



# PREVALENCE OF ROLE CONFLICT AMONG NURSES

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**Abstract:** This study aimed to analyze the prevalence of role conflict among the nursing professionals of multispecialty medical college hospitals of Dakshina Kannada district in Karnataka state. There is a need to highlight the problem of nurses who play an important role in providing healthcare to the community. Thus a sample of 500 respondents selected through simple random method showed that majority of nurses had moderate level of role conflict (72.2%). An integrated coherent framework of specific strategies are needed to reduce their job stress and role conflict.

**Index Terms - Nursing professionals, Role conflict**

## I. INTRODUCTION

All the world's a stage.  
And all the men and women merely players;  
They have their exits and their entrances;  
And one man in his time plays many parts.  
-William Shakespeare

The above lines by Shakespeare have beautifully captured the essence of 'role'. Medical sociology which is one of the new branch of sociology deals with all the social factors which causes illnesses, doctor- patient relationship, social functioning of hospitals, community health problems and problems faced by the medical professionals like role- conflict.

'Role' refers to the structurally given demands (norms, expectations, taboos and responsibilities) associated with a given social position (Levinson). An individual performs different roles in the social system. While performing these roles, if there is a disagreement or resentment towards the role assigned, multiplicity of roles are being performed, if the individual thinks the function which he is performing is below his status and when there is a discrepancy between the perception of the role and actually what he is doing, a person might experience role- conflict. These role conflicts create disappointment, frustration and serious personality consequences. So each social system will function smoothly and efficiently if the roles are clearly allocated, rights and duties are clearly understood and each member behaves in his role as expected.

Nurses who act as the first line of patient medical care and are the backbone of medical system, are prone to high degree of stress due to work load, high job demands, low supportive relationship in the work place, dealing with death and dying situations, shift duties, and uncooperative family members (Bhajwa. NN Times.2004).

Numerous studies have shown that people with low job stress exhibit increased job satisfaction, greater organizational commitment and reduced absenteeism. It is also observed that high level of role conflicts is related to lower job satisfaction and reduced organizational commitment.

Work place problems can lead to physical as well as psychological problems. Physical problems may be fatigue, hypertension, backache and migraine. Psychological problems may be stress and anxiety (Onasoga.European Journal.2004).

Additional sources of stress for nurses may include financial factors, conflict between family and work roles, insecure work contracts and moral distress experienced by nurses may add to their woes. Moral distress is experienced due to issues such as feeling of powerlessness, lack of authority, time and resource constraints, power hierarchies and when their expertise is not recognized.

Very few studies have been done on nurses in medical sociology especially with regard to their problems. Their role has always been undermined compared to the physicians. There is a need to highlight their problems and focus on their contribution towards catering to the health needs of the society.

## II. OBJECTIVE

To sociologically analyze the prevalence of role conflict among nurses.

**III. STUDY DESIGN**

A descriptive research design was used to analyze the prevalence of role conflict among nurses.

**IV. STUDY SETTING**

The study was conducted in the prominent multi -speciality medical college hospitals of Dakshina Kannada district in Karnataka state.

**V. SAMPLE SIZE**

Sample size was 500.

**VI. SAMPLING TECHNIQUE**

Simple random sampling method was used in the study.

**VII. DEVELOPMENT AND DESCRIPTION OF TOOL**

An extensive review of literature was done regarding the topic. The primary data was collected through questionnaire method. Data collection tools were developed after reviewing the literature, consultation with the guide and nursing experts. The content validation of the tool was done by the guide. The data collection tools used in the study were

- A. Socio-demographic profile of the respondents.
- B. Standardized tool for assessing role conflict.

**VIII. DATA COLLECTION PROCEDURE**

The data was collected by providing the questionnaire to the nurses after taking prior permission from the concerned authorities. The respondents were convinced about the need for the study and true responses. Confidentiality of the information was assured.

**IX. DATA ANALYSIS PLAN**

The data obtained were analyzed on the basis of objectives. Demographic variables were analyzed by taking percentage. Assessment if role conflict was done by deriving mean, median and standard deviation.

**Table 1 – Socio-demographic variables of nurses**

Sl. No	Demographic Characteristics	Frequency (f)	Percentage (%)
<b>1.</b>	<b>AGE</b>		
	20-30	398	79.6
	31-40	53	10.6
	41-50	41	8.2
	Above 50	8	1.6
<b>2.</b>	<b>Religion</b>		
	Hindu	224	44.8
	Muslim	7	1.4
	Christian	265	53
	Others	4	0.8
<b>3.</b>	<b>Nationality</b>		
	Indian	494	99
	Others	5	1
<b>4.</b>	<b>Place of residence at present</b>		
	Urban	254	50.8
	Rural	246	49.2
<b>5.</b>	<b>Annual family income</b>		
	Less than 1 lakh	327	65.4
	Between 1 lakh to 5 lakh	163	32.6
	Between 5 lakh to 10 lakh	8	1.6
	More than 10 lakh	2	0.4
<b>6.</b>	<b>Type of family</b>		
	Joint family	89	17.8
	Nuclear family	405	81
	Extended family	5	1
	Staying alone	1	0.2
<b>7.</b>	<b>Marital status</b>		
	Single	306	61.2
	Married	190	38.0
	Divorced	3	0.6
	Widowed	1	0.2
<b>8.</b>	<b>No. of children</b>		
	No children	53	27.3
	One	83	42.8

