CHAPTER SEVEN

7. SUMMARY

7.1 Introduction

The Modern century has experienced turbulence linked to a number of changes at the workplace and developments which have drawn attention to the postindustrial workplace (Murphy, 1999), also referred to as the ‘new organizational reality’ (Gowing, Kraft, and Quick, 1997). Research contributions have revealed the consequences of stress associated with demographic and personal issues which have hampered the overall effectiveness of the organization (Alluisi & Fleshman, 1982; Celoline, 1982; Chadwick- Jones, Nicholson, and Brown, 1982; Saffer 1984). Organizations have been held financially accountable for issues related to job stress, and stress has become expensive for the organization. While organizations must now spend for stress-related illnesses of employees, they also have to fight to remain competitive in a global marketplace (Peters & Waterman, 1982; Rothwell, Prescott & Taylor, 1998).

It has always been an accepted fact that stress among physicians, nurses and other health professionals is high (Caplan, 1994; Graham, Ramirez,and Cull, 1996; Al-Aameri and Al-Fawzan, 1998). This can be attributed to the responsibility for “people” rather than “objects”, and the fact that their actions or omissions have a profound impact on human life (Rees, 1995; Antoniou, 2001). The important fallout related to stress in the medical profession is that the quality of health care administered can be extremely influenced by the stress levels of health staff (Firth-Cozens and Moss, 1998).
7.2 Concept of Stress

Stress may be viewed in at least three different ways: as a response to some demand, as a situation, and as a relationship between a person and the environment (Fiedler & Garcia, 1987). While some bridges between these various concepts do exist (Baum, Fleming, & Singer, 1982), most research tends to focus on one perspective. The following is the review of the different perspectives:

Stress as a Response

A pioneer in stress research defined the term as ‘the non-specific response of the body to any demand’. Hans Selye (1956) coined the term ‘stress syndrome’, and showed that the stress syndrome is fundamental to virtually all higher forms of animals. He developed a comprehensive theory of the body’s adaptive processes, based on a three-stage General Adaptation Syndrome (GAS) which is a widely accepted model that explains the stress phenomenon.

Alarm Reaction: The first stage is an alarm reaction composed of an initial shock phase and then a counter-shock or rebound phase.

Stage of Resistance: During this stage the individual attempts to adjust to the demands imposed by the stressor.

Stage of Exhaustion: The final stage of exhaustion occurs when the individual’s ability to adapt has reached its limit.

A number of criticisms towards Selye’s model reflect the inability to understand the nature or response to stimuli. Mainly, the GAS approach does not address the issue of cultural, social and psychological filters to the individuals response to stress, nor that a response to a potential threat may in turn become the stimulus for another response.
Stress as an Interaction

Defined as a ‘structural’ approach (Stahl, Grim, Donald, and Neikirk, 1975) and ‘quantitative’ (Straus, 1973), stress is described as the relationship between stimulus and response. According to Lazarus and Launier (1978), a definition like this which focuses only on the interaction between two variables extends the attempt to only explain relationships limited to ‘structural manipulations’.

Hence the interactional approach is limited to causal interaction and outcomes. In contrast, however, the transactional model of stress works to explore the essential nature of stressor response along with the dynamic stress process contained in it.

Stress as a Relationship between People and the Environment

The third approach defines stress as a relationship between the individual and the environment (Lazarus, 1966). Stress can be viewed both as an intrinsic factor as well as extrinsic factor depending on the causative factors leading to stress. Stress is experienced due to the factors inherent within an individual’s personality or due to factors existing in the environment.

From this perspective, therefore, a person has certain abilities, needs and values and there are certain opportunities available in the environment to match the requirement of the person.

7.3 Concept of Role Stress

A member in an organization assumes a role, which can be defined as expectation of self and others from the focal person at the workplace. A role can be understood in terms of a role set. The focal role individual usually has superior, co-workers, and subordinates who are significant others in his/her role set (Banton, 1965; Gross,
Mason, & McEachern, 1958; Neiman & Hughes, 1951). In many instances, the incumbent personalizes the position (Graen, 1976) so that individuals in the same position will exhibit different effective behaviors. The freedom experienced in every role performance allows people to fill a role without experiencing role strain (Komarovsky, 1973; Merton, 1966). In situations wherein individuals occupy roles which conflict with their value system, it leads to an outcome of role stress or role conflict.

