

## **OCCUPATIONAL STRESS AMONG JUNIOR RESIDENT DOCTORS: A COMPARATIVE STUDY**

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### **ABSTRACT**

The aim of the present study was to study occupational stress amongst male and female doctors from the Institute Medical Sciences (IMS), BHU, Varanasi and King George Medical University (KGMU), Lucknow. The target groups of 100 junior resident doctors (50 male and 50 female) from the IMS, BHU, Varanasi and 100 junior resident doctors from the KGMU, Lucknow, were selected by the purposive random sampling. The personal data were collected by the occupational stress index by Srivastava and Singh (1974). Descriptive statistical analysis has been carried out in the present study. Results on continuous measurements are presented on Mean, S.D. and t-ratio. Significance is assessed at .01 and .05 levels of significance. The results reveal that the role overload is found to be higher in IMS, BHU, Varanasi on the male junior resident doctors as compared to the male junior resident doctors of KGMU, Lucknow. Significant difference has been also found on the dimension role ambiguity, role conflict, unreasonable group and political pressure, responsibility for person, under participation, powerlessness, poor peer relations, low status, strenuous work conditions between the IMS, BHU and KGMU, Lucknow males and also significant difference observed between the female junior resident of the IMS, BHU and KGMU on some of the dimensions of occupational stress index.

**KEYWORDS:** Stress and Occupational Stress

### **INTRODUCTION**

Stress in our society is not something that is invisible. Person whether a child, adult, men, women, employed, unemployed, everyone is facing stress in his/her own way. When stress was first studied in the 1950s, the term was used to denote both the causes and the experienced effects of pressures. More recently, however, the word stressor has been used for the stimulus that provokes a stress response. Currently, the disagreement amongst researchers concerns the definition of stress in humans and their argument is based on the following question: Is stress primarily an external response that can be measured by changes in glandular secretions, skin reactions, and other physical functions, or is it an internal interpretation of, or reaction to, a stressor; or is it both?

Every person has his/her own definition of stress. But according to Van Wyk (in Olivier and Venter, 2003), stress is derived from the Latin word "strictus" that translates into taut, meaning stiffly strung. **Oliver and Venter (2003)** rely on the definition of Seyle, who defined stress in physiological terms, as a non-specific or generalized bodily response. The human body has a natural chemical response to a threat or demand, commonly known as the "flight or fight" reaction, which includes the release of adrenalin. Once the threat or demand is over the body can return to its natural state. A STRESSOR is an event or set of conditions that causes a Stress response. STRESS is the body's physiological response to the stressor, and STRAIN is the body's longer-term reaction to chronic stress.

Occupational Stress can be defined as the harmful physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or needs of the worker. The job stress can lead to poor health and even injury. Long term exposure to the job stress has been linked to an increased risk of muscular skeletal disorders, depression and job burnout and may contribute to a range of debilitating diseases, ranging from cardiovascular diseases to cancer. (Nig, 2007) There are large number of occupational stressors of varying degree and nature experienced by male and female employees. At work place stressors can be poor physical conditions, Downsizing, Privatization, Hiring freezes, Contingent work (e.g. part-time or temporary), Shift work/Rotating schedules, Quality Programs/Worker.

Participation schemes, little autonomy or control over one's Job, Non-existent career ladders, Inadequate resources to do the job, High demands, workload, time pressures, Lack of job security, Understaffing, Mandatory overtime, Violence/Harassment. Stress level changes according to Hierarchy. Lower level employees both male and female experience stress in different ways as compared to the upper level and middle level. (Goluaz, George, Marcoulides and Marcoulides, 1994)

### **Stages of Job Stress**

Job stress includes the following stages:

- The honeymoon
- The awakening
- Brownout
- Full scale Burnout

#### **The Honeymoon**

During the honeymoon phase our job is wonderful. We have boundless energy and enthusiasm and all things seem possible. We like the job and the job likes us. We believe it will satisfy all our needs and desires and solve all our problems.

