Role Conflict in Nursing Profession

A Study

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Women, today want to live in the society with a separate identity of their own. They are working in addition to, rather than instead of, getting married and having family. It is no longer the question of either job or marriage, but the reconciliation of the two roles. In this changed situation, a nurse also has to face a crisis of adjustment as she is torn between the dual commitments of home and work. A nurse who chooses or is compelled to work is, none the less, expected to run the household and bear the major responsibility of child rearing and other functions reserved for her by nature or convention. Again, under the existing cultural norms and values she is required to adjust with her husband who is not expected to make much adjustment on his part. At the same time she is confronted with the responsibilities and duties concomitant with her job. There are various other concomitants with her job, the neglect of which may spoil her confidential character roll (CCR), so it is necessary on her part to work carefully, if she wants promotion. The women employee has all the time to bear all these things in her mind and adjust herself accordingly.

This study illustrates the extend of role conflict in nurses. The study is of an exploratory nature. It proposes to make a comparative study of the nurses of two different types of hospitals viz. District Hospitals (Government Hospitals, including Five Primary Health Centres), and the Clara Swain Hospital (A Mission Hospital) Bareilly District, Bareily, Uttar Pradesh. The total number of nursing personnel in Clara Swain Hospital (MH) was 158 and District Hospital and PHC (GH) was 168. So it was not possible to adopt any sampling technique. The study was of each and every unit of the domain and arrived at a conclusion by computing the sum of all units. The universe was firstly divided into three categories; a) Administrators and Sister Nurses, b) Staff Nurses, and c) Student Nurses.

The total number of respondents was 250 excluding the first year student nurses (because they have a little knowledge and experience), in which Nurses of MH were 124 and GH, were, 126. The researcher has adopted the General Scientific Method to conduct this study. The data or information was collected by using an Interview schedule consisting of 69 questions. The researchers has also used non-participant observation technique to find out the validity of the collected data. The data was analyzed by computer.

The study mainly analyzes the phenomena of role conflict among the trained nurses who have dual responsibility that of home and the job, and have to perform it as efficiently as possible. So the study is mainly concerned with the nurses who are living with their family members. This study proposes to investigate how successfully they have been able to harmonize the two roles, notwithstanding, the fact that the added role has put a greater responsibility on their shoulders. In other words, it proposes to examine how far, despite the fact that the job of a nurse is highly skilled, they have been able to make adjustments in their family while continuing to perform their elected role efficiently.

In India, women folk have taken up professions mainly for the sake of money. This view is true in the case of nurses also. It has been shown that most of the nurses belong to the lower and lower middle class and they have joined the profession in order to earn money for the family as well as to raise their status in the eye of the society; and one may say that they have been successfully doing so (see Table - 1).

Table - 1

Economic Background of Nurses

Sr. No.	*Incomel Month*	*Code*		*No. of Nurses of M.H.*	*No. of Nurses of G.H.*
1.	below - 100	Lower Lower Class		—	1 (00.90%)
2.	101 - 500	Middle Lower Class	12	(09.71%)	35 (27,80%)
3.	501 - 1000	Upper Lower Class	42	(33.90%)	46 (36.50%
4.	1001 - 2000	Lower Middle Class	26	(20.90%)	31 (24.60%)
5.	2001 - 3000	Middle Middle Class	19	(15.30%)	13 (10.20%)
6.	3001 - 5000	Upper Middle Class	14	(11.30%)	- -
7.	Above 5001	Lower Upper Class	03	(02.41%)	- -
Total			*116	(93.50%	126 (100.0%)

*8 were nuns

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Role Conflict : Familial Obligations

There was a difference in the family status of the nurses working in mission and Government Hospitals. Nurses of Mission Hospital (M.H.) has less familial obligations in comparison to Government Hospital (G.H.) nurses. In the latter's case the number of dependant members of the family was pretty high and it can be safely surmised that these nurses had to bear greater responsibility of the family. It was found that lower the economic strata of the nurse, the greater is the number of dependents, raising her familial obligation proportionately: Higher familial obligations naturally produce higher role conflict. It was found that the financial status of the nurses of G.H. was much lower than that of their counterparts, working in M.H. It is obvious that when the pay of a nurse is more or less fixed and the needs of the family go on increasing and make further demands on her purse, she is bound to suffer from a higher role conflict, which is high in the nurses of G.H.