**Role Stress**

Kahn and Quinn (1970) have identified three categories of role stress, namely expectation generated stress, expectation-resource discrepancies and role-personality mismatch. The first category encapsulates role ambiguity and role conflict. The second category includes role overload, responsibility-authority dilemma, and inadequate technical information. The third category relates to the gaps between the role and personality.

The concept of an organization is a system of roles and role itself is a system. Organizational roles constitute the basic human resource infrastructure on which the success of human resource systems and process depends (Srivastav, 2006). According to Pareek (1981), membership of an organization and the concept of an organizational role have inbuilt potential for stress. Stress due to occupation of a role in an organization is known as Organizational Role Stress (ORS).

While explaining various role related terms, Pareek states that each individual in the society performs several roles. All these roles make up ones role space. The self is in the centre of the role space. Since the roles are at various distances from the self and from each other, these relationships define the role space. Each role has its own
systems, which has been called role set. Role set is the pattern of relationships between the focal role and other role occupants. In this, the role of the role occupant is in the center and all other roles are around the person's particular role.

In the role behavior of an individual, several variables are involved: the self, the other role senders, the expectations by the other roles, expectations by the self and other roles occupied by the focal role person. It is in the nature of the role that it has built-in potential for conflict and stress. So stress is a natural variable in the role performance. While performing several roles or within one's role, a person may find that he/she is not being directed to the desired goal. The consequence is disillusionment, frustration, tension, conflict and stress.

Pareek (1981), on the basis of theoretical speculation and statistical analysis has identified ten different types of role stresses prevalent in any organizational setting, as below:

**Inter Role Distance (IRD)**

An individual usually performs more than one role and there may be conflict between these roles. Thus, there is conflict between the organizational role and other roles, for example, stress due to the conflict of not being able to share time between work demands and family demands. The distance or conflict among these various roles represents inter-role distance.

**Role Stagnation (RS)**

As an individual grows older, he grows in the role that he occupies in an organization. With the advancement of the individual, the role changes, and with this change in
role, the need for taking up a new role becomes crucial. Such stress results in perception that there is no opportunity for one’s career progression.

**Role Expectation Conflict (REC)**

When there are conflicting expectations or demands by different role senders (persons) having expectations from the role, the role occupant may experience this stress. It is possible that the significant persons differ in their expectation about the same role and the role occupant is ambivalent as to whom to please.

**Role Erosion (RE)**

A feeling that some important functions which a role occupant would like to perform have been given to some other roles or it could be a feeling that there is not much challenge in the functions given to the role occupant. Moreover, this can also happen when the role occupant performs the functions but the credit has gone to someone else.

**Role Overload (RO)**

When an individual feels that there are too many expectations from the ‘significant’ others in his role set, he experiences role overload. There are two aspects of this stress, namely quantitative and qualitative. The former refers to having ‘too much to do’ while the latter refers to it being ‘too difficult’.

**Role Isolation (RI)**

In a role set, the role occupant may feel that certain roles are psychologically closer to him, while others are at a much greater distance. The main criterion of distance is the frequency and ease of interaction. This forms a measure of the strength of the linkages among the roles.
**Personal Inadequacy (PI)**

This type of stress arises when the role occupant feels that he does not have the necessary skills and training for effectively performing the functions expected from his role. This is found to happen when the organizations do not impart periodic training to enable the employees to cope with the fast changes occurring both within and outside the organization.

**Self Role Distance (SRD)**

This type of stress arises out of conflict between the self-concept and expectations from the role, as perceived by the role occupant. The conflict of one's values and self concepts with the requirements of the organizational role is known as self role conflict. This is essentially a conflict arising out of a mismatch between the person and his job.

**Role Ambiguity (RA)**

When the individual is not clear about the various expectations that people have from his role, the conflict that he faces is called role ambiguity. It may be due to lack of information available to the role occupant. It may exist in relation to activities, responsibilities, personal styles and norms and may operate at the three stages; when the role sender holds his expectations about the role, when he sends it, and when the occupant receives those expectations.

