

**Short Commentary***Open Access, Volume 5***Parent being a physician: Any influence upon job stress in young physicians****\*Corresponding Author: Bushra Ejaz**Department of Botany, Jamia Hamdard, New Delhi  
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**Abstract****Purpose:** The purpose of this research is to inspect the whether being the child of a physician would be of importance for how young physicians experience job stress.**Methodology:** The data collected from the public Hospital in Lahore are used to test the relationship among turnover intention and job satisfaction, work stress and work-family conflict. The data collected in this study was analyzed by using SPSS.**Findings:** The results from this study shows Female physicians with a physician parent reported higher levels of job stress over the whole period compared with males with a physician parent. This gender difference did not occur within the group without a physician parent. Male young physicians showed a trend (not quite significant) to be less stressed than their peers without a physician parent. Women physicians were overrepresented in a group with persisting high stress level over the period.**Practical implication:** This study provides insights for policymakers in resolving the increase of job satisfaction by providing support and relieving medical doctors' stress levels. Health directors should be encouraged to focus on the key aspects that may directly affect the well-being of medical doctors and eventually reduced stress.**Originality/value:** Few studies have investigated personality and medical school variables in regard to job satisfaction after graduation. It is of great importance to investigate these factors because this information may be used in the recruitment/admittance process to medical schools, and possibly to improve medical education.**Keywords:** Job stress; Physician parent; Young physicians; Job satisfaction; Work stress; Work-family conflict.**Introduction**

Coping with the performance as a physician has been found to influence level of perceived job stress in medicine [1]. Physicians' job satisfaction is important because it may affect patient satisfaction and patient adherence and may be inversely associated with level of stress as well as burnout [2]. The current work situation will possibly explain most of the variations in job satisfaction among young physicians [3]. There are several factors

that could be possible predictors of young physicians' job satisfaction. Age and sex may be important [4]. Regarding the importance of personality traits, one study found that extraversion had a positive effect and neuroticism a negative effect on job satisfaction [5]. Theoretically, there are three possible relationships between being a physician's child and level of perceived job stress. One could be that young physicians with a physician parent will be more "robust" when entering the medical field as they will more easily identify with the role of doctor, and they

may be better prepared through personal experiences with their parents' way of handling challenges and distress in their work [6]. Another possibility is having a physician parent may increase a fear of failure, of not living up to parents' expectations and thereby increase the experienced job stress more than other young physicians [7]. A third possibility could be that, on a group level, such a family condition may increase perceived job stress in some and decrease it in others and thereby the relationship with job stress will be nullified. An interesting question is whether having a physician parent will have different impact upon woman and men as they are about finishing their medical school and further throughout the first 20 years of their career [8]. As they are entering a traditionally masculinized profession, a possibility could be that job stress will be more pronounced among women experiencing higher demands, internalized in themselves, derived from their intra-familial (father-daughter) relations, and from the established medical milieu, compared with their male peers with a father-son background [9]. Male physicians with physician parent reporting lower stress levels than their female peers can be interpreted as a consequence of male physicians having more male models during their first working years as the main proportion of older physicians still are men. A father-son relationship may also promote an easier way to lower stress and achieve an identification with the role of doctor than for the females with a father-daughter relationship. With the increasing number of female physician, this gender difference may be prone to changes over time [10]. Job stress is related to mental health problems among young doctors [11]. Perceived clinical skills differentiated among woman only, while 'well-being with peers' differentiated only among men [12]. To our knowledge, however, there are few other prospective studies that have addressed these important questions. Therefore, we find it of great value to further investigate these aspects of physician job satisfaction. So this study will help fill this literature gap, keeping in view the social culture and values. The purpose of this research is to inspect the whether being the child of a physician would be of importance for how young physicians experience job stress.