#### **The Awakening**

The honeymoon phase wanes and the awakening stage starts with the realization that our initial expectations are unrealistic. The job is not working out the way we thought it would. It does not satisfy all our needs. As disappointment grows, we become frustrated. Typically we work hard even harder to "make" our dreams come true. But working hard does not change anything and we become tired, bored and frustrated.

#### **Brownout**

As brownout begins, our early enthusiasm and energy give way to chronic fatigue and irritability. We become indecisive and our productivity drops down. Our work deteriorates.

As this phase grows we become increasingly frustrated and angry. We are beset with depression, anxiety and physical illness.

#### **Full Scale Burnout**

Unless we wake up and interrupt the process or someone intervenes, brownout drifts remorselessly into full scale burnout. Despair is the dominant feature of this final stage. In this stage life seems pointless and there is paralyzing,

“What is the wee” pessimism about the future. We talk about “Jet quitting and getting away”. We are examined physically and mentally.

This reaction to stress was first described in 1936 and was coined the General

Adaptive Syndrome (GAS), which includes three distinct, stages (Seyle, 1974; 1980):

- Alarm reaction,
- Stage of resistance, and
- Stage of exhaustion.

### **Alarm Reaction**

The alarm reaction is the immediate psycho-physiological response and at this time of the initial shock, resistance to stress is lowered. This process includes the secretion of hormones from the endocrine glands, causing for example, increased heart rate and blood pressure, muscle tension and a decrease in maintenance functions, e.g. digestion. In cases where the stressor is continuous, the resistance phase starts where the body triggers the needed bodily system to deal with the stressor. The body is alerted and activated and stress levels are at its highest during this stage.

### **Stage of Resistance**

The resistance stage is characterized by an adaptation response of the body that is manifested with “fight or flight” responses. The body endeavors to remedy the shock caused by the stress and to return the homeostasis of the body. If the stressors continue, the body will persevere in defending itself, thereby impeding any possibility of rest and repair.

### **Stage of Exhaustion**

In the exhaustion stage, there is a resistance to a continued stressor, and where the adaptation response and /or return to equilibrium replace the alarm reaction. If the alarm reaction is elicited too intensely or too frequently over an extended period of time, the energy required for adaptation becomes depleted, and the final stage of exhaustion, collapse or death occurs. It is during this stage that physical and mental breakdown occurs, the individual performance plummets and illness develops.

### **Rational of the Study**

The cross sectional study was conducted from November 2007 to December 2008 in four medical colleges and associated hospitals of Delhi. Study subject comprised 930 resident doctors. The overall prevalence of stress was found to be 32.8% in resident doctors from all colleges. Out of the 930 resident doctors, 165 (17.7%) had mild stress, 113 (12.2%) had moderate stress, and 27 (2.9%) were severely stressed. Important reason of stress as perceived by the study subjects included long duty hours, department academic activities, financial constraints, family and emotional problems in the decreasing order of preference. In the light of these studies researcher was curious to study the difference pattern between the male and female junior resident doctors of IMS, BHU and KGMU Lucknow.

### **Objectives**

The objectives for the present study are as follow:

- To examine and compare the medical organizations (IMS, BHU, Varanasi and KGMU, Lucknow) for the male

junior resident doctors regarding variable occupational stress index and its dimensions.

- To examine and compare the medical organizations (IMS, BHU, Varanasi and KGMU, Lucknow) for the female junior resident doctors regarding variable occupational stress index and its dimensions.

### Hypothesis

The following hypotheses have been formulated to examine the objective mentioned above:

- There would be significant difference between the medical organizations (IMS, BHU, Varanasi and KGMU, Lucknow) for the male junior resident doctors on the variable occupational stress index and its dimensions.
- There would be significant difference between the medical organizations (IMS, BHU, Varanasi and KGMU, Lucknow) for the female junior resident doctors on the variable occupational stress index and its dimensions.