**Resource Inadequacy (RIn)**

When the resources required by the role occupant for performing the role effectively are not available, these may be related to information, people, material, finance, or facilities.
7.4 Rationale for the Study

A review of literature purports that various empirical researchers in various organizational settings have concluded that almost every aspect of the job context for example, work activities, supervisory style, interpersonal patterns, the structure of job characteristics etc., can act as potential stressors. Scholars such as Beehr and Newman (1978) and Van-Sel et al (1981) among others have found that personal characteristics are equally responsible for both, the focal person's perception of stressors as well as reactions to them. Some of the personality variables which were examined to assess the individuals sensitivity to stress situations are locus of control (Spielberger,1966), job involvement (Weissenberg & Gruenfeld, 1968) and many demographic variables like age, sex, marital status, educational level, organizational tenure etc.

An overview of literature in this sphere reveals important findings, mixed with certain discontinuities and deficiencies. For example, it is striking that despite the attention given separately to various personal and job/organizational stressors in causation of the stress reaction, there is not enough conclusive evidence which deals with the intricate linkage that prevails between different types of role stresses and personal and job/organizational stressors. There is a paucity of literature describing the impact of personal and organizational factors on organizational role stress in medical doctors.

The purpose of this study is to know the impact of Personal and Job/Organizational factors on Organizational Role Stress. The Personal demographic factors under study are Age, Gender, Marital Status and Dual Doctor Marriages. Job/organizational factors under study are Organizational Citizenship, Social Responsibility, Job Engagement, Length of Service and Work Climate.
The Problem under study in this research can be stated as: “What is the impact of organizational citizenship, social responsibility and job engagement on organizational role stress in medical doctors, in addition to the impact of other demographic and organizational variables already studied in the literature.”

7.5 Variables in the Study

The review of research literature reveals that stress occurs when the abilities of a person are not congruent with the demands of the job, or where obstacles arise in fulfilling these demands. If the organization meets the needs of a person and the person’s abilities are useful to the organization, no stress should occur. Stress, thus can be viewed as the outcome of incongruence or lack of a person-environment fit (Edwards, Caplan and Harrison, 1998). Hence, greater the incongruence of fit, more significant is the level of experienced stress.

Various personal/demographic factors like age, gender, marital status, dual doctor marriages and job/organizational factors like organizational citizenship, social responsibility, job engagement, length of service and work climate can act as potential stressors.

The present study focuses on the relationship between the independent personal/demographic variables of age, gender, marital status and dual doctor marriages, as well as job/organizational factors including organizational citizenship, social responsibility, job engagement, length of service and work climate, and their effects on the various dimensions of organizational role stress.
Personal/Demographic Variables

The following brief offers the different personal and demographic variables that have been included in this study. They are as follows:

a. **Age variable**

In this variable the influence of age is studied in relation to Role Stress. The sample is divided into different age groups namely, 20-34 years, 35-44 yrs, and 45-60 yrs. The first age group is considered ‘lower’ age group, while 35-44 is considered the ‘middle’ age group and 45-60 is considered ‘upper’ age group.

b. **Gender variable**

Men and Women react differently to stress levels and hence this variable analyzes the responses of male doctors and female doctors to role stress.

c. **Marital Status variable**

The current sample is divided among doctors who are married and unmarried. The marital status is compared with reference to its impact on Role Stress.

d. **Dual-Doctor Marriages Variable**

The sample of married doctors is further divided into those with doctor spouses and those with non-doctor spouses.
Organizational Variables

The following are the organizational variable studied in this research. The first three variables are new factors that have not been previously investigated in literature along with role stress.

a. Organizational Citizenship Behavior
This dimension was calculated via a structured questionnaire based on 5 point Likert scale. Responses received were grouped into three categories namely, low, medium and high Organizational Citizenship Behavior.

b. Social Responsibility
This dimension was calculated via a structured questionnaire based on a 5 point Likert scale. Responses received were grouped into three categories namely, low, medium and high Social Responsibility.

c. Job Engagement.
This dimension was calculated via a structured questionnaire based on a 5 point Likert scale. Responses received were grouped into three categories namely, low, medium and high Job Engagement.

d. Length of Service Variable
The sample is divided according to different lengths of service in years. Below 10 years, 11-24 years, and 25 years and above. This variable determines the extent to which the doctor has worked in the public healthcare organization.
e. **Work Climate Variable**: Work climate may be defined as the internal influence of surroundings and service conditions and work culture, on an individual. This variable is contributed in the job/organizational factors and it includes four sub-factors such as: Physical Condition of work, Job Equipment, Social Support and Superior Support.