The nurses who are living with their family have numerous other responsibilities besides working in the hospital and doing household work. The job responsibility of the junior nurses is not very high because they only obey the instructions of seniors who are working with her. The Junior Staff nurses have less responsibilities as they only carry out the instructions of the seniors. However, the senior staff nurses and ward sisters are the sole incharge of their wards, and effective nursing care process is controlled by them. It is also known that in India, the nurse-patient ratio is unsatisfactory and a nurse has to look after a number of patients. It gives rise to many problems which can not be satisfactorily dealt with due to the shortage of the nursing staff. Consequently, the senior nurses have to put in extra hours of work besides their duty hours. It affects their household work. While analyzing the daily routine it was found that senior staff nurse and sisters put 9 hours duty per day. It is assumed that they need minimum two hours for miscellaneous work life changing their uniforms, coming from and going back to home, etc. It means that eleven hours of their day are consumed in the occupational work. If even six hours rest is added to it, they are left with 7 hours only to do all the house hold work and extra activities. This analysis of nurses' time schedule tends to imply that they must be working under a lot of mental tension and pressure, producing a greater amount of role-conflict.

Nurses, looking after the administration, spend about ten hours in their professional work in both types of hospitals, and they hardly get six hours for their household work and other activities. In such a short span of time it is really difficult, if not impossible for them to fulfill all the obligations of the family life. The government hospitals are paying well to the nursing personnel but their strength is much lower with the proportion of patients than that of Mission Hospitals so the nurses of the government hospitals are supposed to work hard for a longer time and with higher efficiency than their counterparts in the Mission Hospital. The data clearly shows that about 48 per cent trained nurses of the Government Hospitals spend approximately nine hours in their hospital work. The 'z' value also revealed that the difference between the proportions of the time span of the two types of hospitals is highly significant at .01 level in eight hours and nine hours duty.

Some senior staff nurses, sisters and administrators have additional responsibilities though their proportion was very low. But this difference was not found statistically significant against 'z' values.

While analyzing the dual responsibilities of the nurses and their feeling of satisfaction in scheduling the time span in two distinct roles it was found that 72 per cent of the married nurses of Mission Hospital felt satisfied with their performance, whereas, it was only 30 per cent in the case of the government hospitals married nurses. The reason of their being satisfied may be that they were usually in higher professional rank belong to middle age group, and had less familial responsibilities concerning child rearing,etc. Their long experience helped them to become habitual of performing the hospital work and house hold work simultaneously.

Nurses who were not in this category were generally found less satisfied and they felt high role conflict. The difference between these two categories was found to be statistically

Table - 2

Married Nurses Feeling of Satisfaction in Allocating the Time Span In Two Distinct Roles

Sr. No.	*Responses*	*No. of Missionary Nurses*	*% age*	*No. of Govt. Nurses*	*% age*
1.	Satisfied	38	72.00	21	30.00
2.	Unsatisfied	15	28.00	49	70.00
	Total	53	100.00	70	100.00

at .01 level (Table - 2). The above data indicated a trend that the married nurses are gradually getting more adjusted with their changed position and role. They had psychologically accepted their position, but Nurses were facing this problem more due to their limited physical strength, they were not able to perform their dual role satisfactorily. It reflected the role conflict among them. Government nurses were facing this problem all the more.

The previous research findings of D'Souza (1968), Kapur (1974), Dhingra (1972), Tripathi (1967) also corroborate the above findings. They studied the role conflict of working women.

Kala Rani (1976) stated, "A working wife cannot manage effectively the house hold job and employment if her husband does not extend help in the household work". The problem is also acute because of lack of facilities such as `Creches' or `Day Care Centres' for babies. Again, the non availability and high cost of various time and labour saving devices, maidservants, and the problem of transport make matters worse. Dahl Strom (1967) and Hoffman (1963) proposed some factors which influenced the time allocation of various activities viz., type of house hold work and job responsibilities among the family members, number of servants, the mechanical equipments, other services available and time consuming appliances. Goode (1960) illustrated his view that while meeting different expectations and obligations attached with different roles, women experienced conflict due to time, place or resources. He named this type of conflict, as conflict of `allocation'.