### REVIEW OF THE RELATED LITERATURE

Stress, in general, and occupational stress, in particular, is a fact of modern day life that seems to have been on the increase. The topic is, therefore, still popular, although it occupies academics' and practitioners' attention now for more than half a century.

Occupational (job, work or workplace) stress has become one of the most serious health issues in the modern world, as it occurs in any job and is even more present than decades ago.

Stress, in general, can be defined as the reaction of individuals to demands (stressors) imposed upon them. It refers to situations where the well-being of individuals is detrimentally affected by their failure to cope with the demands of their environment. **(Erkutlu and Chafra, 2006)**

Occupational stress, in particular, is the inability to cope with the pressures in a job, because of a poor fit between someone's abilities and his/her work requirements and conditions. It is a mental and physical condition which affects an individual's productivity, effectiveness, personal health and quality of work. **(Sadri and Marcoulides, 1994)**

Researchers have been encouraged to explore sex differences in physiological parameters and in susceptibility to disease environmental toxins. There are two kinds of professionals in this domain (clinical psychologists and psychiatrists) with an equivalent level of clinical-therapeutic responsibility who carry out their duties on the same sites. Most of the studies in the literature consist of samples of nurses or physicians and, while comparative studies amongst these groups are scarce, research comparing psychologists and physicians are practically non-existent.

There is a research that only 1.7% of veterinary surgeons demonstrated severe symptoms of burnout. Elkins and Elkins (1987) presented similar results. **Rigs ET at. al. (2003)** Suicide amongst veterinary surgeons, for example, has been used as an indicator of the high stress level in this occupation. **(Jeyaretnam et al., 2000)**; concerning gender differences, reported that stress affects mostly young women in small animal practice (mainly because of the relationships with clients in clinical practice). **(Gardner and Hini, 2006)**

Occupational stress has been linked to decreased job satisfaction and job commitment, absenteeism (some of it probably due to illness), turnover and reduced performance. **(De Nobile and Cormick, 2007; Jepson and Forrest, 2006; Muchinsky, 2000; Spector, 2000)**

## METHODOLOGY

### Sample

The sample consisted of 200 junior resident doctors (IMS, BHU, Varanasi and KGMU, Lucknow) male (N=100) and female (N=100). Their age ranged from 21 to 30 years. The sample was selected by the purposive random sampling method from IMS, BHU, Varanasi and KGMU, Lucknow medical colleges.

### Tools

Following tools were employed to verify the proposed hypothesis:

#### Occupational Stress Index (OSI)

The Occupational Stress Index was developed by Dr. A. K. Srivastava and Dr. A. P. Singh (1984). The scale consisted 46 items, each to be rated on the five point scale. Out of 43, 28 are 'true-keyed' and rest 18 are 'false-keyed'.

The following Table gives an account of the item constructing various sub-scale of the OSI along with their indices of internal consistency.

**Table 1**

Sr. No.	Sub-Scales (Occupational Stressors)	Serial Number of the Items in the Schedule
1.	Role Overload	13, 25, 26, 44, 46
2.	Role Ambiguity	144, 26, 37
3.	Role Conflict	15, 27, 38, 45
4.	Unreasonable group & Political Pressure	16, 28, 39
5.	Responsibilities of Persons	17, 29
6.	Under Participation	18, 30, 40
7.	Powerlessness	19, 31
8.	Poor Peer Relations	20, 32, 41
9.	Intrinsic Impoverishment	21, 33, 42
10.	Low Status	22, 34
11.	Strenuous Working	24, 35, 43
12.	Unprofitability	23

The reliability index was ascertained by split-half (odd-even) method and Cronbach's alpha-coefficient for the scale as .935 and .90 respectively.

