Social Roles and Role Conflict:
An Interprofessional Study among Women

Sunita Malhotra and **Sapna Sachdeva**
M.D. University, Rohtak

The present social structure reflects the changes that have come through changing frame of time. A major breakthrough being the growing education and economic independence among women. The economic pressures of inflation, influence of the women's movement and the psychological need to develop one's 'self identity' are encouraging the women to take a more active role outside the home to pursue full time careers. This shift from private to public domain gives an impression that women have finally liberated from shackles of patriarchal norms. However, a closer look at the scenario makes us realize that working women face new set of problems involving both family and profession. The present research was carried out to study the effect of different professions and multiplicity of social (familial) roles on the role conflict amongst working women. For this purpose, a 3x3 factorial design was used. Results revealed significant main effects of women's professions and social roles as well as an interaction effect on the role conflict.

Although women in western countries have been a major part of the labour force, but in our country it is only recently that such a massive influx of women population have plunged into gainful employment. Historically, the functionalists were of the view that needs of work and family necessitate an allocation of incompatible roles such that one family member specializes in handling the instrumental world of work and the other expressive needs of the family, a role for which women are specialized. Therefore, from time immemorial, it is the men who have been the dominant figures in the work force while females were taught to regard marriage as the only thing needful. Their working outside was considered derogatory. But now this phase has given way to the period of liberation, feminization of employment being the highlight of this phase. Economic conditions of inflation, desire to maintain high standard of living, or develop "one's identity" are contributing to the economic push of women into the work force.

As women increasingly gain occupational mobility, they are not only exposed to the same physical hazards of work environment as men but also exposed to the pressures created by multiple role demands and conflicting expectations. By fulfilling their economic needs, employment has no doubt made women independent with an identifiable social status but it has also made them to juggle into two main domains of life- work and family. They have stepped into work place but the role responsibilities of women still remain the same, i.e., women

may be a top executive, still the "nurturing" or "care giving" roles are considered much a part of feminine roles.

Kapur (1974) indicated that women who choose to combine marriage with career face almost a situation of normlessness and they hardly know how to apportion time and resources between these two major responsibilities. This makes them experience great conflict, tension and strain. Paterson (1978) confirmed that the job taken by women created more conflicting situations for them due to dual role played and inability to tolerate the whole burden. Similarly, Holahan and Gilbert (1979) also reported that women who assumed home roles (e.g. wife, mother and a home maker) and non-home roles (e.g. employee) frequently experienced conflict between competing role demands. Conflicts were considered likely when women perceived their home and career roles as highly desirable but mutually exclusive. Gutek et al (1981) found that the inter-role conflict is likely to increase as the demands of either the work role or family role increases. Similarly, inter-role conflict can increase as one's obligations to the family expand through marriage and the arrival of children. However, Barnett and Baruch (1985) found that role conflict and levels of overload were significantly associated with occupying the role of mother but were not significantly associated with occupying the role of paid worker or wife. In opinion of Frone et al (1992) combination of career and family roles are often associated with conflict, overload and stress.

Pareek and Mehta (1997) in their study compared three groups of working women i.e. gazetted officers, bank employees and school teachers on the types of role stresses they experienced. The results showed school teachers to be lower on all kinds of role stress in comparison to gazetted officers and bank employees. Chattopadhay and

Dasgupta (1999) however concluded that one could be married and play the role of wife, mother, householder and executive effectively and yet experience not more role stress than their single counterparts.

Since the problems and difficulties of women are multi dimensional as evident from the literature reviewed, therefore, they require further probing. Keeping this in view an attempt was made to study the effect of different professions and multiplicity of social roles on the role conflict of working women. It was hypothesized that:

1. Women in professions with low level of perceived social recognition would experience more role conflict than those in professions with high level of perceived social recognition.

2. More the number of social roles higher would be the role conflict in working women.

3. There would be a significant interactive effect of different professions (in terms of their perceived social recognition) and the level of social roles on the role conflict.

Method

Design

3x3 factorial design was employed for the present study in which Factor A (Professions) was classified into 3 categories namely Doctors, Lecturers and Nurses. These professions were selected on the basis of responses taken on a checklist comprising of different professions in which women are more likely to be involved. This checklist was rated on three point scale (low, moderate, high) by general population (N=250) in terms of their perceived social recognition of different professions. Majority of the respondents rated doctors in high, teachers/ lectures in moderate and nurses in low categories. Regarding Factor B

(number of social familial roles), subjects were assigned role level depending on their number of roles in family. Each role level consisted of only one specific role or set of roles. The three role levels were – working, unmarried (Level 1), working, married (Level 2), working, married and mother (Level 3).

