A Multivariate Analysis of Private Healthcare Sector

G. Shoba

Department of MBA, Priyadarshini Engineering College, Vaniyambadi, India

Abstract: The health care industry in India is one of the largest economic and fastest growing professions. The study focuses on demographic background, stress among private healthcare provider, whether the socio-economic variables have impact on job stress among private health care provider. The primary data was collected from about 335 private healthcare providers through non-disguised and close-ended questionnaire. The statistical tools such as percentage analysis, factor analysis and analysis of variance have been utilized to analyze the data. It is found that there are significant differences between all the six socio-economic variables and high expectations (Factor-1). Significant differences are existed between socio-economic variables excluding bed facility and poor interpersonal relations (Factor-2). In the case of lack of recognition (Factor-3) significant differences are found with socio-economic variables excluding potential to improve practice. As for as poor climate (Factor-4) is concerned, significant differences are observed with potential to improve practice and cost factor.

Key words: Private Healthcare Providers · Analysis of Variance · Poor Climate

INTRODUCTION

Stress in workplace has become an increasingly hot topic over the past few decades. Stress in the workplace reduces productivity, increases management pressures and makes people ill in many ways, evidence of which is still increasing. Workplace stress affects the performance of the brain, including functions of work performance memory, concentration and learning. Today's organisational life is characterised by stress and strain. Employees experience stress at work that has negative consequences both to the individual and the organisation. The job stress of healthcare providers has been recognized as a serious social problem. Indeed, continued exposure to high levels of job stress is of concern not only because it involves ongoing personal suffering but also because it may threaten the quality of patient care.

The private sector hospital is getting hold of recognition due to economic development, demographic changes, changes in politics and government administration over the past few years, propelled the growth of private sector health care system [1]. Besides that changing lifestyle patterns, industrialisation and increased incidence of non-communicable diseases, lack of specialised care in public sector, government focuses on communicable diseases, increased purchasing power, increasing level of educational attainment, booming information technology and globalisation have promulgated the growth of private health care sector. Thus the role of the private sector is getting stronger in view of the Government's financial constrains in expanding the health infrastructure and increasing health care costs. The understandable inadequacy of resources in government-run medical care infrastructure has also shifted the demand towards private hospitals.

Statement of the Problem: The private medical practitioners wish to concentrate only on outpatient services and they do not focus on inpatient services as they have limited infrastructure, equipment and technology when compared to the well-built corporate hospitals. They mainly prefer to follow individual practice rather than group practice as private hospitals do not have adequate number of medical practitioners and supporting staff. Large investment on procurement and maintenance of equipment is also causing for focus on outpatient. There are several considerations favouring for the private hospital and at the same time, transparency in treatment methodology is in the big criticism. Thus limited infrastructure and equipment technology, less number of medical practitioners, supporting staff, high operating expenses and lack of awareness on government subsidies leading to stress among private health care providers.

Corresponding Author: G. Shoba, Professor/HOD, Department of MBA, Priyadarshini Engineering College, Vaniyambadi, India.

Review of Literature: Peter J. Makin *et al.* [2] observed job satisfaction and occupational stress among general practitioners. A random sample of 101 general practitioners in the Greater Manchester area was taken. The main causes of stress among general practitioners are the unplanned and largely unpredictable, events. Factor analysis revealed four major sources of stress: interruptions; emotional involvement; administrative workload and work/home interface; and routine medical work were associated with job satisfaction. They concluded that the major sources of stress for the general practitioner are not medical, but social. Unpredictable interruptions, especially outside 'normal' working hours, are the greatest source of stress.