	Two	53	27.3
	Three	5	2.6
	More than three	0	0.0
<b>9. a.</b>	<b>First child age</b>		
	< 1 year	2	1.4
	1 – 5 years	59	41.8
	6 – 10 years	21	14.9
	11 – 15 years	30	21.3
	More than 15 years	29	20.6
<b>b.</b>	<b>Second child age</b>		
	Less than 1 year	0	0
	1 – 5 years	17	28.8
	6 – 10 years	18	30.5
	11- 15 years	16	27.1
	More than 15 years	8	13.6
<b>c.</b>	<b>Third child age</b>		
	Less than 1 year	0	0
	1 – 5 years	4	80
	6 – 10 years	0	0
	11- 15 years	0	0
	More than 15 years	1	20
<b>10.</b>	<b>Professional Qualification</b>		
	GNM	256	51.2
	B.Sc (N)	149	29.8
	Pb.B.Sc (N)	65	13
	M.Sc (N)	8	1.6
	Others	22	4.4
<b>11.</b>	<b>Total years of work experience</b>		
	Less than 1 year	127	25.4
	1 – 5 years	231	46.2
	6 – 10 years	66	13.2
	11 – 15 years	21	4.2
	More than 15 years	55	11
<b>12.</b>	<b>Distance from home to work place</b>		
	Less than 1 km	119	23.8
	Between 1 – 5 km	74	14.8
	Between 6 – 10 km	46	9.2
	More than 10 kms	261	52.2
<b>13.</b>	<b>Mode of transportation to the work place</b>		
	Public service	337	67.4
	Auto service	17	3.4
	Own vehicle	64	12.8
	Hostel	9	1.8
	Institution vehicle	11	2.2
	By walk	62	12.4

## X. FINDINGS

The socio demographical profile of the nurses indicates that majority of them (79.6%) were in the age group of 20 to 30 years and living in a nuclear family set up (81.0%). Most of the nurses belonged to Christian (53.0%) and Hindu religion (44.8%). The place of residence indicates that almost equal number of nurses were residing in rural (49.2%) and urban (50.8%) areas. The marital status of the nurses shows that majority of them were single (61.2%) and those who were married (38.0%) most of them had one child (42.8%). The professional qualification of the nurses indicates that majority of them had done GNM diploma course (51.2%) with most of them having work experience between 1 to 5 years (46.2%). The mode of transportation to the work place shows that majority of the nurses travelled by public transport system (67.4%) and most of them travelled more than 10 Km to the work place.

The assessment of role conflict was done by deriving mean, median and standard deviation. Role conflict was measured by using standardized tool consisting of 11 following statements.

- My job makes me very angry or frustrated.
- I am usually calm and at ease when working.
- There are many time constraints in my work that are difficult to meet.
- Having a job makes it difficult to spend enough time with my family.
- I don't have time for my interest/hobbies outside of my work.
- Exposure to infectious diseases creates anxiety in me.
- I find it difficult to deal with ethical issues.

- Shift duties especially night duties create relational problems in my family life.
- I feel nursing is a noble profession.
- My job produces strain that makes it difficult to fulfill family duties.

## XI. DISCUSSION

The findings of the present study indicates that majority of the nurses belonged to 20 to 30 year age group, mostly living in urban areas and had a nuclear family set up. Most of the nurses were single and belonged to Christian and Hindu religion. Majority of them were GNM diploma holders and were using public transport system to travel to their work place.

**Table 2: Overall assessment of role conflict among respondents**

**n=500**

Range	Level of Role Conflict
11-25	Low
26-40	Moderate
41-55	High

  

Sl. No	Level of role conflict	Range	Frequency (f)	Percentage (%)	Mean ± S.D
1.	Low	11 - 25	36	7.2	35.02±6.20
2.	Moderate	26 - 40	361	72.2	
3.	High	41- 50	103	20.6	

The overall assessment of role conflict which was measured by summing the responses of the respondents revealed that majority of them (72.2%) had moderate level of role conflict, 20.6percent had high level of role conflict and only 7.2percent had low level of role conflict. On an average the Mean and Standard deviation was  $35.02 \pm 6.20$ , which shows that moderate level of role conflict existed among the nurses.

## XII. RECOMMENDATION

Keeping in view the findings of the study, the following recommendations are made:

- The present study can be made on a larger scale with more sample size.
- A study can be done to see the effect of role conflict on role performance of the nurses.
- The government, policy makers and hospital management should work hand in hand to improve the working conditions of the hospitals.
- There should be provisions for nurses to attend continuing educational programs, health talks, family counseling sessions and stress management programs.

## XIII. CONCLUSION

Human beings do not act toward each other as isolated individuals; they are part of larger communities and groups, whose members have some common agreement about the various social roles and their performance. Whenever there is a disagreement or resentment towards the role assigned, then there is tension or role conflict.

Nurses who are experiencing role conflict should be personally and professionally empowered in order to be able to overcome their stress. They should be given the opportunity to express their concern about institutional constraints and should be involved in problem solving. There has been growing evidence that role conflict has both physical and psychological effect on the individual. Emotional and moral support from the family, sharing the responsibility and respect towards the profession can go a long way in dealing with stress, occupational burn out and role conflict among nurses.

## XIV. REFERENCES

- Bhajwa Amandeep Kaur .(2013). *Health problems experienced by staff nurses*. Nightingale nursing time (Volume 9); 61-64.
- Onasoga Olayinka,Ogbebor Sarah Osamudiamen and Ojo.A.(2004).*Occupational stress management among nurses in selected hospital in Benin city, Nigeria*.European Journal.New Age International Publishers.
- Mervyn W. Sysser, William Watson and Kim Hopper.(1985). *Sociology in Medicine* (Third Edition). Oxford University Press. 281 To 287.
- Ritzer George. (1988). *Contemporary Sociological Theory* (Second Edition). 314 To 321.