Sample

The sample included women in the age group of 25-45 years and serving in government institutes (hospitals and colleges) of Rohtak and nearby districts in Haryana. These professionals (Doctors, Lecturers, and Nurses) were further categorized into 3 groups on the basis of the level of their social familial roles. In this way 30 subjects were randomly selected from each of the nine categories and the total sample comprised of 270 working women.

Material used

Role conflict Scale (Pandey, 1999)-The role conflict scale comprises of thirty statements. There are five response categories for each statement i.e. Strongly Agree, Agree, Undecided, Disagree and strongly disagree. The statements have been written in both positive and negative directions. The subject's total score is considered as the role conflict score. A high score on the scale indicates a high level of role conflict while a low score shows a low level of role conflict.

Test-retest and split half reliabilities were found to be very high i.e. 0.87 and 0.79 respectively. Criterion related validity has

also been determined. Role conflict scale (Rizzo, House and Lirtzman 1970) was used as a criterion scale. The correlation coefficients between criterion scale and the present scale was found to be 0.81.

The questionnaire was administered on all the 270 subjects and scores obtained were further statistically analysed.

Results and Discussion

Results indicated that F values of Factor A (47.50), Factor B (10.63) and for AB interaction (6.25) were significant at 0.01 level. Fig. 1 and 2 in which mean scores (Table 1) have been graphically depicted also indicate significant AB interaction.
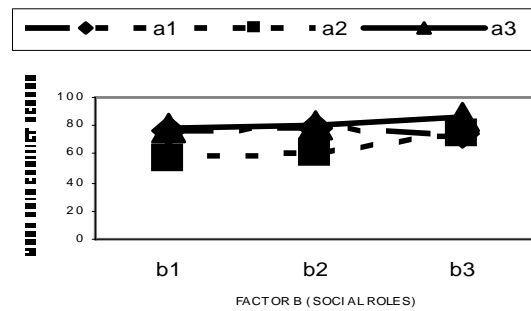

FIG.2 AxB INTERACTION PROFILE (ALSO PROFILE OF SIMPLE EFFECTS OF FACTOR B)

Table 1: Two-way table of means (Role conflict) Social roles Factor B

Professions Factor A↓	b1(unmarried)	b2 (married)	b3 (married & mothers)
a1 (Doctors)	75.57	79.23	74.77
a2 (Lecturers)	57.33	60.47	75.13
a3 (Nurses)	78.43	79.53	85.73

Further tests on simple effects of A and B were employed and values of F with respect of simple effects of A for all values of B were significant whereas with respect to simple effects of B, the F values were found to be significant for a2 (18.74) and a3 (3.21) at 0.01 and 0.05 level respectively (Table 3).

Figure 1 shows that at all three levels of social roles the role conflict was maximum in nurses. Lecturers showed least role conflict at Level 1 (Unmarried) and Level 2 (Married) while at Level 3 (Married & Mother) doctors had minimum role conflict.

Hence the first hypothesis that women in professions with low level of perceived social recognition would experience more role conflict than those in professions with high level of perceived recognition is supported by the present findings. The present findings are in line with Haworth et al (1997) who reported valued position in work to have important association with positive psychological states. Earlier, Coser (1974) also reported nurses to be particularly more vulnerable to inter-role conflict, since both their marital and occupational roles are demanding in terms of time, energy and commitment.

Interpreting the simple effects of Factor B, it has been observed that for lecturers and nurses the role conflict significantly increased with the number of social roles whereas it was not true for doctors.

The differences among the simple effects of treatment means were then tested by using Newman Keuls procedure. The test was applied on only those levels of A and B which were found to be significant. The summary of the results have been presented in Tables 2 to 6.