Mittal [3] studied the role of stresses in relation to coping styles, personality type using a sample of 147 doctors belonging to both private and government hospital setting. The major stress experienced by doctors was role erosion, followed by inter-role distance. Male doctors experienced more role erosion and self-role distance than female doctors. Female private doctors experienced more role overload than the female government doctors, whereas female government doctors experienced more self-role distance and role ambiguity than female private doctors. Role stagnation was found to be significantly and positively related to impunities style of coping and negatively to total approach styles of coping. Pradhan M and Misra [4] examined gender differences in the life stress, burnout and the life stress-burnout relationship in 20 couples engaged in the medical profession. The Maslach Burnout Inventory was administered to the subjects. The analysis of the data revealed that there is a significant relationship between life stress with emotional exhaustion and depersonalisation. There is no gender difference between life stress and burnout.

Stebbing *et al.* [5] examined the stressors and levels of job satisfaction in this potentially vulnerable group. In order to assess overall levels of satisfaction, they were asked whether doctors would recommend their research post to a colleague. They concluded that there was a statistically significant association between those who would not recommend their post to a colleague and those who had difficulties in arranging funding and in writing up. Further significant correlations were found between dissatisfaction with the post and lack of help, support and advice from supervisors and colleagues, wanting to change supervisors, experience of the major categories of workplace bullying and having an inadequate clinical commitment. They found that stress and bullying are common in doctors undertaking research. These findings have important implications for medical training and for doctors choosing research projects. Setting up systems of support may have important benefits.

Ekta Sharma [6] reported on role stress of doctors. This study concludes that doctors, especially government doctors, experience various types of role stress. In order to deal with the problem, hospitals should arrange training in relaxation techniques and physical fitness or 'wellness' programmes. When an organisation decides to diagnose and systematically analyse the status of mental-cum-physical health of its backbone, the exercise is called a stress audit. Both private and government hospitals should consider conducting stress audits regularly so that affected doctors can be identified and their stress levels reduced, which will in turn improve the quality of work.

Josephine GWS Wong [7] found that there is a good evidence to show that doctors are at higher risk of stress than the general population. There needs to be a culture change within the profession for doctors and their employers to pay closer attention to how doctors deal with the demands of the job, how they look after their own mental health and attain wellbeing and a sense of balance between their working and personal lives. Doctors are expected to be conscientious, compassionate and self-sacrificing. However, we must remember that doctors need to nurture themselves, address their own spiritual needs and engage in self-care practices, in order to be able to give their best to patients. Sometimes, doctors feel that their problems cannot be understood by people outside of the profession, therefore developing and maintaining a professional network is valuable. Some private doctors work in a single-handed practice, thus adding to a sense of professional isolation.

Charles M. Balch *et al.* [8] concluded that physicians pursue the arduous task of becoming surgeons to change the lives of individuals facing serious health problems, to experience the joy of facilitating healing and to help support those patients for whom medicine does not yet have curative treatments. Despite its virtues, a career in surgery brings significant challenges that can lead to substantial personal distress for the individual surgeon and his or her family. Each surgeon should continuously map a career pathway that integrates personal and professional goals with the outcome of maintaining value, balance and personal satisfaction throughout his or her professional career. Being proactive in avoiding burnout is preferable to reacting to burnout after it has damaged one's professional life or personal wellness.

Objectives of the Study: The specific objectives of the study are as follows:

- To study the socio-demographic factor of private health provider
- To find out whether the socio-economic variables have impact on job stress among the private health provider

Methodology: In order to find out whether the socio-economic variables have impact on job stress among private medical practitioners on Indian health care system, this study is conducted. Multi-stage random sampling method was used to select the respondents to study the private health care system. This study is based on both primary and secondary data. The optimum sample size worked out to 335 is considered appropriate to make the sample efficient, representative and reliable. Qualitative and descriptive research design has been employed to analyse the job stress among private healthcare provider on Indian health care system in Vellore district. The secondary data were collected from Indian Medical Association, World Health Organisation, various Journals, Thesis, Bulletins, Magazines, Periodicals and Dailies.

