

INSIGHTS INTO JOB SATISFACTION OF FEMALE MEDICAL PRACTITIONERS: A STUDY OF GENDER AND PROFESSION IN THE HOSPITAL SYSTEM IN SRIGANGANAGAR

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ABSTRACT

After the existence, the man has tried to understand the nature, environment and his own physical and psychic being. The curiosity and cognitive pursuits of mankind paved the path for searching secrets of nature, understand and control these according to his needs and requirements. After fulfillment of the biological, institutional imperatives, man sought to understand his own being and what ails his physical and mental being. These circumstances forced him to find ways and means for good health. Through innumerable efforts over centuries, man could understand, learn and create an expertise in art of being him fit and healthy. These specialized individuals would also carry forward the task of finding remedies to unknown ailment and diseases.

Keywords: Job Satisfaction, Medical Practitioners, Diseases, Environment, Hypertension.

Introduction

The truly Indian Medical systems known as Ayurveda and Siddha systems have been known to exist in Vedic period, around 5000 BC. The Ayurveda is popular throughout India whereas the Siddha system is used in the Tamil dominated South India. Nevertheless, there is very little difference in these two systems in terms of theory and practice. The Vedic and post Vedic India had its own share of Gods - and saints related to medicine and health. Lord Dhanvantari, the Hindu God of medicine, is believed to have been born as a result of the Churning of the oceans during a "Tug of War", between God and demons.

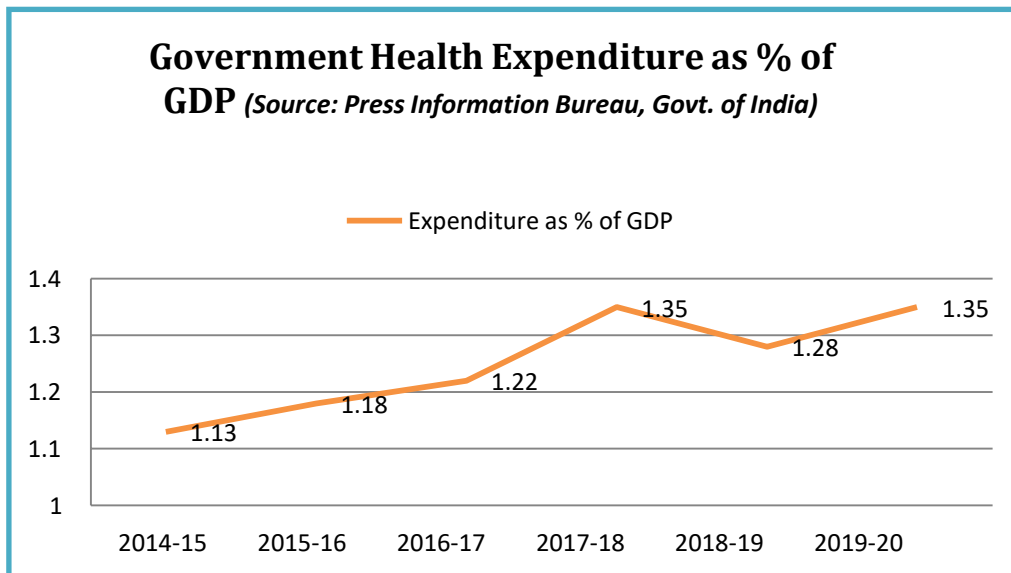
It is also believed that medical knowledge in Atharva Veda gradually developed in to the science of Ayurveda. Among the most known scholars and practitioners of Ayurvedic systems are Atreya, Charaka, Susruta and Vagbhata. Atreya was one of the first great physicians who lived in University of Taxila around 800 BC (*this place is 20 miles west of modern Rawal Pindi*). During the Buddhist period, Ayurveda got state patronage and many states started hospitals and schools of medicine were opened. One of the prominent names in this area is Charaka, the great physician to the Buddhist King, Kanishka. Charaka used the scholarly teachings of Ayurveda to write his renowned treatise known as Charaka Samhita. Charaka has mentioned around 500 medicines, which includes Sarpagandha known as Indian snakeroot (*Rauwolfia*). Nowadays the famous drug reserpine is extracted from its roots and used for treatment of hypertension.

