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Organisational Role Stress among Nurses in Public and Private Sector Hospitals in and Around Kolkata

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ABSTRACT

The present study aims at comparing the nurses employed at public and private sector hospitals in and around Kolkata city in terms of their levels of organisational role stress. The sample consists of a total number of 82 female nurses among whom 42 are from the public sector hospitals and the rest belong to the private sector ones. The Organisational Role Stress Scale and the General Information Schedule have been administered on the subjects. Significant differences have been observed between the two groups of nurses with regard to overall organisational role stress as well as a few dimensions of organisational role stress, namely, role expectation conflict, role erosion, role isolation, personal inadequacy, self role distance and role ambiguity respectively. Moreover, the nurses employed at the private sector hospitals are found to be more distressed in their organisational roles as compared to their counterparts at the public sector hospitals.

KEYWORDS: Nurse, Organisational Role Stress, Public and Private Sector Hospitals.

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INTRODUCTION

An organization is viewed as a system of roles. A role is a prescribed or expected behaviour of an individual associated with a particular position or status in a group or organisation. The performance of a person working in an organisation depends on his own potential effectiveness, technical competence, managerial experience, job knowledge etc as well as the design of the role that he performs in the organisation. However, if the role prevents the concerned person to use his competence the person's potential and performance will suffer and frustration will result.

Nursing profession is focussed on the care of individuals, families, and communities at large to help them regain their optimal health and vigour. Nurses play an integral role in the healthcare system. Nowadays, health care organizations are characterized by rapid change, industrialization, urbanization, as well as technological advancements leading to enhancement of stress. Stress is a feeling that a person experiences when he feels that the demand set before him exceeds his capacity. Role stress results from the problems encountered in role performance. It encompasses the conflict and tension related to the enactment of role by a person at any given point of time. The concept of role stress was introduced by Kahn¹ who identified three role stressors, namely, role conflict, role ambiguity and role overload. Later Pareek² expanded the framework of role stress by identifying eight role stressors which closely represented problems encountered in organisational roles. The stressors were inter role distance, role stagnation, role ambiguity, role erosion, role overload, role isolation, role inadequacy and self role distance.

Studies have been made to ascertain the difference between the levels of perceived organisational role stress of different groups of employees. A study³ noted insignificant difference between public and private sector employees of Uttar Pradesh, India with respect to their total stress level. Significant differences in the levels of occupational stress between the two groups of nurses belonging to public and private not-for-profit hospitals were also reported⁴. Researchers⁵ observed higher level of stress among the nurses of public hospitals than the private ones whereas another study⁶ reported that the male nurses employed at private hospitals had a significantly higher level of organisational role stress as compared to the nurses of government hospitals; and higher level of stress was also experienced by the male nurses of both types of hospitals than their female counterparts.

Some of the researchers focussed on studying the relationship between organisational role stress and the factors like work engagement, workplace spirituality and exposure to hazards in nursing professionals. A negative correlation between job satisfaction and organizational role stress among a group of nurses was reported in a research work⁷. Another study⁸ found insignificant correlation

between total organisational role stress and total work engagement amongst nurses in a hospital at Cairo. However, significant correlations were reported between total work engagement and some of the dimensions of organisational role stress, namely, inter role distance, role expectation conflict, role overload, role isolation, personal inadequacy and role ambiguity respectively. Another study⁹ reported negative correlations between role stress and different dimensions of workspace spirituality, namely, meaningful work, inner life, community and organisational values among nurses employed at municipal and private hospitals of Mumbai. The influence of age and/or gender on role stress has also been reported by a number of researchers^{10 & 11}.

The overview of relevant literature reveals that there is a definite dearth of studies to compare public and private sector health industries in India with reference to the levels of organisational role stress of employees and there is a critical need for further comparative study in this area. Thus the present study aims at comparing the two groups of nurses employed at the public sector and the private sector hospitals situated in and around Kolkata city across their levels of organisational role stress.

EXPERIMENTAL SECTION

Hypotheses:

Hypothesis 1: The nurses in public and private sector hospitals do not differ significantly with respect to organisational role stress.

Hypothesis 1a: The nurses in public and private sector hospitals do not differ significantly with respect to inter-role distance.

Hypothesis 1b: The nurses in public and private sector hospitals do not differ significantly with respect to role stagnation.

Hypothesis 1c: The nurses in public and private sector hospitals do not differ significantly with respect to role expectation conflict.

Hypothesis 1d: The nurses in public and private sector hospitals do not differ significantly with respect to role erosion.