The data collected from the respondents have been tested with the relevant statistical techniques. Simple percentage analysis has been deployed to analyse the demographic background of the private medical practitioners. Factors influencing on the perception of private medical practitioners on Indian health care system were examined by utilizing principal component factor analysis. Five point Likert scale ranging from five to one, that is, 5 is assigned for 'Strongly Agree', 4 is for 'Agree', 3 is for 'Neutral, 2 is for 'Disagree' and 1 is for 'Strongly Disagree' was designed to collect the data. The relative collision of factors analyzed in factor analysis was tested with multiple linear regression analysis. Chi-square test has been applied to test the perception of private medical practitioners as to different aspects of health care system. The influence of recurring expenses on health care system is analyzed through Garret score ranking analysis.

RESULTS AND DISCUSSIONS

Analysis of Socio-economic Profile: Socio-economic profile of private medical practitioners studied through simple percentage analysis and presented in Table 1.

Table 1: Socio-Economic Profile of Private Healthcare Provider

Personal Background	Particulars	No. of Respondents	%
Gender	Male	227	67.8
	Female	108	32.2
Age	Less than 30 years	10	3.0
	30-39years	123	36.7
	40-49 years	120	35.8
	50-59 years	70	20.9
	60 years or more	12	3.6
Monthly Income	Less than Rs.25,000	37	11.0
	Rs.25,001 - Rs.35,000	122	36.4
	Rs.35,001 - Rs.45,000	132	39.4
	Above Rs.45,001	44	13.1
Marital Status	Married	285	85.1
	Unmarried	50	14.9
Bed Facility	Less than 5 beds	92	27.5
	6-10 beds	78	23.3
	11-15 beds	45	13.4
	16-20 beds	42	12.5
	More than 20 beds	65	19.4
	Not available	13	3.9
Potential to Enhance Practice	Your Professional Association	148	44.2
	The Ministry of Health	135	40.3
	The State Government	52	15.5

Table 1: Cont.

Future Goal	For higher management position	222	66.3
	Get a job in my chosen specialization	46	13.7
	Get similar job in another organization	52	15.5
	Leave this profession as soon as possible	15	4.5
Cost Factor	Cost relating to location	54	16.1
	Cost relating to maintenance	136	40.6
	Cost of equipment and technology	100	29.9
	Cost of manpower	10	3.0
	Cost related to others	35	10.4
Amount Reinvested	Less than Rs.1,00,000	29	8.7
	Rs.1,00,001 - Rs.2,00,000	113	33.7
	Rs.2,00,001 - Rs.3,00,000	91	27.2
	Rs.3,00,001 - Rs.4,00,000	52	15.5
	Rs.4,00,001 - Rs.5,00,000	50	14.9

(Source: Primary Data)

Table 2: Factors and Total Variance

	Initial Eigenvalues		Extraction Sums of Squared Loadings		Rotation Sums of Squared Loadings	
Component	% of Variance	Cumulative %	% of Variance	Cumulative %	% of Variance	Cumulative %
1	42.590	42.590	42.59	42.590	22.672	22.672
2	6.843	49.434	6.843	49.434	16.130	38.803
3	5.439	54.872	5.439	54.872	10.615	49.418
4	5.098	59.971	5.098	59.971	10.553	59.971
5	4.759	64.730	-	-	-	-
6	4.027	68.757	-	-	-	-
7	3.602	72.359	-	-	-	-
8	3.426	75.785	-	-	-	-
9	3.236	79.021	-	-	-	-
10	3.033	82.055	-	-	-	-
11	2.718	84.773	-	-	-	-
12	2.559	87.333	-	-	-	-
13	2.457	89.790	-	-	-	-
14	2.402	92.192	-	-	-	-
15	2.259	94.451	-	-	-	-
16	2.012	96.463	-	-	-	-
17	1.855	98.318	-	-	-	-
18	1.682	100.000	-	-	-	-

[Sources: Primary Data]

It is found that 36.7% of the private healthcare providers are from the age group of 30-39 years, 67.8% of respondents are males, 32.2% of respondents are females, 85.1% of respondents are married and 27.5% of respondents have less than 5 beds. 44.2% of respondents have improved their practice through professional association, 66.3% of respondents have preferred to attain higher managerial position, 40.6% of respondents have incurred cost relating to maintenance and 33.7% of respondents have reinvested Rs.1,00,001 – Rs. 2,00,000.