The table and graph mentioned below provide the valuable insights into the trend in Government Health Expenditure as a percentage of Gross Domestic Product (GDP) for the time period 2014-15 to 2019-20. In 2014-15, healthcare expenditure accounted for 1.13 percentage of the GDP, indicating the initial budgetary commitment to the health sector.

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Over the subsequent years, there was a gradual upward trajectory in healthcare spending, with 1.18 percentage of GDP in 2015-16 and 1.22 percentage in 2016-17. The year 2017-18 saw a more significant increase, with healthcare expenditure reaching 1.35 percentage of GDP, reflecting a substantial boost in funding. However, in 2018-19, there was a slight decrease to 1.28 percentage, followed by a return to 1.35 percentage in 2019-20. These fluctuations in healthcare spending as a percentage of GDP suggest that funding priorities for the health sector experienced variations during this period.



Review of Literature

Comparing doctors with other categories of professionals, S. M. Dubey (1975) finds that more doctors than other professionals are drawn from white-collar families and that they also constitute the most prosperous class among the professionals. According to T. K. Oommen, doctors form a 'socially insulated' occupational category in that "there exists a social closure in the process of recruitment into these occupations," which limits the entry of individuals from certain social categories such as lower castes, rural background, and poor families (Oommen, 1978). In his study of doctors in an elite institution,

T. N. Madan finds that they are drawn from a rather "narrow catchment area" which according to him, signifies the importance of "*particularistic modes of recruitment*" to professions (Madan, 1977).

Analytically, the existing studies have contributed two significant ideas: the role of structural factors in recruitment to the medical profession and the prominence of particularistic modes of recruitment. What they leave unexplored is how the social antecedents of medical professionals affect their professional orientation and role performance. T. K. Oommen (1978) has made a general attempt to show how the elite social antecedents of doctors contribute to the high prestige of their profession and conversely how the humble origins depress the prestige of the nursing profession.

How and why do people choose a medical career? In a study of seven medical colleges, distributed over four geographical zones, (*i.e.*, North, South, Central and West) T. V. Rao⁷⁴ (1976), a psychologist, found that the majority of the respondents first thought of becoming a doctor between the ages of 10-13 years. They made their first decisions between 16 and 19 years and their choice to study medicine was 'affected largely by 'self-interest.' Sociologists (Madan, 1972, 1977; Chandani, 1977) however, report a relatively higher age (average 15 years) for the first thought of a medical career and underline the importance of family decision in the choice of this career.

"Public Service and philanthropy" is the rather clichéd response most medical students and doctors make to questions about why they become doctors, says D. Banerjee (1974a). But T. K. (1978) finds that self-orientation rather than a humanitarian orientation is the predominant motivation behind the doctors' choice of the medical profession. More realistically, T. N. Madan⁷⁹ (1972) reports evidence of mixed motives and A. Chandani's⁸¹ (1977) reports evidence of mixed motives and A. Chandani's⁸¹ (1977) data indeed lend support to it.

Research Methodology and Objectives

The study employs descriptive statistics used to test the hypothesis in order to find the conclusions pertaining to objectives of above study. The geographical and administrative region of study is Sriganganagar district of Rajasthan state. A sample of 200 respondents has been prepared by way of Stratified Random sampling technique. The respondents have been chosen as per various socio-economic and demographical variables. The field data have been collected by framed questionnaire from the targeted respondents in the area of the study.

