Role Conflict in Nursing Profession-A Study
(Part II)

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It is an international phenomenon that conflict generally takes place when two persons have divergent opinion or attitude. This has also been found in the case of nurses with their spouse/kins of both Mission and Government Hospital nurses.

Table - 6

Intensity of Conflict Between Nurses and Their Spouse/Kins

Sr. No.	*Code*	*Observation*	*%age*	*Observation*	*%age*	*'Z'*
1.	Never	34	27.40	16	12.80	0.9
2.	Rarely	51	41.10	28	22.20	2.4
3.	Casually	29	23.40	71	56.20	3.1
4.	Regularly	02	01.60	11	08.80	5.8
5.	No Family	08	06.50	—	——	—
	Total	124	100.00	126	100.00	

** Highly significant at 0.1 level
* Significant at .05 level.

According to a study in general, the intensity of conflict between the nurses and their husbands and relatives is high in case of government nurses and low in that of missionary hospital nurses (see Table-6). The degree of conflict taking place rarely or never is as high as 68 percent in case of government nurses. The proportion of conflicts accruing regularly was as high as 8.7 percent in case of government hospitals nurses but comparatively very low among nurses of mission hospitals, (only 1.6 percent). The above data shows that the tendency of adjustment and flexibility was more in nurses of mission hospitals. This can be attributed to the inherent nature of services and it generally helped in reducing the intensity of conflict among them. The reasons attributed to this significant data are as follows :—

1. In Hindu and other communities (except Christians) the status of husband and wife is not considered to be equal.

It is traditionally believed that the status of husband is higher. This privilege of the spouses reflects their behaviour and they never give up this feeling of supremacy in their life. But in Christian community, the husband and wife are considered to be equal in status. So they consider all the matters from that point of view and the adjustment phenomena is much more prevalent among them. Their spouse, generally share the household chores which lessens the burden of domestic affairs on the nurses. This results in lower intensity of conflict. It is noted that the spouse in the case of other communities consider it unethical to assist their counterparts in their day to day family work. Instead of helping them they put the entire responsibility of household work on the wives, resulting in frequent conflict.

2. Another cause is the age of marriage. In mission hospitals, it was found that all the students nurses were unmarried. The married trained nurses were found in the age group of 25-30 years. They marry late when they are fully matured and developed and have a better understanding of marital relationship. On the basis of the above discussions it can be surmised that early marriage hampers adjustment. The level of adaptability is higher in the higher age group. It is in contrast to the previous assumption of Indian society that normally lower aged girls are more adjusting. Actually, the phenomena of marital adjustment and conflict mainly depends on the attitude of the husband towards his wife in a working field.

On the other hand, in other communities, marriage takes place at a very young age, usually between 15 and 20 years, when the girls generally don't have self actualization power. Consequently, after marriage they become only submissive housewives and their husbands adopt them as dependent partners. But due to economic hardship they join the nursing profession (because training is imparted free with job security to less educated girls). After a few years their confidence develops and their complete thought process changes

from a dependent to an independent member of the family. As their work experience increases, the pattern of life changes, whereas, the husbands are not able to adjust with the changed life patterns of their wives. So sometimes the husband finds his wife in a superior position. This is normally not acceptable to the male ego, thereby leading to conflicts.

3. Another factor which generates role conflicts is the social and cultural norms of Hindus and other communities (except Christians). It is not considered desirable to mix with the person of the opposite sex in the former cases. Working teams of the nurses consists of physicians, surgeons, pharmacists and others. Their place of work is an open theatre full of sick persons, who need help throughout the day. They have to mix with them and work accordingly which is contrary to their prestigious lives. But often find themselves regarded as less prestigious ladies. It creates tussle between her and her family life, whereas, in the case of Christians, mixing is socially accepted in their circles. Their husbands do not make any objections, and in society it is also not considered to be less prestigious. So, the Christian nurses are not considered to be less prestigious in their own society. This illustrates the phenomena of 'cultural lag'.

The above discussion supports the hypothesis that the social and cultural status of Christian nurses is higher than that of non-Christian ones.