Principal Component Analysis: The next step in the process is to decide about the number of factors to be derived. The rule of thumb is applied to choose the number of factors for which "Eigen values" with greater than unity is taken by using Principal Component Analysis (PCA) method. The component matrix so formed is further roated orthogonally using varimax rotation algorithm. All the statements are loaded on the four factors. The results so obtained have been given in the tables separately along with factor loadings.

Table 3: Component Matrix

S.No	Component	1	2	3	4
1	Conducting surgery	0.736	-	-	-
2	Working environment(including surgery set up)	0.729	-	-	-
3	Lack of emotional support at home, especially from spouse/life partner	0.729	-	-	-
4	Time management	0.703	-	-	-
5	Unrealistically high expectations by others of your role	0.691	-	-	-
6	Patients having little confidence in physicians	0.688	-	-	-
7	Competitiveness among private medical practitioner	0.674	-	-	-
8	Determination of work schedule is difficult	0.669	-	-	-
9	Dealing with problematic patients	0.664	-	-	-
10	Daily contact with chronically ill patient	0.656	-	-	-
11	Conflict between organizational and non- organisational Roles	0.653	-	-	-
12	Adverse publicity by media	0.652	-	-	-
13	Too many expectations from his/her role (overload)	0.645	-	-	-
14	Resource Inadequacy	0.621	-	-	-
15	Dealing with the terminally ill and their relatives	0.610	-	0.576	
16	Fear of assault during night visits	0.424	0.681	-	-
17	Visiting in extremely adverse weather conditions	0.579	0.585	-	-
18	No appreciation of your work by patients	0.552	-	-	0.664

[Sources: Primary Data]

The total variance accounted for, by all the four factors with Eigen value greater than one is 59.971 per cent and remaining variance is explained by other variables. Among the four factors, the first factor which accounts for around 23 per cent of variance is the prima criteria considered to study the problems pertaining to job stress among the private medical practitioners. The Table 3 shows the factor matrix where principal component analysis extracted four factors.

Since the factor loadings (coefficients) indicate how much weight is assigned to each factor, factors with large coefficients for a variable are closely related to that variable. Thus the 18 variables in the data are reduced to four factor models and each factor is identified with the corresponding variables as given in Table 4.

Factor scores are obtained for each factor by adding the ratings given for each statement. If the score is high the job stress will be high among the private medical practitioners.

Analysis of Variance: The analysis of variance is used to find out the impact of socio-economic variables such as monthly income, bed facility, potential to enhance practice, future goal, cost factor and reinvestment on job stress. The analysis of variance is used to test whether the means of more than two quantitative populations is equal or not. For post-hoc analysis Duncan method is

Table 4: Grouping of Factors

Component	1	2	3	4
High Expectations	0.677	0.535	0.379	0.334
Poor Interpersonal Relations	-0.398	-0.213	0.260	0.854
Lack of Recognition	-0.576	0.812	-0.080	-0.042
Poor Climate	0.226	0.094	-0.884	0.398

[Sources: Primary Data]

used. If the significant value is less than 0.05, then it is presumed that categories in socio economic variable differ on the mean values of factor in dependent variable.

Monthly Income and Job Stress: One way Anova is applied to test the following null hypotheses.

- There is no significant difference between four categories relating to monthly income and average score of high expectations (Factor-1).
- There is no significant difference between four categories related to monthly income and average score of poor interpersonal relations (Factor-2).
- There is no significant difference between four categories regarding monthly income and average score of lack of recognition (Factor-3).
- There is no significant difference between four categories pertaining to monthly income and average score of poor climate (Factor-4).