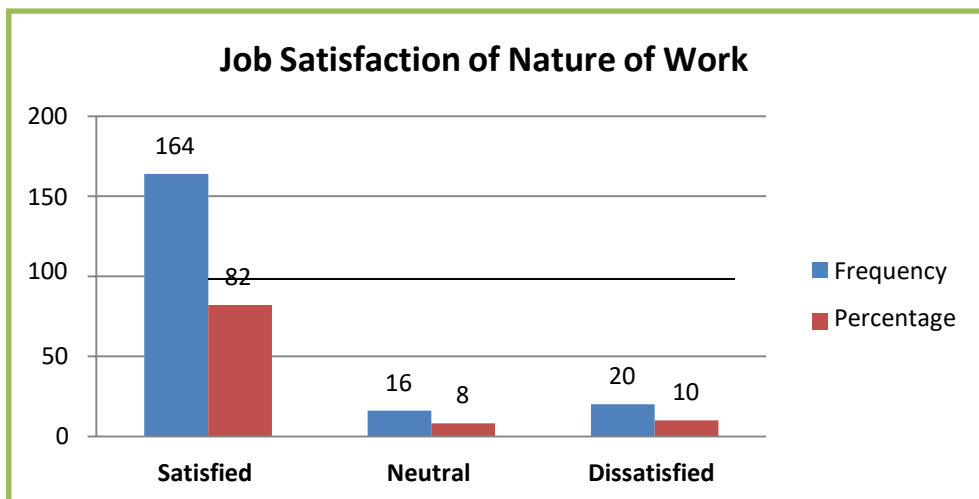
The first hand-have been collected from respondents by administering questionnaire, interviews and discussions with medical professionals in selected hospitals. Efforts have been made to provide current scenario of socio-economic status of the female medical professional in the district from authentic sources. The data have been presented and analyzed according to objectives of the study using appropriate descriptive techniques in order to draw the conclusions of the study. There are disparities and variations in standards of life, educational achievements, access to technologically produced equipments, and worldview. A total of 200 respondents were selected for the study comprising 100 samples from government hospital and remaining 100 samples from private sample.

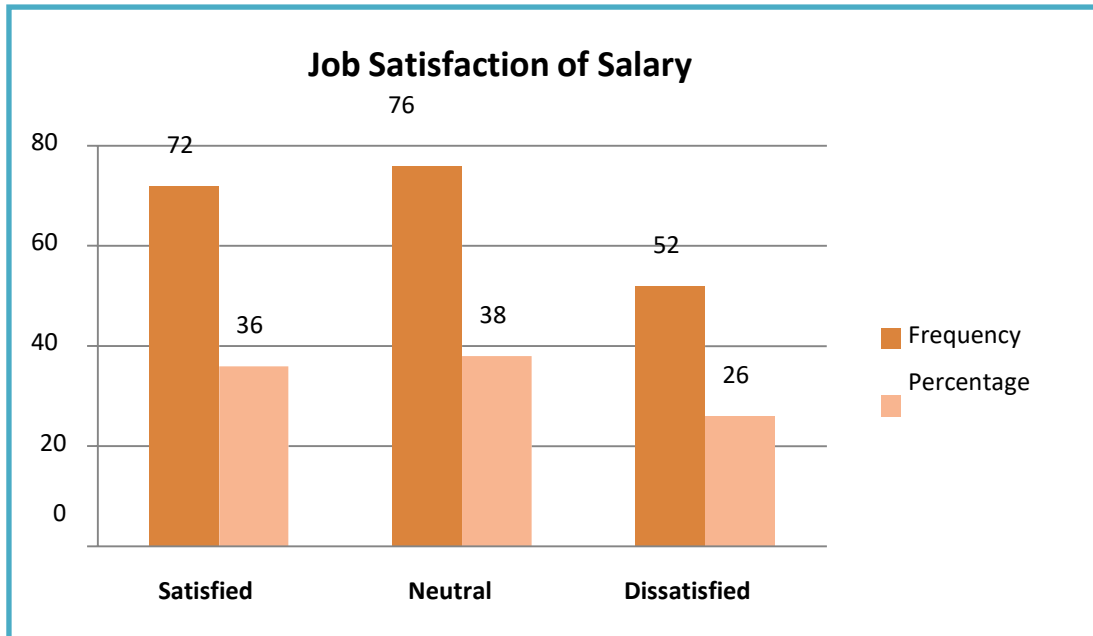
The study aims to search the socio-historical perspective of the female gender in the medical profession in India, Rajasthan and Sriganganagar district. The study aims to understand and analyze the structural dimensions of Indian society that promotes the female gender in the society to seek equalitarian expression of their personality and to raise awareness about gender disparities in the healthcare system and advocate for changes that foster inclusivity, diversity, and equal opportunities for all healthcare professionals, regardless of gender.