### Procedure

The personal information schedule and OSI was used for data collection. The data collection was carried out with prior permission of the Faculty and Department (HOD) to get the response from the junior doctors of each department and faculty to establish good rapport with the junior doctors; introduction was given about the objectives of the study. The necessary clarification was given to the subjects as and when they raised doubts while answering the questionnaire. They took about 35 minutes. After the completion of data, scoring was done according to the respective manual.

### Statistical Techniques

To test the proposed hypothesis, obtained data were analyzed in terms of mean, S.D. and t-ratio.

## RESULTS AND DISCUSSIONS

In the present research work data analysis has been done with the help of descriptive statistics.

### Hypothesis 01

*There would be a significant difference between the medical organizations (IMS, BHU, Varanasi and KGMU, Lucknow) for the male junior resident doctors on the variable occupational stress index and its dimensions.*

To verify the above hypothesis on the variable occupational stress index and its dimension, mean, S.D. and t-ratio has been calculated amongst male junior resident doctors of the organizations, IMS BHU Varanasi and KGMU Lucknow.

**Table 2**

Variables	Organization	N	Mean	S.D.	T-Ratio
Role overload	IMS BHU	50	24.38	3.74	5.44**
	KGMU	50	21.34	1.29	
Role ambiguity	IMS BHU	50	12.68	2.78	3.97**
	KGMU	50	10.94	1.36	
Role conflict	IMS BHU	50	17.16	2.90	3.95**
	KGMU	50	15.14	2.16	
Unreasonable group and political pressure	IMS BHU	50	15.68	2.27	5.59**
	KGMU	50	13.32	1.93	
Responsibilities for persons	IMS BHU	50	10.60	2.23	4.15**
	KGMU	50	8.48	2.83	
Under participation	IMS BHU	50	15.36	3.76	4.49**
	KGMU	50	11.64	4.49	
Powerlessness	IMS BHU	50	11.08	3.25	3.70**
	KGMU	50	9.08	2.01	
Poor peer relations	IMS BHU	50	14.74	2.56	7.72**
	KGMU	50	11.10	2.13	
Intrinsic impoverishment	IMS BHU	50	11.46	1.83	4.71**
	KGMU	50	9.44	2.42	
Low status	IMS BHU	50	9.82	2.45	2.66NS
	KGMU	50	8.58	2.20	
Strenuous work conditions	IMS BHU	50	12.82	2.34	3.00NS
	KGMU	50	11.48	2.12	
Unprofitability	IMS BHU	50	7.14	2.15	1.031NS
	KGMU	50	6.76	1.48	
OSI total	IMS BHU	50	162.92	20.11	7.56**
	KGMU	50	137.30	13.01	

\*\*P<.01, \*P<.05

Results obtained have been shown in Table-01. The mean scores of the male junior resident doctors on the dimension Role overload, the mean scores of male junior resident doctors, IMS BHU (M=24.38, S.D. =3.74) was found higher than mean scores of the male junior resident doctors, KGMU Lucknow (M=21.34, S.D. =1.29) between them the t-ratio was found (t=5.44, P<.01) significant at the level 0.01.

For the dimension role ambiguity, IMS BHU (M=12.68, S.D. =2.78) was found higher than the mean score of the male junior resident doctors of KGMU Lucknow (M=10.94, S.D. =1.36) between them the t-ratio was found (t=3.97, P<.01) significant at the level 0.01.

On the dimension Role conflict, the mean scores of the male junior resident doctors, IMS BHU (M=17.16, S.D. =2.90) was found higher than the mean scores of the male junior resident doctors, KGMU Lucknow (M=15.14, S.D.

=2.16) between them the t-ratio was found ( $t=3.95$ ,  $P<.01$ ) significant at the level 0.01.

On the dimension Unreasonable Group and Political Pressure, the mean scores of the male junior resident doctors, IMS BHU ( $M=15.68$ ,  $S.D.=2.27$ ) was found higher than the mean scores of the male junior resident doctors of KGMU Lucknow ( $M=13.32$ ,  $S.D.=1.93$ ) between them the t-ratio was found ( $t=5.59$ ,  $P<.01$ ) significant at the level 0.01.

