

WORK MOTIVATION OF MALE AND FEMALE DOCTORS**Dr. HIREN J. NAYAK**

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Abstract:

The purpose of the present study is to know the Work Motivation of Male and Female Doctors in Ahmedabad district. The sample consisted of 120 Male and Female Doctors in Ahmedabad district. Out of which 60 were Male Doctors and 60 were Female Doctors. For this purpose of investigation “Employees Motivation Schedule” by Dr. A.K. Srivastava was used. The reliability of this scale is 0.83 and Validity is 0.75. The obtained data was analyzed through t test to know the mean difference between Male and Female Doctors. The results show that there is a significant mean difference in Personal growth of Male and Female Doctors, there is no significant difference in Achievement of Male and Female Doctors and there is a significant mean difference in Self-control of Male and Female Doctors.

INTRODUCTION:

There is anecdotal evidence that housewives frequently complain about the monotony of their lives. They feel that they have to look after children and do the housework and they do not have time for themselves. Compared to the workingwomen their social environment is limited. Their husbands are the only ones to appreciate their intense efforts they make for their homes. A woman, for instance, with six children and a husband, and with no help from others and no money for the most costly laborsaving devices, simply cannot organize her necessary duties so that she will have leisure for pleasures and activities outside the daily routine. In such a house the most modest requirements for food, shelter, and clothing become a driving force that pushes aside relentlessly any irrelevant longing. The workingwomen, however, has the chance of being appreciated by the society and behave independently and earn money. On the other hand, many workingwomen find that children provide a common focus of interest for them and their husbands and many of them feel that the time devoted to children resulted in less sharing and companionship and less spontaneity in marital relationship.

The problems and difficulties of working women are multidimensional and May be broadly classified into three types - environmental, social & psychological. Joining the business life outside home is an extra burden for women who have already been responsible for baby-sitting (child rearing) and other household chores. From this aspect, working women are expected to have more psychological symptoms. However, the studies carried out in various countries show that it is not the case. Working has a positive psychological influence on women especially those from the lower socioeconomic class. In a comparison of working and non-working women, Mukhopadhyay (2004) showed a positive statistically significant relationship between the 'health score' and 'anxiety score'. Traditional role theories suggest that women who are trying to maintain several roles would be expected to experience negative stressful feelings. In contrast, more recent theories suggest that individuals may profit from enacting multiple roles.

Work motivation has been defined “a set of energetic forces that originate both within as well as beyond and individual's being to initiate work-related behavior, and to determine its form, direction , intensity & duration (pinder 1998, p.71). This definition recognizes that psychological processes. directing behaviour is determined by motive states that could be either conscious or sub-conscious (latham & budworth 2007) most of the work motivation models and theories deal with consciously included motivation in the respect that they focus on how the organization can increase extrinsic motivation (desi & ryan, 2000). Perhaps the most prominent work motivational theory is that on goal setting, which has been proposed as one of the most researched theories and has consistently proven that setting challenging work goals leads to better performance than “do your best” or no goals at all (locke & latham, 2002).

OBJECTIVE:

- (1) The purpose of the present investigation was the difference related to the Personal growth of Male and Female Doctors.
- (2) The purpose of the present investigation was the difference related to the Achievement of Male and Female Doctors.
- (3) The purpose of the present investigation was the difference related to the Self-control of Male and Female Doctors.

HYPOTHESIS:

- (1) There is no significant mean difference related to the Personal growth of Male and Female Doctors.
- (2) There is no significant mean difference related to the Achievement of Male and Female Doctors.
- (3) There is no significant mean difference related to the Self-control of Male and Female Doctors.

METHOD:-

- (A) **SAMPLE:-** The sample of the present study consisted of 120 Male and Female Doctors in Ahmedabad district. Out of which 60 were Male Doctors and 60 were Female Doctors.
- (B) **TOOL:-** In the present study to measure Work Motivation “Employees Motivation Schedule” by Dr. A.K. Srivastava was used. The reliability of this scale is 0.83 and Validity is 0.75.

STATISTICAL STRATEGY:-

't' test was applied to know the significant differences between Male and Female Doctors.

RESULT AND DISCUSSION:-

Table-1: Mean, S.D. and 't' Value of Male and Female Doctors in relation to Personal growth

Group	N	Mean	S.D.	't' value	level of significant
Male Doctors	60	15.30	8.68	8.95	0.01
Female Doctors	60	28.54	8.65		

Table No. 1 shows Personal growth of Male and Female Doctors, for the Male Doctors the mean is 15.30, for the Female Doctors the mean is 28.54 and S.D. is 8.68 and 8.65. For both groups 't' level value is 8.95 and it is significant at 0.01 level. So there is a significant mean difference between Male and Female Doctors in relation to Personal growth.

Table-2: Mean, S.D. and 't' Value of Male and Female Doctors in relation to Achievement

Group	N	Mean	S.D.	't' value	level of significant
Male Doctors	60	70.83	7.99	0.04	NS
Female Doctors	60	70.78	6.98		

Table no.2 shows the Achievement of Male and Female Doctors, for the Male Doctors the mean is 70.83, for the Female Doctors the mean is 70.78 and S.D. is 7.99 and 6.98. For both groups 't' level value is 0.04 and it is not significant. So there is no significant mean difference between Male and Female Doctors in relation to Achievement.

Table-3: Mean, S.D. and 't' Value of Post-Graduate level Students in relation to Self-control

Group	N	Mean	S.D.	't' value	level of significant
Male Doctors	60	20.22	10.58	3.59	0.01
Female Doctors	60	28.59	8.61		

Table no.3 shows the Self-control of Male and Female Doctors, for the Male Doctors the mean is 20.22, for the Female Doctors the mean is 28.59 and S.D. is 10.58 and 8.61. For both groups 't' level value is 3.59 and its level of significance is 0.01. So there is a significant mean difference between Male and Female Doctors in relation to Self-control.

CONCLUSION:-

- (1) There was a significant mean difference related to the Personal growth of Male and Female Doctors.
- (2) There was no significant mean difference related to the Achievement of Male and Female Doctors.
- (3) There was a significant mean difference related to the Self-control of Male and Female Doctors.

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