Organisational Role Stress (ORS) and Life Satisfaction among Female Doctors

Shipra Khanna
(dr.shipra1411@gmail.com)

The aim of the present research work was to study the ORS and life satisfaction among female doctors. The sample size was 40 female doctors, age 25 to 60 years from hospitals in Shimala. Life satisfaction scale and organizational Stress Scale were used. Results in terms of nature and magnitude of relationship of life satisfaction and ORS and its components among female doctors, indicates a negative and significant relationship between life satisfaction and ORS and its component among the female doctors, i.e. higher the life satisfaction lower the stress related to the organization and vice-versa.

1. Introduction

1.1 Concept of Stress

Stress is clearly a part of human condition because of its universal occurrence stress is not looked at in terms of its presence or absence but rather according to its intensity and effects it has on individuals. Today people are living in the “Age of stress” (Pestonjee, 1999). Stress is harmful when it is subjected to strain or pressure of some kind (Cart Wright and Cooper, 1997, Falkum & Vaglum, 2005). According to Schwarzer (2009) stress cannot result from any opportunity/challenge/constraint/demand, whatsoever, unless its outcome is perceived to be both important and uncertain at the same time. Stress is the psychological and physical state that results when the resources of the individual are not sufficient to cope with the demands and pressure of the situation (Michie, 2002). Stress can be caused by environmental organizational and individual variables (Bateman, 2009, Correa and Ferreira 2011, Aasland & Forde, 2005).

Stress may be experienced in any occupation (Bhattacharya & Basu 2007, Dasgupta & Kumar 2009). The cost of stress for the nation and for the particular organization is currently extremely high through absence, litigation and the fact that unhappy, tense, tied or anxious doctors produce quality care. Indeed stressed doctors may make considerably more errors than that of doctors whose sense of well being is high. Researchers and practitioners approach the topics from any different perspectives and orientation including medical, engineering and sociology (Beehr and Franz, 1987; Beehr & McGrath, 1992, Wallgren & Hasen, 2007).

Pestonjee (1992) has identified three important sectors of life in which stress originates. These are:

- Jobs of the organization
- The social sector
- Intrapsychic sector

The first namely, job and organization refers to the totality of the work environment (task atmosphere, colleagues, compensation policies etc.) The social sector refers to the social/cultural context of one’s life. It may include religion, caste, community, dress and other such factors. The intrapsychic sector encompasses those things, which are intimated and personal, like temperament, values abilities and health. It is contended that stress can originate in any of these sectors or in combination of these. Workplace stress is vague concept that has come to mean a number of things. It is defined as “characteristic of the job environment which make demands on (tax or exceed) the abilities or resources of the people for meeting the demands or which may otherwise threaten attainment of people’s need” (Abramis, 1994,p.548, Ismail & Ismail, 2006).

1.2 Concept of Organisational Role Stress (ORS)

Role is the position occupied by a person as defined by the expectation of the other. In performance of that role, there are inherent problems due to which stress is inevitable.

There are ten different role stresses identified by Pareek (1983).

a. Inter-Role Distance Stress is experienced when there is conflict between organizational and non-organizational roles. For example, the role of an executive versus the role of a husband.

b. Role Stagnation stress is the feeling of being stuck in the same role.

c. Role Expectation stress arises out of conflicting demands originating from colleagues, i.e., superiors, subordinates, and peers in the organization.

d. Role Erosion Stress arises when a role has become less important than it used to be, or when somebody else gets the credit for doing what needs to be done in one’s own role.

e. Role Overload stress is the feeling that one is required to do too much or doing things of considerable important.

f. Role isolation stress is characterized by the feeling that others do not reach out easily, indicative of the absence of strong linkage of one’s role with other roles.

g. Personal inadequacy stress is depicted by the absence of adequate skills, competence, and training to meet the demands of one’s role

h. Self Role Distance stress arises from a gap experienced between one’s concept of self and demands of the role.

i. Role Ambiguity stress is experienced when there is a lack of clarity about the demands of the role.

j. Resource inadequacy stress arises when the human or material resources allocated are inadequate to meet the demands of the role.
1.3 Concept of Life Satisfaction
Life satisfaction as a cognitive process by which an individual assesses his/her progress towards desired goals (George, 1981).

According to Erdogan, Bauer, Truxillo and Mansfield (2012), life satisfaction is a global evaluation by an individual of the quality of life generally. It is a measure of wellbeing, since it embodies the satisfaction individuals have in the various domains of life. Life satisfaction is believed to have antecedents in the work domain, family domain, and personality traits. Erdogan, Bauer, Truxillo and Mansfield (2012) also concluded that despite the strategic role of life satisfaction as a key indicator of well-being, it has received scanty attention in management studies.