On the dimension Responsibilities for Persons, the mean scores of the male junior resident doctors, IMS BHU ( $M=10.60$ ,  $S.D. =2.23$ ) was found higher than the mean scores of the male junior resident doctors, KGMU Lucknow ( $M=8.48$ ,  $S.D. =2.83$ ) between them the t-ratio ( $t=4.01$ ,  $P<.01$ ) was found significant at the level 0.01.

On the dimension Under Participation, the mean scores of the male junior resident doctors, IMS BHU ( $M=15.36$ ,  $S.D. =3.76$ ) was found higher than the mean scores of the male junior resident doctors, KGMU Lucknow ( $M=11.64$ ,  $S.D. =4.49$ ) between them the t-ratio was found ( $t=4.49$ ,  $P<.01$ ) significant at the level 0.01.

On the dimension Powerlessness, the mean scores of the male junior resident doctors, IMS BHU ( $M=11.08$ ,  $S.D. =3.25$ ) was found higher than the mean scores of the male junior resident doctors KGMU Lucknow ( $M=9.08$ ,  $S.D.=2.01$ ) between them the t-ratio ( $t=3.70$ ,  $P<.01$ ) was found significant at the level 0.01.

On the dimension Poor Peer Relations, the mean scores of the male junior resident doctors, IMS BHU ( $M=14.74$ ,  $S.D. =2.56$ ) was found higher than the mean scores of the male junior resident doctors KGMU Lucknow ( $M=11.10$ ,  $S.D. =2.13$ ) between them the t-ratio ( $t=7.72$ ,  $P<.01$ ) was found significant at the level 0.01.

On the dimension Intrinsic Impoverishment, the mean scores of the male junior resident doctors, IMS BHU ( $M=11.46$ ,  $S.D. =1.83$ ) was found higher than the mean scores of the male junior resident doctors, KGMU Lucknow ( $M=9.44$ ,  $S.D. =2.42$ ) between them the t-ratio was found ( $t=4.71$ ,  $P<.01$ ) was found significant at the level of 0.01.

On the dimension Low Status, the mean scores of the male junior resident doctors, IMS BHU ( $M=9.82$ ,  $S.D. =2.45$ ) and the mean scores of the male junior resident doctors, KGMU Lucknow ( $M=8.58$ ,  $S.D.=2.20$ ) is almost same as compared, when as, between them the t-ratio ( $t=2.66^{NS}$ ) was not found significant.

On the dimension Strenuous Work conditions, the mean scores of the male junior resident doctors, IMS BHU ( $M=12.82$ ,  $S.D.=2.34$ ) and the mean scores of the male junior resident doctors KGMU Lucknow ( $M=11.48$ ,  $S.D.=2.12$ ) is almost the same, whereas, the t-ratio ( $t=3.00^{NS}$ ) between them was not found significant.

On the dimension Unprofitability, the mean scores of the male junior resident doctors, IMS BHU ( $M=7.14$ ,  $S.D.=2.15$ ) and the mean scores of the male junior resident doctors KGMU Lucknow ( $M=6.76$ ,  $S.D.=1.48$ ) is almost the same, whereas, between them the t-ratio ( $t=1.03^{NS}$ ) was not found significant.

On the dimension occupational total, the mean scores of the male junior resident doctors, IMS BHU ( $M=162.92$ ,  $S.D.=20.11$ ) was found higher than the mean scores of the male junior resident doctors, KGMU Lucknow ( $M=137.30$ ,  $S.D.=13.01$ ) between them the t-ratio ( $t=7.56$ ,  $P<.01$ ) was significant at the .01 level of significance.