This conflict of allocation was found among all nurses who were working in different Institutions. The role conflict among nurses was also studied by analysing their extent of satisfaction in managing dual roles (see Table - 3).

Table - 3
Level of Satisfaction Among Nurses in Dual-Role Management

Sr. No.	*Level of Satisfaction*	*MII No. of Nurses*	*G % age*	*H No. of Nurses*	*% age*
1.	Fully satisfied	10	08.10	14	11.10
2.	Satisfied	27	21.80	09	07.10
3.	Neutral	07	05.60	07	05.60
4.	Dissatisfied	03	02.40	30	23.80
5.	Fully Dissatisfied	03	02.40	09	07.10
6.	Not applicable	74	59.70	57	45.30
	Total	124	100.00	126	100.00

In continuation of the previous finding it was noticed that 8 per cent missionary nurses were fully satisfied in managing both the roles whereas, this proportion was found to be 11 per cent in government hospitals. These comprised mainly sisters and above ranked nurses, who had comparatively a better financial pack-up. It was also found that they have least tension in their home. In hospitals, because of a very large experience, they seldom face any difficulty in the discharge of their duties. Generally, these nurses were found to have growing children and their household job was attended to by domestic servants.

The empirical data shows that 22 per cent missionary nurses were satisfactorily managing the dual roles, whereas among government hospital nurses', the percentage was found to be only 7 per cent. 6 per cent were found neither satisfied nor dissatisfied with their dual role management. They were of the opinion that because of heavy work load they could not make their home management more comfortable. Only 2 per cent missionary nurses were found dissatisfied as against 24 per cent off government nurses.

The main reason of their dissatisfaction was attributed to their financial non availability. The job was taken up for bare subsistence. Naturally, tension exists in house hold management because of financial crisis. The result illustrates that the difference between these two proportions of dissatisfaction is highly significant at .01 level. 7 per cent nurses of government hospitals were fully dissatisfied whereas, that was found much less in mission nurses (i.e. 2 per cent). The statistical test of 'z' value indicates that the difference is mild significant at .05 level. It would be evident that 39 per cent missionary nurses were managing their dual roles satisfactorily against 18 per cent nurses of government hospitals. 31 per cent government nurses were found to be dissatisfied whereas, 4 per cent of mission nurses were dissatisfied.

The above discussion clearly shows that those nurses who were dissatisfied with their dual role management often felt higher role conflict.

Family Responsibilities

Among so many familial obligations that may encourage or discourage a mother's employment, an important one is the extent to which her time and energy are required for the fulfillment of her role as house wife and mother which is held in high esteem in our society; irrespective of their age, socioeconomic status, level of education, nature of occupation, they expect to derive the major satisfaction in their life from their roles in the family. They want their home to be the area of life in which

they can accomplish something worthwhile. Because of the prevalence of the traditional outlook regarding division of labour within the family, conventionally, it is the mother who is mostly incharge of young children, whether she is employed or not. As the mother is indispensable and entirely occupied when there is a young child at home and as most of her time has to be devoted to the child, it has been assumed that there are obvious conflicts between the child care, socialization and housekeeper roles of the mother and her enactment of the provider role. Often they feel guilty about their professional responsibilities because of the prevailing admonishments against maternal employment and because of their over-consciousness. The important factor is rather the provision made for the substitute mothering of the child in the absence of the mother, and the satisfaction of the mother with this arrangement. The physical and mental health and development of the children, their intellectual academic achievement and performance are also related to this.

A - Child Rearing Process Adopted By Nurses:

Table 4 illustrates the nurses obligation to their children. In mission hospitals, among 25 married nurses, 13 nurses left their children with relatives when they come to the job, whereas 3 nurses had maid-servants to look after the children in their absence. 8 nurses left their children alone at home.