4. It was previously discussed that a nurse usually gets 6-8 hours of time for household work. It is obvious, that if she finds the domestic help unsatisfactory after her whole day's work at the hospital, she does not get any relief and rest, but find her home in a haphazard condition, where everything anxiously awaits her. If she has to hear complaints from her husband and children every day she naturally becomes irritable and frustrated, causing misunderstandings, between the husband and wife. The husband thinks that he is neglected by his wife and so on, consequently the conflict is generated.

5. In the working team, nurses found the physicians more glamourous persons than their husbands. When they talk about them to their husbands, they misinterpret it and think that their wives were now less interested in them. This also often creates marital conflicts.

6. There is one socio-psychological factor which affects the marital adjustment in the case of nurses. As the nurses are interacting with a higher occupational group (physicians), they often desire of their husbands to be of the same calibre, i.e. they want them to be more educated and more sociable, which in turn creates conflict.

From the above discussion, it may be concluded that cultural pattern and ethics of Christian communities is quite different from that of Hindu and other communities. Because of the above reasons, government nurses are less acceptable by their society. It has been previously hypothesized that Indian cultural atmosphere is responsible for lower professional status of non-Christian nurses which is proved correct by the above findings.

Ties with husband

Table 7 reveals the relationship of nurses with their husbands. From the study, it came to light that generally both categories of nurses had very cordial relationship with husbands. They were martially very happy and fully satisfied. But in some cases, like those of the other couples of the community, they hold difference of opinion leading to an unharmonious life. This results in conflicts, arguments and quarrels amongst them. In the present study, 15 percent and 37.7 percent of nurses of missionary and government hospitals respectively belong to this category.

Talking of the second variable which indicates 8.90 percent nurses of mission hospitals and 20.60 percent nurses of government hospitals keep mum and stop talking to their husbands which indicates that due to their close association with missionary work they are less reactive psychologically whereas,

Table - 7

Marital Relationship of Nurses

Sr. No.	*Code*	*Observation*	*%age*	*Observation*	*%age*	*'Z'*
1.	Generally argue with him	18	14.50	47	37.30	4.11**
2.	Keep quiet and stop talking	11	08.90	26	20.60	2.62**
3.	Rebuke him	—	——	10	07.90	——
4.	Leave the home & go to parents	—	——	10	07.90	——
5.	Not married	95	76.60	33	28.30	7.90**
	Total	124	100.00	126	100.00	

** Highly significant at .01 level.

to their higher degree of exposure in case of government nurses due to society as a whole, they react in a more volatile fashion and withdraw from reacting, thus keeping mum and stop conversing with their husbands.

It is noteworthy that in case of missionary hospital nurses not a single case has been recorded where they rebuke their husbands or leave their home and go to their parents. Whereas, in case of nurses of government hospitals 8 percent cases had been recorded. It may be derived from this that, as already observed through previous responses, the nurses of mission hospitals basically did not go to the extreme of leaving their home and talking shelter with their parents. Whereas, the nurses of government hospitals, by all the responses, indicates higher percentage of strained relations with their husbands and showed their less acceptance.

Self assessment of family life

While discussing the adjustment process of married nurses with their multidimensional activities it is also felt necessary to evaluate their self assessment about their family life. It was found that 77 percent nurses of mission hospitals stated that they had as pleasant family as that of most of another working women, whereas, only 56 percent of government hospitals stated this. It can also be deduced from Table 8 that nurses working in mission hospitals were more adjusting in nature and most of them had pleasant family life than nurses of government hospitals with maximum adaptability. The statistical test of 'Z' value indicates that the difference between the two proportions of affirmative as well as negative responses are highly significant at .01 level among the married nurses of two different types of hospitals.

Parents' and inlaws' Attitudes

Parents' and inlaws' attitude towards working has been analyzed in the present study and it was found that due to change in the attitude of old generation and varied social norms and values, they gradually accepting the changing role patterns of the female members of their family. Kapadia also confirmed this view and said, "Today even the members of the older generation derive that the educated daughter-in-law must help the family by supplementing its income" (Kapadia, 1959, p. 99). Ross also identified this point in his book "The Hindu family in its urban setting". She stated that the wife's being gainfully employed is no more considered undesirable by the society. She further argued that indeed the main reason that so many married Hindu middle class women work without reproach, is that everyone understands the economic problem of the middle class, that a wife's income is often essential to the family's rising standard of living (Ross, 1961, p. 198).