## Hypothesis 02

*There would be a significant difference between the medical organizations (IMS, BHU, Varanasi and KGMU, Luck now) for the female junior resident doctors on the variable occupational stress index and its dimensions.*

To verify the above hypothesis on the variable occupational stress index and its dimension, mean, S.D. and t-ratio

has been calculated amongst the female junior resident doctors of the organizations, IMS BHU Varanasi and KGMU Lucknow.

**Table 3**

Variables	Organization	N	Mean	S.	T-Ratio
Role overload	IMS BHU	50	20.40	2.81	2.75**
	KGMU	50	18.46	4.11	
Role ambiguity	IMS BHU	50	12.56	3.35	2.47**
	KGMU	50	11.06	2.68	
Role conflict	IMS BHU	50	16.44	4.83	3.60**
	KGMU	50	13.22	4.07	
Unreasonable group and political pressure	IMS BHU	50	15.24	3.03	2.02*
	KGMU	50	13.58	4.95	
Responsibilities for persons	IMS BHU	50	10.40	1.44	2.75**
	KGMU	50	9.28	2.49	
Under participation	IMS BHU	50	9.58	3.32	0.70(NS)
	KGMU	50	10.04	3.20	
Powerlessness	IMS BHU	50	7.36	2.89	2.23*
	KGMU	50	6.32	1.58	
Poor peer relation	IMS BHU	50	10.60	1.81	3.56**
	KGMU	50	8.70	3.31	
Intrinsic impoverishment	IMS BHU	50	10.38	2.99	1.45(NS)
	KGMU	50	9.58	2.48	
Low status	IMS BHU	50	6.64	1.82	1.96*
	KGMU	50	7.40	2.04	
Strenuous work conditions	IMS BHU	50	9.34	1.69	0.47(NS)
	KGMU	50	9.52	2.05	
Unprofitability	IMS BHU	50	4.96	1.99	1.27(NS)
	KGMU	50	5.44	1.76	
OSI total	IMS BHU	50	133.90	24.51	2.33*
	KGMU	50	122.60	23.97	

\*\*P<.01, \*P<.05

Result obtain have been shown in Table-02. The mean score of the junior resident doctors on the dimension role overload, IMS BHU (M=20.40, S.D.=2.81) was found higher than the mean scores of the female junior resident doctors of KGMU Lucknow (M=18.46, S.D.=4.11) between them the t-ratio was found (t=2.75, P<.01) significant at the level 0.01.

On the dimension Role ambiguity, the mean scores of the junior resident doctors, IMS BHU (M=12.56, S.D.=3.35) was found higher than the mean scores of the female junior resident doctors, KGMU Lucknow (M=11.04, S.D.=2.68) between them the t-ratio was found (t=2.47, P<.01) significant at the level 0.01.

On the dimension role conflict, the mean scores of the junior resident doctors, IMS BHU (M=16.44, S.D. =4.83) was found higher than the mean scores of the female junior resident doctors of KGMU Lucknow (M=13.22, S.D. =4.07) between them the t-ratio was found (t=3.60, P<.01) significant at the level 0.01.

On the dimension unreasonable group and political pressure, the mean scores of the junior resident doctors, IMS BHU (M=15.24, S.D. =3.03) was found higher than the mean scores of the female junior resident doctors, KGMU Lucknow (M=13.58, S.D. =4.95) between them the t-ratio (t=2.02, P<.05) was found significant at the level 0.05.

On the dimension responsibilities for persons, the mean scores of the junior resident doctors, IMS BHU (M=10.40, S.D. =1.44) was found higher than the mean scores of the the female junior resident doctors, KGMU Lucknow



(M=9.28, S.D. =2.49) between them the t-ratio was found ( $t=2.75$ ,  $P<.01$ ) significant at the level 0.01.

On the dimension under participation, the mean scores of the female junior resident doctors, IMS BHU (M=9.58, S.D. =3.32) and the mean scores of the female junior resident doctors KGMU Lucknow (M=10.04, S.D. =3.20) is almost the same, whereas, between them the t-ratio ( $t=0.70^{NS}$ ), was found insignificant.