2. Review of Literature
Workplace stress is vague concept that has come to mean a number of things. It is defined as “characteristic of the job environment which make demands on (tax or exceed) the abilities or resources of the people for meeting the demands or which may otherwise threaten attainment of people’s need” (Abrams, 1994.p,548, Ismail & Ismail, 2006). Numbers of researchers have reported the influence of age and/or gender on role stress (Bhattacharya & Basu 2007, Dasgupta & Kumar 2009). Srivastav (2007) specific kind of problem leads to role stressor which is encountered by the role occupant during the course of his/her role performance. Once the problem is identified in form of role stressor(s) at the organisational level is useful for identifying the most important problem(s) to be solved for the organisation and offers excellent opportunities for enhancing organisational performance and effectiveness (Srivastav 2007).

Richardson Astrid, Burke & Ronald (1991), examines the relationship among occupational stress, job satisfaction and stress outcomes. The results indicated that sources of stress was largely related to time pressure, however he ability to help patients and relationship with colleagues were major source of satisfaction. Early theorists (e.g. Likert, 1961; Mayo, 1933; McGeorge, 1960) implied that employee well being are related to performance but they do not explicitly hypothesize about the appropriate level of analysis (e.g. individual, group or organization). Today this belief continues through with the clearly great emphasis on subjective wellbeing. In relation to this importance, a considerable amount of research has been conducted on topics ranging from job satisfaction (e.g. Judge, Bono & Locke, 2000, Spector & Fox, 2004) to life satisfaction (e.g. Veenhoven, 1996) as well as considering the link between the two (e.g. Ernst & Ozeki, 1998). Job stress is the recognized problem in health care workers (Burbeck, Coomber, Robinson, Todd, 2002; Podsakoff, LePine, and LePine (2007) and doctors are considered to be at particular risk of stress and stress related problems.

Psychologists have made considerable progress in research on subjective well being (SWB see; Diener, Suh, Lucas & Smith, 1999). One major achievement has been the development of the scientific measures of subjective well being. Definitions of subjective well being distinguish on affective and a cognitive component of SWB. The affective components are an individual’s (actual or perceived) hedonic balance (i.e. evaluation of one’s life according to the subjective determined standards). In many ways life satisfaction is the ultimate goal of human development.

Occupational Stress has been extensively studied in the form of occupational demand, occupational role stress and its impact on job dissatisfaction (Thakaran, 1992) anxiety (Singh and Mohanty,1996), negative and positive indicators of mental and physical well-being (Mishra & Somani, 1993; Sankhyan, 2001). Study by Verma, (2008) says that occupational stress was found to be significantly related to job satisfaction; the greater the stress the lower the satisfaction. Correa and Ferreira (2011) occupational stress such as role conflict, work overload, interpersonal difficulties, work-family conflict, work instability, lack autonomy and pressure of responsibility showed that the role conflict and work overload had a negative impact on job satisfaction. The role of conflict showed a negative impact on the positive emotions at work, while the pressure of responsibility interfered positively in it. The work overload interfered positively in negative emotions at work while the pressure of responsibility interfered negatively. The type of contract did not affect significantly any one of the psychological reactions to occupational stress (Correa and Ferreira, 2011).Linzer, Marks, Martha, Douglass, Jeffery, Mc Murray & Julia (2002) studied the assessed predictors of stress in US physicians and found that job demand such as solo practice, work hours, time pressure, and less control of workplace hassles, lack of support by colleagues for balancing work and home was worsened by work demands were the major predictors of stress(Jones,2006, Gregurias & Diefendorff, 2010)

Studying the relationships involving life satisfaction is beneficial, since it affects job performance (Jones 2006, Muhammad and Muhammad, 2012), commitment and withdrawal (Susskind, Borchgrevinck, Kacmar and Brymer 2000). The issues of stress and well being being both its positive (life satisfaction, Happiness and joy etc, Diener & Diener 2000) and negative (anxiety, depression, anger etc) indicators have received serious attention from researchers, Myers and Diener (1995) in this context opined that global sense of satisfaction with life among women professionals is an important aspect of change in gender composition at work place. Women in modern India aspire to perform both familial and professional roles effectively. Several investigations have been conducted to study the stress among working women in India (Pestonjee, 1991). However no attempt has been made in India to investigate the nature of relationship between stress and overall satisfaction with life as an indicator of subjective well being among female professionals particularly doctors. In view of this present study examined a group of female doctors on life satisfaction and organizational role stress.

