did not have significant influence on environmental mastery, Personal growth, positive relations with others, Purpose in life and self acceptance. Interaction effect in group and length of service showed to be non-significant on overall psychological well being, and domains of psychological well being (table 4.9).

A study by Mostafa et al., (2003) reported that 27.5 percentage of nurses’ reported moderate to severe psychological symptoms on General health questionnaire.
Few years of experience, negative support from family and friends, and negative work satisfaction were found to be significant predictors of psychological ill health among nurses in a descending rank order.

Hypothesis is not accepted, as the result found that length of service was not influenced on psychological well being. However domain wise hypothesis is accepted for autonomy (table 4.9).

**Group, Gender and self efficacy**

When male and female respondents were compared for self efficacy, result revealed that gender wise a non significant difference was observed between male and female respondents in their overall self efficacy. Interaction effect on group and age not differ significantly on self efficacy (table 4.10).

A study by Hao et al (2005) reported that gender was not mediated by self-efficacy but had a direct effect such, that women reported lower entrepreneurial career intentions. Greenfield et al., (2015) reported that there was no gender differences in self-efficacy measured during hospitalization, nor were there gender differences in the relationship of self-efficacy to time to relapse.

Gender wise Hypothesis is not accepted, as the result obtained by the present research showed that gender was not influenced on self efficacy.

**Group, Age and self efficacy**

Result showed significant difference in their self efficacy score, further age of above 30 age respondents were higher the self efficacy than the age of up to 30 years. Interaction effect on group and age showed significant difference on self efficacy. Whereas doctors age below 30 years respondents were showed to be high on self
efficacy than nurses’ age below 30 years respectively. Therefore the hypothesis is accepted (table 4.11).

A study by Barclay et al., (2007) revealed that low self-efficacy and lack of perceived treatment utility predicted poor adherence among younger individuals, whereas decreased levels of neuro-cognitive functioning remained the sole predictor of poor adherence among older participants. Another study by Woodward and Wallston (1987) found that individuals over 60 years of age desired less health-related control than did younger adults. Differences in desire for health-related information were in the same direction but were not significant. Older adults also desired less control in general day-to-day living. Perceived self-efficacy was also lower for individuals over 60 years of age.

**Group, Length of service and self efficacy**

The result of the study revealed non-significant influence of length of service on self efficacy. Interaction effect between group and length of service showed significant difference on self efficacy, whereas doctors length of service up to 10 years were showed to be high on self efficacy than nurses’ length of service up to 10 years respectively. Therefore the hypothesis is partially accepted (table 4.12).

A study by Klassen and Chiu (2010) reported that Teachers’ years of experience showed nonlinear relationships with all three self-efficacy factors, increasing from early career to mid-career and then falling afterwards. Another study by Ming (1991) reported that employees with less than two years service had significantly higher overall leadership aspirations, as well as higher valence scores, than workers with longer than two years of employment.
Group, Gender and occupational stress

Result of the study showed that there was non-significant difference between male and female respondents in their overall occupational stress. Further components wise occupational stress such as, role overload, role ambiguity, role conflict, unreasonable group and political pressure, responsibility for person, under participation, powerlessness, poor peer relations, Intrinsic impoverishment, low status, strenuous working conditions, and unprofitability were all found to be non significant. There is a significant variation between group and gender on powerlessness score, whereas male nurses are more powerlessness than male doctors. Therefore the hypothesis is not accepted for overall occupational stress, however hypothesis ia accepted for component of powerlessness (Table 4.13).

Charles and Eric (1994) in their study reported that overall stress levels are similar for men and women. Another study by Michael et al., (2009) revealed that women experience higher levels of occupational stress than men. Nevertheless, when marital status, age and education were introduced in the equation, no significant gender differences were identified. Swanson et al., (1998) reported that increased role complexity was related to stress for both male and female doctors in the study, suggesting an increasing convergence in the occupational and domestic roles of male and female doctors.

Group, Age and occupational stress

Result revealed non-significant difference between age group up to 30 years and above 30 years respondents in their overall occupational stress. There is no
significant variation between the group and age of the respondents on occupational stress in the study. Therefore the hypothesis is not accepted (Table 4.14).

A study by Landa et al., (2008) find a positive relationship between age, length of service and stress, with younger nurses and those with a shorter length of service experiencing less stress. Another study by Ulf et al., (1994) indicates that stress indices reached a peak between the ages of 35 and 39. Men reported more autonomy in their paid work whereas women reported more control at home. Men and women at the upper managerial levels reported more control over their total work situation and less conflict between demands.