### Hypothesis

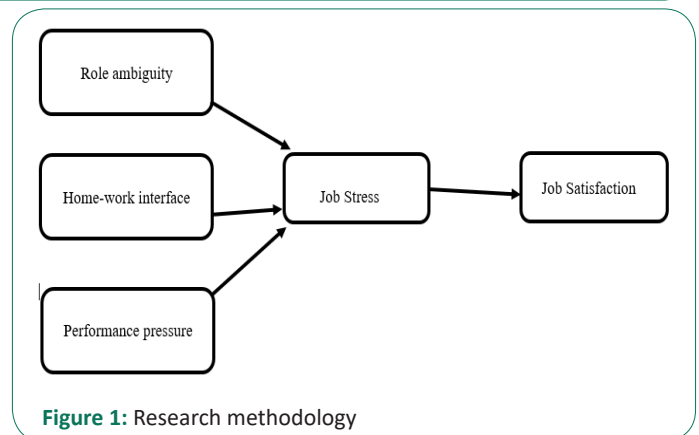
**Hypothesis I:** There is positive relationship between home-work interface and job stress.

**Hypothesis II:** There is a positive relationship between performance pressure and job stress.

**Hypothesis III:** There is a Positive relationship between role ambiguity and job satisfaction.

### Research model

**Research design:** The data collected from the public Hospital in Lahore are used to test the relationship between performance pressure, work home interface, role ambiguity job stress and job satisfaction among physicians. Sample technique was non-Probability convenient sampling. Sample size of the study was calculated by using Rao soft. Population frame using questionnaires to collect data, the aim is to circulate 377 questionnaires to the targeted respondents. After obtaining information, the data will be analyzed using SPSS. The data collection method was quantitative. Questionnaires were used to collect data from physician in Lahore. These questionnaires were ad-



**Figure 1:** Research methodology

opted from previous published researches and were molded according to the present culture of the organization. In order to measure, the researcher used the scale of. This was based on the five-point Likert scale where strongly disagree = 1 to strongly agree = 5.

**Perceived Medical School Stress:** Stress perception among students was measured using the adapted version, 15 of the Perceived Medical School Stress (PMSS) questionnaire. It comprises 13 items that present response options on a five-point Likert scale, ranging in the original version and the results of Holm et al. (2010) from "strongly disagree: 0" to "strongly agree: 4". Total scores range between 0 and 52, with higher scores indicating greater perceived stress. In a recent study, the Cronbach's alpha coefficient for the PMSS was 0.81.19. This instrument with 13 items and a 5-point scale ranging from 1=low stress to 5=high stress. Were used for assessing stress at the time close before graduation from medical school. Questionnaire used for role ambiguity, performance pressure work-home interface also based on liker scale questionnaire. Likert-type scales of five points were used to the latent constructs considered in this study (1 = "strongly disagree" and 5 = "strongly agree").

### Results

**Table 1:** Reliability analysis.

Variable Name	Mean	Cronbach's Alpha
PMSS	0.49	0.15
WHI	2.98	0.69
RA	2.99	.087
JS	2.98	0.66
PP	0.69	0.75

RA: Role Ambiguity; JS: Job Satisfaction; WHI: Work-Home Interface; PP: Performance Pressure; PMSS: Perceived Medical School Stress Questionnaire.

**Table 2:** Control variables.

Demographics	f statistics	p value
Gender	.980	.419
Age	.362	.073
Material status	.931	.544
Monthly income	2.162	.073
Medical institution	1.883	.113
field of specialty	1.203	.309

If the null hypothesis is true, you expect F to have a value close to 1.0 most of the time.

**Table 3:** Correlation analysis.

	1	2	3	4	5
PMSS	1				
WHI	-.072**	1			
RA	.073	.041**	1		
JS	.040**	.077**	.063**	1	
PP	.048**	.079**	.098**	.056	1

For the Pearson correlation, an absolute value of 1 indicates a perfect linear relationship. A correlation close to 0 indicates no linear relationship between the variables. If both variables tend to increase or decrease together, the coefficient is positive, and the line that represents the correlation slopes upward. Correlation coefficients whose magnitude are between 0.9 and 1.0 indicate variables which can be considered very highly correlated. Correlation coefficients whose magnitude are between 0.5 and 0.7 indicate variables which can be considered moderately correlated.