Each variable was scored on a 5 point Likert scale:

- **Physical condition** of work indicates the lighting at work place, the building location, and externals of the workplace, which in turn facilitate working.

- **Equipment for the Job** refers to the availability of instruments and drugs that are required for the practice of medicine.

- **Social support** refers to the extent of support each doctor receives within the organization through informal and formal interaction with co-workers and colleagues.

- **Superior support** refers to the level of support offered to the doctor by way of feedback, appraisal and guidance by senior doctors, in order to make work satisfying.

Finally, the impact of Work climate on role stress is analyzed by taking the total scores of all factors.
7.6 RESEARCH MODEL

PERSONAL FACTORS
- AGE
- GENDER
- MARITAL STATUS
- DUAL-DOCTOR MARRIAGES

ORGANIZATIONAL FACTORS
- ORGANIZATIONAL CITIZENSHIP BEHAVIOUR
- SOCIAL RESPONSIBILITY
- JOB ENGAGEMENT
- LENGTH OF SERVICE
- WORK CLIMATE

ROLE
- INTER-ROLE DISTANCE
- ROLE STAGNATION
- ROLE EXPECTATION CONFLICT
- ROLE EROSION
- ROLE OVERLOAD
- ROLE ISOLATION
- PERSONAL INADEQUACY
- SELF-ROLE DISTANCE
- ROLE AMBIGUITY
- RESOURCE INADEQUACY
7.7 The Hypotheses

1. Organizational Role Stress decreases with Age.

2. There will be significant difference between Organizational Role Stress among Male and Female Medical Doctors.

3. There will be significant difference between stress levels of Married and Unmarried doctors.

4. There will be a significant difference in the Role Stress levels of Doctors married to Doctors and Doctors married to Non-doctors.

5. Organizational Citizenship Behavior helps in reducing Organizational Role Stress among Medical doctors.

6. Social Responsibility helps in reducing Organizational Role Stress among Medical Doctors.

7. Job Engagement helps in reducing Organizational Role Stress among Medical Doctors.

8. Higher Length of Service reduces Organizational Role Stress in Medical Doctors.

9. Better Work Climate leads to lower levels of Organizational Role Stress in Medical Doctors.
7.8 The Method

The participants in the proposed study were medical doctors working in the public healthcare sector of Goa. 600 Questionnaires were distributed to them, of which 454 completed questionnaires have been analyzed in this study. Two sets of questionnaires were given to collect data i.e. questionnaire relating to all personal and organizational stressors and the organizational role stress scale developed by Pareek (1983 a & b).

All the raw data was analyzed using the Statistical Package for Social Sciences (SPSS) and the analysis was done by using Mean standard deviation, t-value, and Pearson product moment correlation and ANOVA.
7.9 Findings and Discussion

Organizational Role Stress decreases with increase in Age stands confirmed except for Resource Inadequacy.

This can be due to two reasons based on research. Medical doctors grow with age and as individuals develop broader and wider perspectives to life they are able to handle the propensity of stress maturely and logically. Hence a higher level of age reflects the implication of maturity and the ability to handle stress effectively (Birren, 1969; Srilatha and Harigopal, 1985). Yet in another study, it was seen that coping with stress improves, and stress reduces as individuals increase in age (Srivastav, 2006). One of the implications that we could certainly draw here is that stressful medical practices requiring serious responsibility and accountability should be offered to medical doctors who have more experience due to age.

It was revealed that Female medical doctors had a significantly higher level of Organizational Role Stress compared to Male medical doctors.

While it is noticed that male doctors have more control over their decision making and emotions, it is also a known fact that they are able to accept situations logically and handle situations more effectively than female doctors. Female medical doctors on the other hand utilize emotional and social networks or at times lose concentration and have less control on the situation (Abrol, 1990; Olsson, Kandolin, & Kauppinen, 1990; Vingerhoets & Van Heck, 1990 & Thoits, 1995). While some of the stressors are common to both genders, there are some pressures and demands that are uniquely associated with women employees. The finding suggests need for strategic alignment to enable manageable level of stress among women.
Yet in another hypothesis it was confirmed that there was significant difference among married and unmarried medical doctors except for Role Overload and Resource Inadequacy.