Table 5: ANOVA for Monthly Income and Job Stress

Factors	Sum of Squares	df	Mean Square	F	Sig.
High Expectations					
Between Groups	7.514	3	2.505	3.517	0.015
Within Groups	235.712	331	0.712	-	-
Total	243.226	334	-	-	-
Poor Interpersonal Relations					
Between Groups	11.846	3	3.949	5.926	0.001
Within Groups	232.387	334	232.387	-	-
Total	243.226	334	-	-	-
Lack of Recognition					
Between Groups	16.537	3	5.512	6.254	0.000
Within Groups	291.736	331	0.881	-	-
Total	308.273	334	-	-	-
Poor Climate					
Between Groups	4.455	3	1.485	2.034	0.109
Within Groups	241.654	331	0.730	-	-
Total	246.109	334	-	-	-

[Sources: Primary Data]

The Table 5 delineates that significant values for high expectations, poor interpersonal relations and lack of recognition are 0.15, 0.001 and 0.000 respectively. Therefore, it is concluded that

- There is a significant difference between four categories with regard to monthly income and average score of high expectations.
- There is a significant difference between four categories regarding monthly income and average score poor interpersonal relations.
- There is a significant difference between four categories related to monthly income and average score of lack of recognition.

Hence, the null hypotheses (i), (ii) and (iii) are rejected. However the significant value for poor climate is 0.109 which means there is no significant difference between four categories with regard to monthly income and average score of poor climate. Hence the null hypothesis is accepted.

Bed Facility and Job Stress: One way Anova is applied to test the following null hypotheses.

- There is no significant difference between six categories with regard to bed facility and average score of high expectations (Factor-1) in job stress.
- There is no significant difference between six categories relating to bed facility and average score of poor interpersonal relations (Factor-2) in job stress.

- There is no significant difference between six categories pertaining to bed facility and average score of lack of recognition (Factor-3) in job stress.
- There is no significant difference between six categories related to number of beds and average score of poor climate (Factor-4) in job stress.

The Table 6 points out that significant values for high expectations, poor interpersonal relations and lack of recognition are less than 0.05 (ie., 0.003, 0.031 and 0.006 respectively).Therefore, it is concluded that significant differences exist between six categories related to bed facility and average score of high expectations, poor interpersonal relations and lack of recognition. Hence, the null hypotheses (i), (ii) and (iii) are rejected. However the significant value for poor climate is 0.079 which means there is no significant difference between six categories pertaining to bed facility and average score of poor climate. Hence the null hypothesis is accepted.

Potential to Improve Practice and Job Stress: To test whether the null hypotheses are to be accepted or rejected, one way Anova is applied.

- There is no significant difference between three categories pertaining to potential to improve practice and average score of high expectation (Factor-1) in job stress.
- There is no significant difference between three categories related to potential to improve practice and average score of poor interpersonal relations (Factor-2) in job stress.

Table 6: ANOVA for Number of Beds and Job Stress

Factors	Sum of Squares	df	Mean Square	F	Sig.
High Expectations					
Between Groups	12.644	5	2.529	3.608	0.003
Within Groups	230.583	329	0.701	-	-
Total	243.226	334	-	-	-
Poor Interpersonal Relations					
Between Groups	8.505	5	1.701	2.500	0.031
Within Groups	223.882	329	0.680	-	-
Total	232.387	334	-	-	-
Lack of Recognition					
Between Groups	14.822	5	2.964	3.323	0.006
Within Groups	293.452	329	0.892	-	-
Total	308.273	334	-	-	-
Poor Climate					
Between Groups	7.232	5	1.446	1.992	0.079
Within Groups	238.877	329	0.726	-	-
Total	246.109	334	-	-	-

[Sources: Primary Data]

Table 7: ANOVA for Potential to Improve Practice and Job Stress

Factors	Sum of Squares	df	Mean Square	F	Sig.
High Expectations					
Between Groups	6.705	2	3.353	4.706	0.010
Within Groups	236.521	332	0.712	-	-
Total	243.226	334	-	-	-
Poor Interpersonal Relations					
Between Groups	6.911	2	3.455	5.088	0.007
Within Groups	225.476	332	0.679	-	-
Total	232.387	334	-	-	-
Lack of Recognition					
Between Groups	5.217	2	2.609	2.858	0.059
Within Groups	303.056	332	0.913		
Total	308.273	334	-	-	-
Poor Climate					
Between Groups	4.654	2	2.327	3.200	0.042
Within Groups	241.455	332	0.727	-	-
Total	246.109	334	-	-	-