Data Analysis and Interpretation

When an individual fails to achieve self-actualization, it leads to feelings of failure and frustration. Job satisfaction plays a crucial role in shaping one's personality as a significant portion of one's life is spent in their career. Job satisfaction has a broad impact on a person's overall life. Many of the tensions, anxieties, and psychological issues that individuals experience are often closely linked to their levels of job satisfaction. It can lead individuals to leave their jobs, struggle with adaptation, or even refrain from working altogether. Various studies related to motivation and job satisfaction examined and concluded that workers who feel disconnected from their jobs and employers tend to perform poorly.

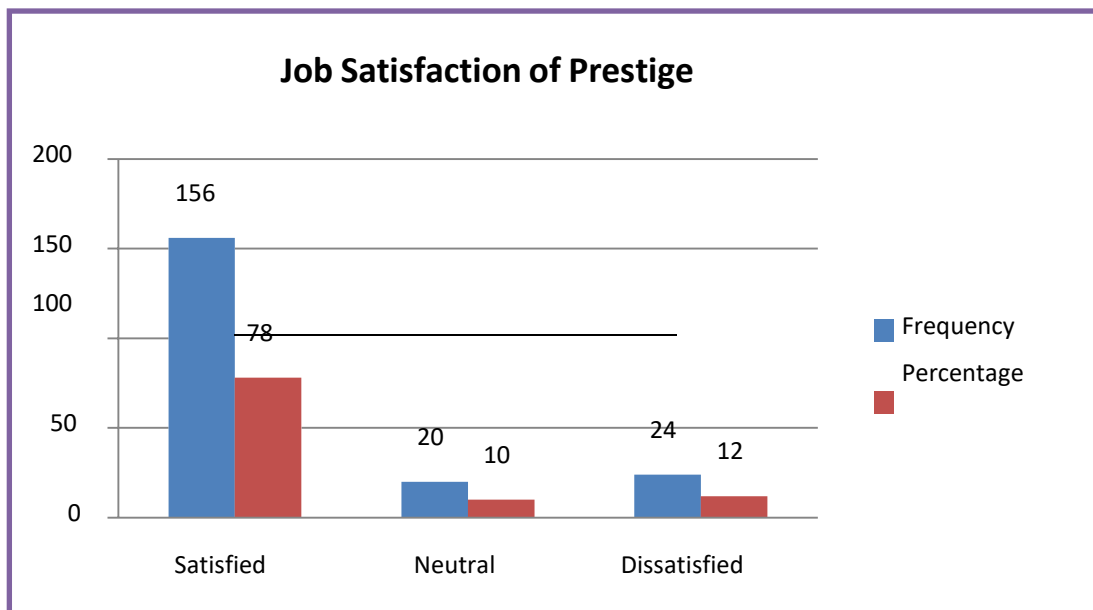
In this section, job satisfaction has been referred as nature of work of medical professionals, i.e. the duties, functions performed by medical professional as part of responsibilities in the hospital setting and beyond. The data pertaining to job satisfaction for female medical practitioners (*termed as satisfied, neutral and dissatisfied*) are mentioned below. As far as job satisfaction in terms of nature of work is concerned, the table reveals that a substantial majority of the respondents, 82 percentage of the respondents, expressed job satisfaction with the nature of their work. Only 8 percentage of the respondents were neutral, while 10 percentage of the respondents reported dissatisfaction. The data provide significant insights into the overall job satisfaction levels of the surveyed respondents according nature of their work.