While this hypothesis was not fully supported we can certainly draw a few inferences for the effective reduction of organizational role stress. Earlier research suggests that higher stress among unmarried individuals may be owing to their comparative lack of security, resulting in greater need for self-esteem, autonomy, and self-actualization (Sen, 1981; Kumar, 1989). This could also be due to the fact that they do not have emotional spousal support. While the results are not fully confirmed, we could use the study to help and train unmarried medical doctors to relate to the medical functioning through cross cultural team mates using a heterogeneous work force.

It was revealed that Doctors married to Doctors experienced higher Organizational Role Stress than Doctors married to Non-doctors.

Role Stress was significantly higher in doctors who were married to doctors than in those married to non-doctors. This study is in conformity with earlier studies which showed that being married to a doctor increases occupational role stress (Sekaran, 1983; Greenhaus & Parasuraman, 1986; Rout, 1996; Swanson and Power, 1999).

From this finding, one can infer that being married to a doctor is associated with aggravated stress levels, rather than being married to a non-doctor. This can be attributed to the fact that a non-doctor can be more supportive, than a doctor spouse who will have a tendency to be judgmental.
The non-doctor spouse would be more sympathetic to the doctor’s stress, as against a doctor spouse who may himself/herself be in a stressful work environment, hence worsening the stressful situation.

In this study we investigated three new variables and their impact on organizational role stress. The variables studied were Organizational Citizenship Behavior, Social Responsibility and Job Engagement.

The hypothesis that Organizational Citizenship Behavior helps in reducing Organizational Role Stress in medical doctors stands confirmed except for Resource Inadequacy.

While OCB is a recent development in the academic world it has become imperative to notice the impact it has made in the sustainability of an organization. OCBs represent “individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and in the aggregate promotes the efficient and effective functioning of the organization” (Organ, 1988). Research suggests that OCBs are consistently related to organizational effectiveness (Podsakoff and MacKenzie, 1997). It is noteworthy to learn that medical doctors in this study have responded positively to the need for organizational citizenship behavior and this in turn has led to lowering the level of organizational role stress.

While this behavior cannot be forced upon individuals it implies that encouraging such behavior through informal interaction would enhance the outcome for the medical doctor as well as the medical industry.
The hypothesis that Social Responsibility helps in reducing organizational role stress in medical doctors stands confirmed.

Individual social responsibility is at the root of corporate social responsibility, because a corporate comprises of individuals and hence determines the social responsibility culture it creates. Individuals are becoming more socially responsible and, in response to this corporations and companies need to become more socially responsible to meet consumer demands. The medical fraternity should encourage individual doctors to be trained during their internship to be experientially responsive to social issues relating to the medical set up. Such training will not only offer individuals an opportunity to harness the need for responsibility but will gradually build a community which reflects the true nature of corporate social responsibility – a concept that can only take life secondary to collective individual response.

The hypothesis that Job Engagement helps in reducing organizational role stress in medical doctors stands confirmed.

While this is one of the “hottest topics in management”, getting employees engaged is one of the greatest challenges faced by many organizations (Welbourne, 2007, Frank et al., 2004). Currently it has been considered as the main contributor in gaining a competitive edge (Saks & Gruman 2010). Fully engaged employees enjoy and love their work and maintain good levels of energy and connection with their work (Schaufeli & Salanova, 2007). The challenge today is to pick up candidates with passion during interviews and support medical doctors with time and effort to establish their role in the profession. This can be achieved through informal as well as formal interventions. Individuals should be supported in investing their full energy in the work activity (Saks & Gruman, 2011).
Higher length of service reduces Organizational Role Stress stands confirmed except for Role Isolation and Resource Inadequacy.

It is imperative to note that medical doctors with higher length of service are normally more experienced and are in a position to handle stressful situations in a better manner. Earlier studies also conform to the findings (Pelitt, 1973; Richardson & Stanton, 1973; Nahta, 1980; Sen, 1981; Surti, 1982; Gupta, 1988). It would be appropriate to harness and offer demanding roles to people with a higher length of service to make optimum use of human resources.