[Sources: Primary Data]

- There is no significant difference between three categories relating to potential to improve practice and average score of lack of recognition (Factor-3) in job stress.
- There is no significant difference between three categories with regard to potential to improve practice and average score of poor climate (Factor-4) in job stress.

The Table 7 reveals that significant values for high expectations, poor interpersonal relations and poor climate are less than 0.05 (ie., 0.010,0.007 and 0.042 respectively).Therefore, it is concluded that significant differences exist between three categories with regard to potential to improve practice and average score of high expectations, poor interpersonal relations and poor climate. Hence, the null hypotheses (I), (ii) and (iv) are rejected. However, the significant value for lack of recognition is 0.059 which means there is no significant difference between three categories pertaining to potential to improve practice and average score of lack of recognition. Hence the null hypothesis is accepted.

Future Goal and Job Stress: One way Anova is applied to test the following null hypotheses.

Table 8: ANOVA for Future Goal and Job Stress

Factors	Sum of Squares	df	Mean Square	F	Sig.
High Expectations					
Between Groups	7.394	3	2.465	3.459	0.017
Within Groups	235.833	331	0.712	-	-
Total	243.226	334	-	-	-
Poor Interpersonal Relations					
Between Groups	12.301	3	4.100	6.167	0.000
Within Groups	220.086	331	0.665	-	-
Total	232.387	334	-	-	-
Lack of Recognition					
Between Groups	14.552	3	4.851	5.466	0.001
Within Groups	293.721	331	0.887	-	-
Total	308.273	334	-	-	-
Poor Climate					
Between Groups	1.912	3	0.637	0.864	0.460
Within Groups	244.197	331	0.738	-	-
Total	246.109	334	-	-	-

[Sources: Primary Data]

- There is no significant difference between four categories related to future goal and average score of high expectations (Factor-1) in job stress.
- There is no significant difference between four categories with regard to future goal and average score of poor interpersonal relations (Factor-2) in job stress.
- There is no significant difference between four categories relating to future goal and average score of lack of recognition (Factor-3) in job stress.
- There is no significant difference between four categories pertaining to future goal and average score of poor climate (Factor-4) in Job Stress.

It is observed from the Table 8 that the significant values for high expectations, poor interpersonal relations and lack of recognition (ie., 0.017, 0.000 and 0.001 respectively) are less than 0.05.Therefore, it is concluded that significant differences exist between four categories related to future goal and average score of high expectations, poor interpersonal relations and lack of recognition. Hence, the null hypotheses (i), (ii) and (iii) are rejected. However, the significant value for poor climate is 0.460 which means there is no significant difference between four categories with regard to future goal and average score of poor climate. Hence the null hypothesis is accepted.

Cost Factor and Job Stress: To test the following hypotheses, one way Anova is applied.

- There is no significant difference between five categories related to cost factor and average score of high expectations (Factor-1) in job stress.
- There is no significant difference between five categories pertaining to cost factor and average score of poor interpersonal relations (Factor-2) in job stress.
- There is no significant difference between five categories related to cost factor and average score of lack of recognition (Factor-3) in job stress.
- There is no significant difference between five categories with regard to cost factor and average score of poor climate (Factor-4) in job stress.

It is observed from the Table 9 that significant values for high expectations, poor interpersonal relations and lack of recognition and poor climate (ie., 0.002, 0.004, 0.024 and 0.002 respectively) are less than 0.05. Therefore, it is concluded that significant differences exist between five categories with regard to cost factor and average score of all the four factors relating to job stress. Hence, the null hypotheses (i), (ii), (iii) and (iv) are rejected.