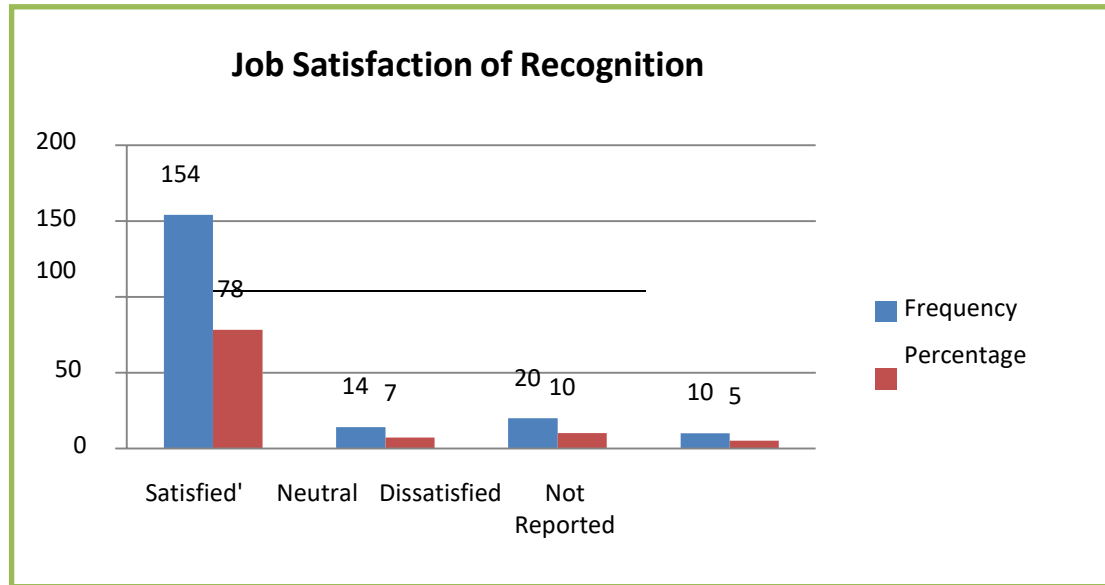




In this section, the job satisfaction has been terms on the basis of Salary/Remuneration of medical professionals, i.e. perks, allowances and other benefits available to practitioners in the hospital setting. The data pertaining to job satisfaction of female medical practitioners (*termed as satisfied, neutral and dissatisfied*) are mentioned below. The graph and table above reveal that 38 percentage of respondents expressed neutrality in their satisfaction. A majority of respondents, 36 percentage of respondents are pleased with their remuneration, indicating contentment, and 26 percentage of sample units were dissatisfied.

The above figure draws attention that majority of respondents, 78 percentage of respondents expressed job satisfaction with level of prestige associated with their work. A 10 percentage of respondents were neutral, indicating lack of strong feelings in either direction regarding work prestige. Only 12 percentage of respondents are in disagreement with the prestige of their work, indicating discontentment in this aspect of their jobs.





The above figure draws attention that majority of surveyed respondents, 78 percentage, expressed job satisfaction with recognition they receive in their work, while 7 percentage of respondents are indifferent towards satisfaction. Only 10 percent of respondents reported dissatisfaction with the recognition they receive, while 5 percentage of respondents did not answered. The data provide significant insights pertaining to job satisfaction levels among the surveyed respondents according level of recognition they experience in their work.

Conclusion

The data regarding job satisfaction among female medical practitioners in Sriganganagar district, Rajasthan, reveals a nuanced perspective. While a majority find contentment in the nature of their work and its associated prestige and recognition, perceptions of salary and remuneration are more mixed. Job satisfaction proves to be a multifaceted aspect of their professional ethics, underscoring the intricate relationship between career contentment and ethical considerations in the medical field.

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