A higher level of work climate leads to lower levels of role stress is partially confirmed except for role stagnation.

Based on the above study it is important to increase the openness of the employees and help medical doctors to prevent stress with the aid of work climate initiatives. Earlier research has confirmed that Initiatives aimed at reducing and preventing stress that have focused on improvements to the work and organizational environments seem to have met with some success (Clarke, 2000; Cox & Cox, 1991, 1996; Cox & Flin, 1998).
7.10 Implications of the Study

Based on the above results and findings, there are a number of recommendations that could help in the reduction of Organizational Role Stress among medical doctors.

In the chapter on demographic variables it has been noticed that medical doctors with lower age group, female doctors as well as unmarried doctors experience higher organizational role stress. It follows that positions incurring greater workload and consequent role stress should be allocated to older age group doctors, as well as having male and married individuals as a part of the senior team.

Secondly having noticed the recent entry of women doctors in large numbers, the medical human resource body could re-establish links with work-life balance especially for the women doctors who have a higher responsibility of child bearing and children development. There is currently a practice of offering maternity benefits and child care leave to the medical doctors in Goa, yet a future strategy needs to be formulated for effective support in the coping mechanisms to reduce organizational role stress. Special emphasis could be offered to timings of work; support teams in case of emergency, so that “On – Call” duties could be assisted with group intervention rather than depend on just a few individuals.

The public healthcare sector should be open to offering the best environmental support to doctors, especially in the form of the essential instruments and job equipment, easy availability of drugs and medications, good service conditions and superior support. This will in turn increase the receptivity of the employed doctors and lead to higher retention and productive output. Initiatives aimed at reducing and preventing stress that have focused on improvements to the work and organizational
environments seem to have met with some success, but a new strategy would require organizations to take a highly participative approach with high quality appraisal, personal development, and other modern human resource management techniques. The medical organization can take appropriate steps in nurturing their medical students with tools and techniques to combat organizational role stress. This could be achieved through systematic training imbedded in the curriculum of medical study, further supported with counseling and mentoring possibilities that can support competency mapping of younger doctors-to-be to meet present day requirements. Such programs will not only mold their attitude but also assist them in choosing their field of specialization, and path of career progression.

For doctors, there is need to develop a systematic approach to primary prevention of stress involving better teamwork and leadership training, career counseling and education about errors, backed up by a secondary service strategy providing coaching, counseling and psychotherapy. Employers should encourage and integrate coping strategies in the lives of the doctors by offering training packages, refresher courses or seminars that encourage them to explore the various options available to deal with stress. As stress has become endemic in medical practice it should be tackled as a mainstream element of management and an essential part of patient safety. In the organizational coping strategies, variables such as Organizational Citizenship, Social Responsibility, and Job Engagement emerged as contributory factors in lowering the level of organizational role stress among medical doctors. The energy required for building Organizational Citizenship, Social Responsibility and Job Engagement is strongly driven by the altruistic perspective of the medical doctors. Building and sustaining of cultures depends on the availability of visible role models, communication of ethical expectations and also providing more emphasis on training in medical ethics.
7.11 Directions for Future Research

The current study was conducted among public sector medical doctors in Goa, and it resulted in various findings which have been interesting, as well as relevant. However, utilizing a wider sample base as well as cross-functional areas would help in refining research findings. Secondly, this study revealed results using different factors individually. A complex multivariate methodology would offer distinctive findings especially on the impact of the various variables studied so far. This in turn would help in resolving issues related to multi-collinearity.

The new variables studied such as Organizational Citizenship, Social Responsibility, and Job Engagement could be further tested for scale refinement as well as their impact on other industries and cross-function with industry. Amidst the limitations, the outcomes of this study have been interesting as well as encouraging. The results could certainly help practitioners to design appropriate measures to help reduce the impact of organizational role stress in the field of medicine. This could be supplemented with the developing of coping strategies. The outcomes of this study have been encouraging as far as the objective of stress reduction is concerned and practitioners, policy makers and employers need to work further on developing practical programs for implementing the findings of this study.