Hypothesis 1e: The nurses in public and private sector hospitals do not differ significantly with respect to role overload.

Hypothesis 1f: The nurses in public and private sector hospitals do not differ significantly with respect to role isolation.

Hypothesis 1g: The nurses in public and private sector hospitals do not differ significantly with respect to personal inadequacy.

Hypothesis 1h: The nurses in public and private sector hospitals do not differ significantly with respect to self role distance.

Hypothesis 1i: The nurses in public and private sector hospitals do not differ significantly with respect to role ambiguity.

Hypothesis 1j: The nurses in public and private sector hospitals do not differ significantly with respect to resource inadequacy.

MATERIALS:

In order to verify the hypotheses the following questionnaires were used:

i) General information schedule

The General Information Schedule developed by the present investigators contains items like age, sex, educational and professional qualifications, marital status, years of experience, years of experience in the present organization, nature of organization, duration of work per day, nature of work, and approximate monthly income to obtain some background information about the participant nurses and their work.

ii) Organisational role stress scale:

Organisational Role Stress Scale¹² gives an index of individual's perceived role stress on the dimensions like inter-role distance, role stagnation, role expectation, role erosion, role overload, role isolation, personal inadequacy, self role distance, role ambiguity and resource inadequacy. The scale consists of a total number of fifty items, five items for each role stress. The responses are rated on a 5point scale where 0 indicates "you never or rarely feel this way" and 4 indicates "you very frequently or always feel this way". A high score indicates high level of organisational role stress.

The test retest reliability coefficient of the Scale is found to be 0.73⁽¹³⁾. Some evidence about validity is provided by a measure of self consistency in an instrument. Each item has been correlated with the total score on the instrument for about 500 respondents. All but two correlations have been significant at .001 level, one is significant at .002 level and another at .008 level. The results show high internal consistency of the scale¹³.

STUDY AREAS AND SUBJECTS:

Initially, a group of public and private sector hospitals from different regions of Kolkata city and Kalyani Township were identified at random basis. Thereafter, the representatives of the management of those hospitals were met personally. Finally, 5 public sector and 6 private sector hospital authorities granted permission to collect data from their nursing staff. 42 nurses from the

public sector and 40 nurses from the private sector hospitals were finally selected as the respondents of the present study following certain criteria.

- i) Only the female nurses were considered as respondents.
- ii) Those with a minimum of one year of experience as nurses were considered.
- iii) Only the registered nurses were considered.
- iv) Only those who were willing to participate in the study were considered.

PROCEDURE:

With prior permission from the hospital authorities the questionnaires were administered on the subjects following a pre-arranged programme schedule and data were collected. After scrutiny, the data were tabulated and scored following the standard scoring key. In case of General Information Schedule, the frequencies for each type of responses were determined after tabulating all the responses of the subjects belonging to each category of the nurses. Thus for each of the nursing staff, one set of categorical data was obtained for statistical treatment. In case of Organisational Role Stress Scale, tabulation work was done separately for each category of the nurses. To depict a typical picture of the general characteristic feature of the subjects, descriptive statistics like mode values and percentages were calculated. Means and standard deviations were calculated for each category of nurses for each dimension and the total of Organisational Role Stress Scale. Then t-test was applied to compare the two groups of respondents on account of organisational role stress, both in terms of individual dimension scores and total scores on the test.

RESULTS

Table-1 portrays the typical characteristic features of the female nursing staff employed at the public and the private sector hospitals in and around Kolkata city. Both groups of participants are found to possess the required educational and professional qualifications. They seem to get sufficient exposures to enrich their cognitive frame of references and have certainly encountered several pros and cons of working as nurses. Therefore, the said groups of subjects seem to have wider perception to opine about the levels of organisational role stress that they have felt, so far, in relation to their respective role playing as nurses.

Table 1: General characteristics of the nurses employed at public sector and private sector hospitals.