In the context of nurses, it has been found that majority of parents liked their daughters to be engaged in a certain job. It is obvious that the extent of daughters working outside, varied among people of different societies. Table 9 clarified this point that 29 percent of mission hospital nurses' parents liked very much that their daughter was working outside. But it was not so in case of government hospital nurses, as only 8 percent of their parents liked it. The highest proportion found in both types of hospitals show that parents liked their daughters working outside the house.

This proportion was 38 percent and 61 percent respectively among the nurses. Some parents had no option of liking or disliking because of acute dearth of finance and they were unable to provide the basic need for survival to their children. Their proportion was 11 percent in mission hospitals and 14 percent in government hospitals. Upto 15 percent parents of the nurses, working in mission hospitals dislike it, they did not want their daughter serve ailing people. Generally, in these families the respondent chooses their profession on her own accord. This percentage was a bit higher in government hospitals, i.e. 17 percent. There was only one nurse whose parents did not like their daughter working outside in a government hospital. There were 7.30 percent nurses of mission hospitals who were orphans.

It was also visible while analyzing the proportions, i.e. 'Z' tests shows the extent of likeness of parents varies. 'Z' test findings

Table - 8

Nurses Self Assessment of their Family Life

Sr. No.	*Code*	*Observation*	*%age*	*Observation*	*%age*	*'Z'*
1.	Pleasant life	95	76.60	70	55.60	3.51**
2.	Not Pleasant life	21	16.90	55	43.60	4.59**
3.	Not applicable	8	06.50	1	00.80	2.40
	Total	124	100.00	126	100.00	

** Highly significant at .01 level.

Table - 9

Parents' Attitude Towards Employment of their Daughters

Sr. No.	Code	Observation	% age	Observation	% age	'Z'
1.	Like very much	36	29.00	10	07.90	4.30**
2.	Like	47	37.90	77	61.10	3.67**
3.	Neither like nor dislike	14	11.30	17	13.50	0.53
4.	Dislike	18	14.50	21	16.70	0.47
5.	Dislike very much	——	———	01	00.80	——
6.	Not applicable	09	07.30	——	———	——
	Total	124	100.00	126	100.00	

** Highly significant at .01 level

Table - 10

In-laws Liking Towards Working Outside of their Daughters-in-law

Sr. No.	Code	Mission Hospitals		Govt. Hospitals	
		Observation	Percentage	Observation	Percentage
1.	Very much like	12	48.00	06	06.26
2.	Like	08	32.00	65	67.70
3.	Neither like nor dislike	04	16.00	07	07.29
4.	Dislike	01	04.00	18	18.75
5.	Very much dislike	——	———	——	———
	Total	25	100.00	96	100.00

revealed that the difference between the two proportions was found to be highly significant at .01 level. It can be concluded that the parents of nurses working in mission hospitals like the working of female member much more as compared to the parents of Government hospital nurses.

In case of married nurses, 48 percent of them in mission hospitals liked very much that their daughters-in-law are in the nursing profession. Whereas in government hospitals it was only 6 percent. While analyzing the parameter of 'liking' it was found that only 32 percent in-laws of mission hospital nurses liked it as compared to 68 percent in government hospitals. If the proportion of the two degrees of liking was added it would be found that most of in-laws of the nurses were in this category. Only 4 percent and 19 percent parents of the two types of hospital nurses disliked their daughters-in-law working. This could be because of lack of feeling for service which is predominant in the case of missionary hospital nurses (Table-10).