In the government hospitals, out of a total of 77 married nurses, 55 nurses left their children with relatives and 9 nurses had maid servants. 10 nurses left their children alone at home. As it was previously clarified that nurses mostly belong to lower class so they cannot generally afford a servant to look after their children. But in such cases where the nurses were living

Table - 4

Methodology Employed for Child-rearing During Duty Hours

Sr. No.	*Looking after Children*	*Mission Hospitals No. of Nurses*	*% age*	*Govt. Hospitals No. of Nurses*	*% age*
1.	Kins	13	52.00	55	71.00
2.	Maid Servants	03	12.00	09	11.00
3.	Kins and Maid Servants	01	04.00	03	04.00
4.	No. of definite arrangements	08	32.00	10	14.00
	Total	25	100.00	77	100.00

in nuclear families and their children were left alone at the home, the incidence of role conflict was found greater among them. Nye has also stated that maternal anxiety is found in both working and non working mothers when they have to go out for any purpose, but it is more common and frequent in mothers when they leave their children for their job, that is, the work situation is more strongly anxiety producing. Anxiety is closely related to the evaluation of mother substitute (1974 b, p.210-211). He has further observed, "married professional women have problems mainly with the overt behaviour of their children and in the conflicts between the child care and employee roles" (p.216). Fogarty and Associates rightly stated, `mothers are equally conscious of their responsibility towards both, their career and home duties (p.247). Nye found almost all (88 per cent) of mothers with low anxiety levels reported a `good' evaluation of the substitute compared with only 45 per cent of the high anxiety mothers. Lower anxiety scores were found for higher income families, perhaps because they were able to secure better child care services. Problems of day care is still anxiety producing for most employed mothers. Thus, those employed vary in the direction of self confidence and a positive self image, but in the child care role, most studies report that the employed see themselves as less adequate than full time housewives. In small families of one to three children, employed mothers were positively oriented to the child care role, but they are not so oriented when they have more than four children. We can positively support the view that caring for four or more children and holding a full time paid position, frequently created stressful conflicts (p.217)". As analyzed by Nye, it is now clear that because of the poor economic background, the nurses generally undergo a substantial role conflict because they feel that they are not able to pay proper attention towards their kids.

B - Attitude Towards Child Rearing System

Unlike other professions, nursing is mainly a woman's job and it requires duty round the clock. Though the spell of day duty is 8 hours, it requires a lot of physical strength. The married nurses felt inconvenience during day shifts because their children were left in the home either with relatives or maid servants. But during night shift duty (12 hours), they face a tremendous problem of looking after their kids. Usually, the young nurses have small children so, they feel a role conflict but are left substantially with no choice for adjustment. Kapur (1969) also found that working housewives face the highest difficulty with regard to

Table - 5: Extent of Satisfaction in Child Rearing System

S.No.	Code	Obs	% age	Obs	% age
1.	Fully satisfied	11	44.00	12	15.60
2.	Satisfied	10	40.00	16	20.70
3.	Neither Satisfied nor Dissatisfied	-	-	2	02.65
4.	Dissatisfied	04	16.00	35	45.45
5.	Fully Dissatisfied	-	-	12	15.60
	Total	25	100.00	67	100.00

their mother role, irrespective of their type of profession. Hate, has concluded in his book (Changing Status Of Women) that, working women realizes this, self imposed service (originally, whatever, the reason be) certainly creates a disorder, gap or a void in family and particularly child-mother relation-ship (1969, p.250).

On the basis of above discussion, it is necessary to measure the extent of satisfaction derived from various methods of children care systems adopted by nurses.

The above discussion postulates that in spite of the hard working situations, Indian women are still devoted more towards their familial role. The Table - 5 shows that their was a difference between the attitude of rearing process. Missionary nurses were found to be more positive in satisfaction than government nurses. In case of government nurses 68 per cent nurses were found to be dissatisfied by their child rearing process. The dissatisfaction in looking after the child positively reflect, their attitude toward role conflict. Those women who were dissatisfied, also experienced high role conflict in comparison to those who were satisfied.

(To be continued in next issue)