On the dimension powerlessness, the mean scores of the female junior resident doctors, IMS BHU (M=7.36, S.D. =2.89) was found higher than the mean scores of the female junior resident doctors KGMU Lucknow (M=6.32, S.D. =1.58) between them the t-ratio ( $t=2.23$ ,  $P<.05$ ) was found significant at the level 0.05.

On the dimension poor peer relations, the mean scores of the female junior resident doctors, IMS BHU (M=10.60, S.D. =1.81) was found higher than the mean scores of the female junior resident doctors, KGMU Lucknow (M=8.70, S.D. =3.31) between them the t-ratio ( $t=3.56$ ,  $P<.01$ ) was found significant at the level of 0.01.

On the dimension intrinsic impoverishment, the mean scores of the female junior resident doctors, IMS BHU (M=10.38, S.D. =2.99) and the mean scores of the female junior resident doctors, KGMU Lucknow (M=9.58, S.D. =2.48) is almost the same, whereas, between them the t-ratio ( $t=1.45^{NS}$ ) was found insignificant.

On the dimension low status, the mean scores of the female junior resident doctors, IMS BHU (M=6.64, S.D. =1.82) was found higher than the mean scores of the female junior resident doctors KGMU Lucknow (M=7.40, S.D. =2.04) between them the t-ratio ( $t=1.96$ ,  $P<.05$ ) was found significant at the level .05.

On the dimension strenuous work conditions, the mean scores of the female junior resident doctors, IMS BHU (M=9.34, S.D. =1.69) and the mean scores of the female junior resident doctors KGMU Lucknow (M=9.52, S.D. =2.05) is almost the same, whereas, between them the t-ratio ( $t=0.47^{NS}$ ) was found insignificant.

On the dimension unprofitability, the mean scores of the junior resident doctors, IMS BHU (M=4.96, S.D. =1.99) and the mean scores of the female junior resident doctors, KGMU Lucknow (M=5.44, S.D. =1.76) is almost the same, whereas, between them the t-ratio ( $t=-1.27^{NS}$ ) was not found significant.

On the dimension occupational total, the mean scores of the female junior resident doctors, IMS BHU (M=133.90, S.D. =24.51) was found higher than the mean scores of the female junior resident doctors, KGMU Lucknow (M=122.60, S.D. =23.97) between them the t-ratio ( $t=2.33$ ,  $P<.05$ ) was found significant at the level .05.

Previous researches (Bar-On, 1997; Goleman, 1998; Mayer and Salovey, 1997) also supported the idea that there was a strong link between the occupational stress and gender.

In this study it has been found that the role overload is found to be higher in IMS, BHU, Varanasi on the male junior resident doctors as compared to the male junior resident doctors of KGMU, Lucknow. Significant difference has been also found on the dimension role ambiguity, role conflict, unreasonable group and political pressure, responsibilities for persons, under participation, powerlessness, poor peer relations, low status, and strenuous work conditions between IMS, BHU and KGMU, Lucknow males.

Significant difference has also been observed on the dimensions role overload, role ambiguity, role conflict, unreasonable group and political press, responsibilities for persons, powerlessness, poor peer relations, low status, and full scale of OSI between the female junior resident doctors of IMS, BHU and KGMU, Lucknow.

## CONCLUSIONS

- The IMS, BHU being an institute of a central university, it seems that the male and female junior resident doctors here have:
  - Much work pressure which increases their role ambiguity and role conflict.
  - More responsibilities for patients and unreasonable group pressure might make them feel powerless.
  - Very less time to maintain their good relations with their peer group out of role overload.
- KGMU is a state university so the male and female junior resident doctors here have to face less work load , patient responsibilities and seem to have better peer relations in comparison to the junior resident doctors of IMS,BHU.

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