While discussing the reasons of disliking of their daughters and daughters-in-law working outside, it was found that the major reason of disliking was that they think it is not fair to work outside" and "it goes against the prestige of the family". The proportions of those who responded, were 90 percent and 76 percent respectively, in mission and government hospital nurses. The other reasons which was also striking, was : "It hampers household functions", though it is prevalent among government hospital nurses. It depicts that the Indian society has not yet achieved the professional orientation perspective amongst women. There is still suspicion and feeling of insecurity for women workers (See Table-11).

Family and the Nursing Profession

From Table-12 it was observed that nurses of mission hospitals

Table - 11

Reasons for Parents/In-laws Disliking in Working Outside

Sr. No.	Code	Mission Hospitals		Govt. Hospitals	
		Observation	Percentage	Observation	Percentage
1.	It is not fair to work outside	09	45.00	13	34.20
2.	It goes against the prestige of the family	09	45.00	16	42.12
3.	It makes women impertient	01	05.00	—	——
4.	It hampers household functions	01	05.00	08	21.05
5.	It hampers child rearing	——	——	01	02.63
	Total	20	100.00	38	100.00

N.T. : The total is only of those nurses' parents/In-laws who dislike working outside.

Table - 12

Attitude of Parents/In-laws Towards Nursing Profession

Sr. No.	Code	Mission Hospitals		Govt. Hospitals		
		Observation	% age	Observation	% age	'Z'
1.	Like	104	83.90	93	73.80	1.95*
2.	Dislike	09	07.20	30	23.80	3.62**
3.	Not Applicable	11	08.90	03	02.40	2.23*
	Total	124	100.00	126	100.00	——

** Highly significant at .01 level.
* Significant at .05 level.

had a strong motivation in joining nursing profession and it was found that 84 percent parents or in-laws of nurses like their family members to take up the profession of the nursing. It can be said that Christians adopted this profession as a service to mankind, as professed by Christ. Only 7 percent parents or in-laws dislike this profession and only in 9 percent nurses it was not applicable.

In government hospitals, the case was different. Previously this profession was considered as a very 'low job' but due to lack of employment and poverty in India, the percentage of people adopting this profession is increasing. In this study, it was observed that the 74 percent parents or in-laws of nurses like this profession but 24 percent nurses' parents or in-laws did not want their daughters or daughters-in-law to adopt this job because it was considered to be less prestigious job by them. About 2 percent nurses were orphans.

The difference was found significant for both the options. Statistical results of 'Z' test reveal that the difference between the two proportions of disliking this profession was highly significant at .01 level. Whereas, liking this profession was insignificant at .05 level.

In sum, the study mainly focuses the extent of role conflict and its causes among married nurses. The limitations of this research was the lower strength of unmarried trained nurses in the studied area.

There are not just one or two objectives and subjective factors that cause role conflict, but it is the entire process that affects. So the conclusion of the finding would be qualified and conditional rather than absolute. As it has been previously discussed, nurses usually get six to eight hours of their entire household job, and it is very difficult for them to perform all

the activities simultaneously. A non-cooperative husband, unsympathetic, inconsiderate and non-cooperative relatives, differences in attitude and values among husband and inlaws, failure in providing a statisfactory provision for substitute mothering for young children, are the major factors, which generate role conflict.

(Concluded)

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Contribute for a Good Cause

The Trained Nurses Association of India has decided to establish a Central Institute of Nursing (CIN) at the national level in or around Delhi. A preliminary blueprint has already been published in August 1990 issue of the Journal. The main aim of the CIN is to promote professional development of nurses through education, service, and research activities for the improvement of Nursing Care. The overall objective is based on the principle that progress in Nursing and Health fields depends, to a considerable extent, on enhancing the abilities of the Nurses who are in service so that they can more effectively meet the demands of the health care system. To have such an Institute in India is a matter of pride for the whole nursing community.

The estimated cost of its establishment would be about Rs. 2 crores. To give a practical shape to this project, the **TNAI** is approaching several funding agencies. At the individual level, we request our member/non-member friends to donate funds generously towards this noble cause in the larger interest of the nursing profession.

Donations can be payable to the **Trained Nurses' Association of India**, New Delhi, in the form of demand draft/cheque etc., mentioning "Donation towards CIN Fund."

(Miss) Durga J. Mehta, President TNAI.