**Group, Length of service and occupational stress**

Result of the study revealed non-significant difference between length of service. However length of service differed significantly in the component of powerlessness. Result indicating that length of service do not have significant influence on role overload, role ambiguity, role conflict, unreasonable group and political pressure, responsibility for person, under participation, poor peer relations, Intrinsic impoverishment, low status, strenuous working conditions, and unprofitability. Interaction effect on group and length of service not differ significantly on occupational stress. Therefore hypothesis is not accepted for overall occupational stress, however hypothesis is accepted for powerlessness (Table 4.15).

Study by Cooper et al., (1982) in their study reported that the sources of stress among supervisory police officers were explored. Result found that junior and middle supervisory police officers were adversely affected by lack of available manpower and long working hours, whereas senior officers were affected more by the conflict in maintaining positive policing as well as good community relations.
5.5 IMPLICATIONS OF THE STUDY

- The Finding of the study may be utilized for setting of specific designed training programs for male and female medical professionals.

- More researchers are needed to study the impact of self efficacy and psychological wellbeing among medical professionals in order to better understanding of the self efficacy related to psychological well-being.

- Findings of the study provide valid information to hospital management, hospital authorities to address issues on doctors and nurses Psychological Well Being, Self-efficacy and occupational stress and to permit healthy development of these variables as they have significant influence on job performance.

- The findings that educational institutions should begin to develop programmes to foster self-efficacy, occupational stress and psychological well being among doctors and nurses to enhance their performance. This may be as a part of training programme for doctors and nurses.

- The findings may also have several policy and research implications in the educational and professional set up.

5.6 LIMITATIONS OF THE STUDY

- The present study included only Doctors and Nurses working and employed at hospitals and organizations.

- The study will cover only doctors with minimum qualifications of MBBS, and Nurses who have completed minimum three years of course (GNM, BSc Nursing)

- Doctors and Nurses working in Bangalore city limits.
• The present study conducted on Doctors and Nurses who have minimum two years of work experience.

• This study did not include Allied health professions (Homeopathy, Ayurvedic, Unani, Physiotherapist, etc).

• Data was collected using self-report questionnaires and only quantitative analysis was carried out.

• The influence of marital status and socio economic status of the doctors and nurses on the research variables was not investigated.

5.7 SCOPE FOR FURTHER STUDY

• Further research can be carried out to investigate relationship between self efficacy, occupational stress and psychological well being among doctors and nurses.

• Studies should also focus on other medical professionals such as medical technicians, physiotherapies, and other group of medical related working people.

• Since the present study revealed only working doctors and nurses, further research can focus on student doctors and student nurses.

• The present finding shows relations with Gender, age and length of service. So further researcher could focus on understanding of marital status, annual income and other related things.

• The present research was carried out only Bangalore city limit, further research can focus on other rural and urban area limit.

• Future research can be carried out using both quantitative and qualitative analysis.
5.8 CONCLUSION

From the study it was observed that doctors and nurses working in Bangalore City did not show any difference in overall psychological wellbeing. However in the Domains of autonomy and environmental mastery doctors and nurses differ significantly. Result revealed male and female did not differ significantly on overall psychological well being. However on the domain of personal growth, male were found to be higher personal growth than female respondent. When compares age group, age above 30 years respondents was observed higher on psychological wellbeing. Domain wise age group above 30 years shows more autonomy, environmental mastery and positive relation with others. Length of service did not differ significantly on overall psychological well being.

On Self efficacy doctors were shown to be higher on self efficacy than nurses. Comparing gender wise self efficacy, there was no significance difference observed between male and female. For age, significant difference was observed on self efficacy, whereas Age above 30 years had more self efficacy than age of below 30 years. However doctors’ age below 30 years respondents were shown to be high on self efficacy than nurses’ age below 30 years respectively. For length of service, significant difference was not observed on self efficacy. However doctor’s length of service up to 10 years was shown to be highER than nurses’ length of service up to 10 years on self efficacy respectively.

In the Occupational stress result related doctors and nurses did not differ significantly on overall occupational stress. However on the domains of powerlessness and low status differed significantly, whereas nurses showed to be more powerlessness and low status than doctors. Gender wise a non significant
difference was observed in their overall occupational stress. Age wise a non
significant difference was observed on overall occupational stress. For Interaction
effect male nurses are more powerlessness than male doctors. Length of service
differed significantly in the component of powerlessness, whereas up to 10 years of
service respondents are more powerlessness than the above 10 years of service.