Table 2: Schematic Summary of Results at b_1 Level (Unmarried)

a_2 (Lecturers)	a_1 (Doctors)	a_3 (Nurses)
57.33	75.57	78.43

Table 3: Schematic Summary of Results at b_2 Level (Married)

a_2 (Lecturers)	a_1 (Doctors)	a_3 (Nurses)
60.47	79.23	79.53

Table 4: Schematic Summary of Results at b_3 Level (Married & Mother)

a_1 (Doctors)	a_2 (Lecturers)	a_3 (Nurses)
74.77	75.13	85.73

The above tables make it clear that in both unmarried as well as married level of social roles, the lecturers had significantly less role conflict than doctors and nurses. Nurses were found to experience maximum role conflict at all the levels of social roles.

The comparison among treatment means at a_2 and a_3 levels have been presented in following tables:

Table 5: Schematic Summary of Results at a_2 Level (Lecturers)

b_1 (Unmarried)	b_2 (Married)	b_3 (Married & Mother)
57.33	60.47	75.13

Table 6: Schematic Summary of Results at a_3 Level (Nurses)

b_1 (Unmarried)	b_2 (Married)	b_3 (Married & Mother)
78.43	79.53	85.73

In both lecturers and nurses no significant difference was observed among the unmarried and married in terms of experiencing role conflict while those who were married and mothers had significantly more role conflict than their counterparts.

Simply stating, doctors occupying any level of the social roles i.e. unmarried, married or married and mothers did not differ

significantly from each other in terms of experiencing role conflict. Role conflict, however, was maximum at the third level of social role (married & mother) in case of lecturers and nurses.

Hence, the second hypothesis stating that there would be an increase in the role conflict with the increasing number of social roles is hereby partially supported by the present findings. These results are consistent with Emmons (1990) who reported that disproportionate share of household and child care responsibilities in working mothers resulted in home and work responsibilities being placed in opposition to one another and hence leading to role conflict.

Moreover, significant interactive effect of professions and social roles on the role conflict was observed in the present study hence supporting the third hypothesis.

The present findings highlight the importance of quality of job. The profession of doctors and lecturers provide more variety, autonomy i.e. the freedom to make choices on the job, more control as compared to nurses whose job is more monotonous, and who are also expected to follow and act according to the guidelines of the doctor with little control over the situation. The stressfulness of task depends on the degree to which it can be controlled. The work-role that combines highly psychological demanding tasks with low level of control over the tasks exerts a major toll by simultaneously creating arousal and frustration. Therefore, although both - a surgeon and a nurse are health care professionals and may face similar levels of demands, still they differ greatly in their power to control how to deal with these.

Minimum level of role conflict among lecturers can also be explained in light of nature of job. Hemlata and Suryanaryana (1983) reported that women working

irregular hours have more problems than those working regular hours. In both nurses and doctors the timings of duties are too erratic since they require them to do night shifts along with call duties whereas the job of a college lecturer requires a fixed time schedule. Therefore little overload allows them comparatively more quality time to be spent in household duties.

In general, role conflict was found to increase with the increase in number of roles. More role conflict in married professional women in the present study derives from the contradictory values underlying their roles. As professional women they are expected to be committed to their work "just like men" at the same time as they are normatively required to give priority to their family. Further, the position seems to complicate when the woman attains motherhood. It is known that as the roles increase, so do the responsibilities. High demands sometimes results in less ability to satisfy any responsibility fully and thus the feeling that life is out of control. Pleck's (1977) often cited notion of "asymmetrical permeable boundaries" may function as a partial explanation of these findings i.e. demands of the family roles are permitted to intrude into the work setting for women. This intrusion by family into work has the potential to create conflict in women as the socially prescribed sex role norm of women as primary caretakers of the family may conflict with the job norms.

The present research contributes in understanding the role conflict in working women with regard to their professions and their social roles. But simply knowing is not enough. Therefore, these findings highlight the need for human relation approach which concerns with 'WHAT' can be done to prevent or resolve the conflict among the organizational members. At the organizational level approaches may be aimed at improving the work schedule and

providing social support while at personal level a change in attitude of people towards women is required. The present research underlies need to sensitize family members and employers of women's job. Meshing of work and family can produce strain, thus couple as unit may negotiate an optimal allocation of roles in order to reduce the pressure endemic to their situation. In this way, the proper sharing of household and child rearing responsibilities and sturdy support may enable these professionals to contribute fruitfully and more effectively at home as well as work place.

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Sunita Malhotra, PhD, Professor, Depaement of Psychology, M.D. University, Rohtak

Sapna Sachdeva Nair, Intern, Canada- New Delhi HIV/AIDS Programme