General characteristics	Nurses at Public Sector Hospitals N= 42	Nurses at Private Sector Hospitals N= 40
1. Age in years (Mode value)	27	30
2. Marital Status (%)		
a) Married	83.3	57.5
b) Unmarried	16.7	42.5
3. Education (%)		
a) Higher Secondary	59.5	85
b) Graduate	40.5	15
4. Professional qualification (%)		
a) General Nursing and midwifery	88.1	85
b) B.Sc.Nursing	7.1	7.5
c) M.Sc. Nursing	4.8	7.5
5. Years of experience (Mode value)	3	2
6. Years of experience in the present organization (Mode value)	2	2
7. Monthly income (Mode value)	25,000	15,000

Table-2 reveals significant differences between the two groups of nursing staff in several dimensions of organisational role stress, namely, role expectation conflict, role erosion, role isolation, personal inadequacy, self role distance, and role ambiguity and in organisational role stress as a whole. Therefore, Hypotheses 1c, 1d, 1f, 1g, 1h, 1i, and finally Hypothesis 1 are rejected. Insignificant differences between the two groups of nurses in terms of four dimensions of organisational role stress, namely, inter role distance, role stagnation, role overload and resource inadequacy lead towards acceptance of Hypotheses 1a, 1b, 1e and 1j respectively. Table-2 further shows that the public sector nurses have experienced greater amount of stress regarding the dimension of role overload only as compared to those at the private sector hospitals. In case of all the other dimensions and also in overall level of organisational role stress the private sector nursing staff are found to be more stressed than their public sector counterparts.

Table-2 : Organisational role stress scores of the nurses employed at public sector and private sector hospitals.

Organisational role stress dimensions	Nurses at public sector hospitals (Scores) N= 42		Nurses at private sector hospitals (Scores) N=40		t-value
	M	S.D.	M	S.D.	
	Inter role distance	8.976	4.672	10.600	
Role stagnation	7.214	3.880	8.475	4.438	1.367*
Role expectation conflict	4.929	3.023	8.125	4.821	3.576***
Role erosion	5.452	3.610	9.825	4.242	5.016***
Role overload	9.405	5.114	9.050	4.529	0.333*
Role isolation	4.952	3.012	7.150	4.464	2.601**
Personal inadequacy	5.738	4.097	9.300	4.351	3.812***
Self role distance	5.738	3.085	7.500	3.658	2.352**
Role ambiguity	3.024	2.636	6.300	4.681	3.879***
Resource inadequacy	8.024	3.935	8.550	3.993	0.600*
Total	63.452	24.906	84.875	30.752	3.457***

* Difference insignificant; ** $p < 0.05$; *** $p < 0.01$

High score indicates stress.

DISCUSSION

The reasons underlying the significant difference between the organisational role stress perceived by the concerned groups of subjects may be attributed to the difference in the organisational culture and working conditions of the public and the private sector hospitals. Moreover, the private sector nurses have expressed their feelings that other persons' demands and expectations from their roles are conflicting in nature. They perhaps perceive themselves as being psychologically distant from their roles and feel that they not only lack adequate knowledge, skills or training to perform the roles effectively, but also do not have enough time to prepare for the roles. They perceive a conflict between the self-concept and the expectations from the role. Consequently, the role seems ambiguous to them. They may also lack the understanding of the cues available to them in relation to activities, responsibilities, priorities, norms or general expectations. The present

finding corroborates with the finding of the research⁴ in which significant difference has been observed between the nursing staff employed at the government and the non government hospitals in respect of their organisational role stress. However, the finding contradicts with the research results³.

The private sector nurses have expressed higher levels of role stress than their public sector counterparts. This may be due to the fact that the former group are generally required to be more vigilant in their work as they may have to face disciplinary actions in cases of lapses more than their counterparts working in public set ups. The lack of job security, tough competition and workload may have made the private sector nursing employees more stressed in carrying out their assignments than those employed at the public sector hospitals⁶. The present finding, however, is contradicted to a certain extent by another research⁵. In the current study, the public sector nurses have experienced higher amount of stress than the private sector ones only in respect of the dimension of role overload, though the difference between the two groups is found to be insignificant. This may be attributed to the shortage of staff along with the continuous flow of patients in the government hospitals. Consequently, the nurses in such hospitals feel overburdened with tremendous work pressure.

CONCLUSION

The present study could consider a limited sample of female nurses only due to dearth of time. Despite the limitations, the study has unravelled the fact that the nurses at the private sector hospitals are more distressed in their organisational roles than those employed at the public sector ones. Further research may be conducted to compare the two groups of nurses across different age levels as well genders. The correlates and contributing factors of organisational role stress of the nurses may also be worked upon.

Work stress affects nurses' health and well-being negatively. They may suffer from job dissatisfaction, increased intention to leave their jobs, burn out, and physical complaints. Therefore, it is important for the management to suggest and implement ways and means to alleviate the role stress of their nursing staff so that they can provide better services to the patients and contribute maximally to the healthcare industry by being free from tensions and worries.

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