Reinvestment and Job Stress: To test the following null hypotheses, one way Anova is applied.

- There is no significant difference between five categories pertaining to reinvestment and average score of high expectations (Factor-1) in job stress.

Table 9: ANOVA for Cost Factor and Job Stress

Factors	Sum of Squares	df	Mean Square	F	Sig.
High Expectations					
Between Groups	12.505	4	3.126	4.471	0.002
Within Groups	230.722	330	0.699	-	-
Total	243.226	334	-	-	-
Poor Interpersonal Relations					
Between Groups	10.417	4	2.604	3.872	0.004
Within Groups	221.970	330	0.673	-	-
Total	232.387	334	-	-	-
Lack of Recognition					
Between Groups	10.249	4	2.562	2.837	0.024
Within Groups	298.024	330	0.903	-	-
Total	308.273	334	-	-	-
Poor Climate					
Between Groups	12.364	4	3.091	4.364	0.002
Within Groups	233.745	330	0.708	-	-
Total	246.109	334	-	-	-

[Sources: Primary Data]

Table 10: ANOVA for Reinvestment and Job

Factors	Sum of Squares	df	Mean Square	F	Sig.
High Expectations					
Between Groups	8.792	4	2.198	3.094	0.016
Within Groups	234.435	330	0.710	-	-
Total	243.226	334	-	-	-
Poor Interpersonal Relations					
Between Groups	12.603	4	3.151	4.731	0.001
Within Groups	219.784	330	0.666	-	-
Total	232.387	334	-	-	-
Lack of Recognition					
Between Groups	24.546	4	6.136	7.137	0.000
Within Groups	283.727	330	0.860	-	-
Total	308.273	334	-	-	-
Poor Climate					
Between Groups	2.941	4	0.735	0.998	0.409
Within Groups	243.168	330	0.737	-	-
Total	246.109	334	-	-	-

[Sources: Primary Data]

- There is no significant difference between five categories related to reinvestment and average score of poor interpersonal relations (Factor-2) in job stress.
- There is no significant difference between five categories relating to reinvestment and average score of lack of recognition (Factor-3) in job stress.
- There is no significant difference between five categories with regard to reinvestment and average score of poor climate (Factor-4) in job stress.

Table 10 delineates that significant values for high expectations, poor interpersonal relations and lack of recognition (ie., 0.016, 0.001 and 0.000 respectively) are less than 0.05.Therefore, it is concluded that there exist significant differences between five categories related to reinvestment and average score of high expectations, poor interpersonal relations and lack of recognition. Hence, the null hypotheses (i), (ii) and (iii) are rejected. However, the significant value for poor climate is 0.409 which means there is no significant difference between five categories related to reinvestment and average score of poor climate. Hence the null hypothesis is accepted.

CONCLUSION

Socio-economic profile of the respondents shows that 88.9% are male, 31.9% of the respondents are in the age group of 31-40 years and 39.4% of respondents have earned monthly income of Rs.35001-Rs.45000.The results of factor analysis shows that 18 variables in the data are reduced to four factor models namely, high expectations, poor interpersonal relations, lack of recognition and poor climate. It is found that there are significant differences between all the six socio-economic variables and high expectations (Factor-1). Anova reveals that there are significant differences between socio-economic variables excluding bed facility and poor interpersonal relations (Factor-2). In the case of lack of recognition (Factor-3) significant differences are found with socio-economic variables excluding potential to improve practice. As for as poor climate (Factor-4) is concerned, significant differences are observed with potential to improve practice and cost factor. It is suggested that the private healthcare provider need to have personal expectations and to improve their interpersonal skills to reduce the level of job stress considerably. The hospital authorities should create congenial atmosphere and ensure proper recognition to the private healthcare provider. Hence the coordinated and synchronised efforts by the private medical practitioners, the medical council, the medical association and the government can primarily reduce the stress among the private healthcare providers. These efforts eventually can improve the private healthcare practice and its quality.

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