REGRESSION ANALYSIS					
		b	se	t	p
Work stress	→ Job Satisfaction	.392	.085	4.637	.000
Role ambiguity	→ Job Stress	.499	.1503	3.332	.001
→ Job Satisfaction					
Home-work interfaces	→ Job Stress	.466	.157	2.975	.003
Job Satisfaction					
Performance pressure	→ Job Stress	.466	.157	2.975	.003
Job Satisfaction					
<b>Turnover intention</b>					
	<b>Job satisfaction</b>				
	<b>Home-work interface</b>				
	<b>Performance pressure</b>				
	<b>Role Ambiguity</b>				
Direct effect		-1.061	0.303	0.109	0.555
Indirect effect		-	0.060	0.430	
Total effect		-1.061	0.363	0.539	

The p-value for each term tests the null hypothesis that the coefficient is equal to zero (no effect). A low p-value (< 0.05) indicates that you can reject the null hypothesis.

**Figure 2:** Regression analysis.

### Discussion

The main finding of this study was that young physicians who were the most satisfied in their work were those that had a father who was a physician and those who had a high level of perceived clinical skills at the end of medical school. It may be argued that confidence in own (perceived) clinical skills is reflecting a general self-esteem as a personality trait rather than being linked to real clinical competence. In this study, however, we neither found a significant correlation between the self-esteem index nor the personality variables (BCI) and job satisfaction, indicating that confidence in clinical skills in this respect do measure more than personality characteristics. The impact of self-assessed clinical skills, most probably influencing the management of challenges in medical work, is understandable and consonant with results from other studies [13]. In addition, we found that interpersonal functioning is important for job satisfaction, but this factor is most probably goes through perceived clinical skills as this variable is the heaviest influencing one in the block of medical school variables. This might indicate that socially withdrawn students achieve less confidence by clinical training which may reduce their development of clinical competence [14]. ‘Father as physician’ also contributed significantly to the level of job satisfaction in the final model, and is consonant with a similar influence upon ambition in medical students [15]. When multiple regression analyses were conducted for men and women separately, other interesting differences also emerged. In relation to job satisfaction, perceived clinical skills differentiated women only, while well-being with peers differentiated only men [16]. There are some limitations to this study. Even with the difficulties in assessing an objective non-response

rate, there is no doubt that the size of the investigated sample is reduced to at least 60% compared to the student-cohort we intended to follow through the 10 years. As no sex differences in the level of job satisfaction were detected, the higher response rate among women should not bias our results [17]. Although there was a limited response rate, the lack of differences in level of job satisfaction between sexes should not influence the representatively of the sample. Concerning the variable of the father being a physician, the N became small in the separate analyses of men and women, thereby increasing the risk of type II errors. In total, a variance of 14% was explained. This may initially seem small and insignificant. On the other hand, in this study we were mainly occupied with early predictors of job satisfaction, and this probably accounts for the low level of explained variance [18].

### Conclusion

Male physicians with physician parent reporting lower stress levels than their female peers can be interpreted as a consequence of male physicians having more male models during their first working years as the main proportion of older physicians still are men. A father-son relationship may also promote an easier way to lower stress and achieve an identification with the role of doctor than for the females with a father-daughter relationship. With the increasing number of female Physician, this gender difference may be prone to changes over time. This study used structural equation modelling to quantify the impact of different perceptions and to distinguish direct and indirect effects on turnover intention. Although this study has revealed some of the importance findings; however, there are some limitations in this study. For example, this study only included respondents from one city, i.e. Lahore. The questionnaire in this study might not be suitable for their research. Since it was a cross-sectional study, the causal relationships between influencing factors and job satisfaction could not be determined. This is a cross-sectional study with respondents’ job satisfaction as the outcome variable. A longitudinal study would make a greater contribution by examining the predictive power of intention in relation to actual behavior. That is, whether respondents’ intention to revisit would lead to actual behavior. It is recommended the future studies should include samples from other cities and incorporate qualitative methods of data collection.

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