3. Methodology
3.1 Objective
To determine the nature and magnitude of relationship of life satisfaction and subjective happiness with organization role stress and its components i.e. Inter Role Distance (IRD), Role Stagnation (RS), Role Expectation Conflict (REC), Role.
Erosion, (RE), Role Overload (RO), Role Isolation (RI), Personal Inadequacy (Pin), Self Role Distance (SRD), Role Ambiguity (RA) and Resources Inadequacy (RIn).] among female doctors.

3.2 Hypothesis
There will be a negative and significant relationship between life satisfaction and organizational role stress and its components in case of female doctors.

3.3 Sample
40 female doctors (practitioners) participated in this study. All of them were married and aged between 25 to 60 years (mean age 36.7 years). All of them belonged to upper middle class family. All of them were qualified doctors from institution/universities recognized by Indian medical council.

3.4 Tools Used
a) Organizational Role Stress (ORS, Pareek, 1983). The following ten roles stresses are measured by the 50 item scale i.e. Self Role Distance(SRD); Inter Role Distance (IRD); Role Stagnation (RI); Role Isolation (RI); Role Erosion (RE); Role Expectation Conflict (REC); Role Ambiguity (RA) Role Overload (RO); Personal Inadequacy(PIn) and Resource Inadequacy (RIn). Total organizational role stress obtained simply by adding scores on ten role stresses. This scale has accepted reliability and validity (Pareek, 1983).
b) The Hindi Version of Life Satisfaction Scale (LSS) [O.G Alman and Ramji Srivastava, 1971]. Life Satisfaction Scale comprised of 60 items related to six areas e.g. Health, Personal, Economic, Marital, Social and Job. The responses are to be given in Yes/No. Yes responses indicate the satisfaction.

4. Procedure
All the measures were administered individually to the respondents under standard instruction in the following sequence ORS Scale and LS Scale; standard scoring procedures were followed for obtaining scores on ten. Organizational Role Stresses and Total Role Stress (TRS) and Life Satisfaction. All the raw scores were converted into T-Scores. Thereafter Pearson Product Moment Correlation Coefficient was computed.

4.1 Statistical Technique Used
Person Product Moment Coefficient was computed to find out the relationship of life satisfaction, subjective happiness and organizational role stress and its components among Female doctors.

5. Result

<p>| Table No. 1 Relationship of Life Satisfaction, Organizational Role Stress and its Components in Female Doctors (N = 40). |</p>
<table>
<thead>
<tr>
<th>ORS</th>
<th>IRD</th>
<th>RS</th>
<th>REC</th>
<th>RE</th>
<th>RO</th>
<th>RI</th>
<th>PIN</th>
<th>SRD</th>
<th>RA</th>
<th>RIn</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSS</td>
<td>-332*</td>
<td>-335*</td>
<td>-384*</td>
<td>-448**</td>
<td>-338*</td>
<td>077</td>
<td>-403**</td>
<td>-015</td>
<td>-321</td>
<td>-134</td>
</tr>
</tbody>
</table>

Table 1 represents the relationship of life satisfaction, organization role stress and its components in female doctors. The findings are summarized below
1. Life satisfaction was negatively and significantly related to TRS.
2. Life Satisfaction was negatively and significantly correlated with IRS, RS, REC, RE, RI, and SRD.

6. Discussion
The results of the present study revealed that there was a negative and significant relationship between life satisfaction and total organizational stress and stress related to linkage for example inter role distance, self role distance and role isolation, related to inadequacy, role erosion, related to ambiguity for example, role expectation and conflict and stress related to stagnation. This indicated that higher the life satisfaction lower would be the total organizational stress and above mentioned components and vice versa among the female doctors.

Investigators have directed attention to stress related to occupational problems (Appley and Trumbull, 1986; Podsakoff, LePine and LePine, 2007). Characteristics such as subjective well being, which include job and life satisfaction have emerged from the periphery to the center of interest in empirical studies of stressing workplace (Leonova, 1996; Diener, Suh, Lucas & Smith, 1999). Researchers have focused more attention on the issues of the nature of relationship between stress and job satisfaction. Majority of these researchers have reported a negative relationship between them (Admas, 1999; Sankhyan, 2001). Another view on job and life satisfaction has been that factors within the individual have divorced from attributes of the job which affect the degree of satisfaction experienced on the job. These factors call for disposition and also are asserted to affect life satisfaction (Greguras & Diefendorff, 2010; Erdogan, Bauer, Truxill and Mansfield 2012; Brief, Butcher, George & Link, 1993). Past researches have also highlighted the significant link between stress and its contrary reactions such as sleep disorders, psychological problems, heart disease and low level of job performance, job satisfaction, rising turnover.
intentions and low standard of satisfaction with life (Griffin 2006 Mitoma, Yoshimura, Sugita, Umene, Hori, and Nakano, 2008; Hamidi and Eivaz, 2010)

Tetric and Larocco (1987) studied understanding, prediction and control over events in the work environment, perceived stress and satisfaction among physicians and dentists. The findings indicated that understanding and control were found to have moderating effect on the relationship between perceived stress and satisfaction. They also opined that occupational pressure might have adverse effect upon a workers attitude and well being which may lead to poor job satisfaction (Idris, Dollard & Winefield, 2010).

Not much of significance has so far been published in India and abroad on the relationship of life satisfaction and organizational/ occupational stress among female doctors. The negative and significant relationship between life satisfaction and inter role distance can be explained as conflict between different roles that person occupies. Female doctors being hard pressed between their professional roles as a women of home making are likely to experience more stress and less satisfaction with their. Such inter role conflict are quiet in a modern society where an individual is increasingly occupying multiple roles (Ello & Patil 2012; Akinrele, Osamwonyi, Amah 2003, Pareek, 2002).

Likewise negative and significant relationship between life satisfaction and self role (Amah, 2012) distance indicated that higher the conflict due to perception of self and demands of the lower will be the satisfaction of these female doctors. Traditionally Indian women have derived their identity from their family or group of origin. They have always been viewed as wives daughter or mothers, but rarely, if at all as individuals in their own rights, they are trained since childhood to learn effectively master their familial role. With the changing time women are stepping out of their homes into the world of professional challenges. The medical profession being highly demanding both physically and mentally put extra pressure to strike a balance between work and home. If extra balance is shifted to either side it create a state of disequilibrium and cause experience of stress and lower satisfaction in life. In addition disequilibrium perception of self of these female doctors may come in conflict with the demands of the job and hence can reduce their professional effectiveness at work resulting in seriously jeopardizing and emotionally satisfying quality at home.(Amah, 2012)

Another finding of the study indicated negative and significant relationship of life satisfaction and role erosion. The stress of role erosion among female doctors may be due to the absence of strong linkage between roles. Relationships at work place are a major source of stress (Marshall & Cooper, 1979; Erdogan, Bauer, Truxillo, & Mansfield, 2012). This study also found a negative and significant relationship between life satisfaction and role expectation conflict indicating that stress emanating from conflict between superiors, subordinates or colleagues have negative consequences on life satisfaction. The medical profession has inherent hierarchies (Kanning & Hill 2012). These doctors in the middle level of their careers have to maintain a healthy relationship with superior, subordinates and colleagues and meet the expectation of them. A strain at only level can produce stress to maintain a desired level of linkage and congruence amongst the expectation. Spurgeon et. al (2005) in a study GPs found that older practitioners were more stressed by new contract demands in comparison to younger doctors, but younger doctors were more stressed by unrealistic patient demands. Khan et al. (1964) reported that poor relations with one’s subordinates were significantly related to the feelings of threat in relation to colleagues and superiors. The resulting stresses may cause feeling of lack of satisfaction from life.

The female doctors also reported a negative and significant relationship between life satisfaction and role erosion. Due to intense competition and up coming private medical institution with modern medical facilities these doctors in the government hospital may feel that their jobs/roles is becoming less important getting eroded due to lack of infrastructure facilities. These doctors work with inadequate infrastructure facilities and hence are not able to meet demands of their role. The negative and significant relationship between life satisfaction and role stagnation may be due to the feeling that despite being in a specialized profession these doctors are performing routine jobs (Lapointe, Vandenberghe, & Panaccio, 2011). Overall these stresses may result in lack of satisfaction from life, as life satisfaction reflects an individual’s global assessment of their present quality of life, based on personally chosen criteria.

6.1 Conclusion
In any case findings of the present study supplement have various role stresses and its emotional consequences manifested in terms of life satisfaction needed to be taken care by organization as well as family. Efficacious interventions are needed to identify causes and consequences of organizational role stress so that these professionals can effectively contribute to the growth of the organization and have a better quality of life.

6.2 Limitation
The study does not claim to have established all the mediating variables that can affect organizational role stress and life satisfaction. To represent the general population large sample would be required.

7. References

Following reports on different production plants with similar revamp scope were referred.


606