

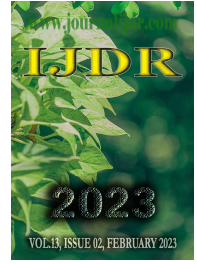


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RESEARCH ARTICLE

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STUDY TO ASSESS THE ROLE OVERLOAD AMONG WOMEN NURSES WORKING IN SELECTED PRIVATE HOSPITALS OF KERALA

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ABSTRACT

By taking up employment, women have to play a dual role: housewife and career women. Their adjustment to social changes is associated with a high balance between satisfaction and tensions. Shortage and the rapid turnaround of women nurses are upsetting the Indian healthcare sector and quality of services provided. The importance of role overload as an economic, as well as social issue in the workplace is significant. Factors identified can be used for the strategic planning of recruitment, motivating, maintaining, and cultivating human resource capital within the healthcare sector.

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INTRODUCTION

It is an undisputed fact that in this 21st century the status of women has certainly risen up compared to that of the past. The scientific and technological progress all over the world has accelerated the process of change in the position of women in India also. It is now an established fact that women should contribute to the economic, social and national development of the country; women power should be used to enrich the common good; their talents and capabilities should not be ignored; the nation should be enriched by the utilisation of their knowledge and skills. The socioeconomic emancipation of Indian women has itself been a product of and an instrument in the changes in their lives. The processes of industrialization, urbanization and secularization have brought about socio-psychological changes in the attitudes and values of the people of this country. The impact of education has also increased the employment opportunities for women. Now more and more women are employed in new avenues of employment and holding high positions. They enjoy more and more opportunities than ever before as individuals, workers, wives and mothers. But it is a reality that even now woman has not become independent. By taking up employment, women have to play a dual role: housewife and career woman. There is a clear conflict between the society-approved status of women as housewives and mother of children on one hand, and their status as more productive workers on the other.

Their adjustment to social changes is retarded and is generally associated with a high balance between satisfaction and tensions. Coping with both the roles, simultaneously, has an important bearing on their occupation which leads to conflicts: Problems of overload and time budgeting, Conflicting expectations of dual roles, Problem of adverse self evaluation, Maintenance of satisfactory family relationship, Problems of reallocating household tasks and sharing in childcare.

Nurses Role in Indian Healthcare Sector: Indian healthcare sector is one of the largest and fastest-growing sectors – in terms of revenue (\$372 billion in 2022) and employment (around 4% of the population) - due to its strengthening coverage, services and increasing expenditure (4.1% of Gross Domestic Product (GDP)) by the public as well private players [National Health Accounts 2018]. Healthcare involves human aspects much more than medical technology and infrastructure. Nursing binds human society with a bond of care and affection. Therefore, nursing is an essential aspect of healthcare and nursing personnel are the leading human resource that constitutes the most significant workforce and plays a vital role [MoHFW 2021]. The need for knowledgeable, sophisticated, caring nurses is more significant. Nurses play an integral role in the healthcare industry, providing care to the patients and carrying out leadership roles in hospitals, healthcare systems, and other organizations [Frenk J, et al. (2010), Wang S (2013)]. Nurses play a significant role in ensuring patient safety and recovery while providing timely, effective and

efficient medical care, therefore affecting the overall service quality of healthcare organizations [BMJ 2018].

REVIEW OF LITERATURE

Role is an expected mode of behaviour. The term "role" denote a set of behaviour (expectation and obligation) associated with a particular status of a person within a group or social situation. Behaviour is thus explained in terms of the expectation held by others in the situation and of the individual's interpretation of those expectations. An individual occupies many different positions in a variety of organizations and performs multiple roles: (1) the 'expected role' is what other people expect from an individual; (2) the 'perceived role' is how the individual thinks she should behave to fulfil the expected role and (3) the 'enacted role' is the way the person actually behaves in an organization. Thus in life, most people play to several audience and act multiple roles simultaneously. Role overload is a condition in which the individual is faced with a set of obligations, which require one to do more than one is able to cope [Goode, W. J. (1960)] or may refers to any difficulty that one experiences in fulfilling role obligations [Marks, S. R., (1996), Barnett, R. C. (1985)] or because of mutually incompatible role demands from two or more role status (e.g., spouse, employer, children, friend, worker, parent) [Voydanoff, P. (1985)]. The combination of multiple roles can lead to perceived role overload. Creary, S.J. (2016), stated that role overload can be time based, strain based, or behaviour based. There has been a wide variation in the way that role overload has been conceptualized and has been used interchangeably with role strain, [Marks, S. R. (1996).], role stress [Jackson, S. E. (1985)], time-based strain, [Bacharach, S. B. (1991)] and role conflict, [Coverman, S. (1989)].

Role overload has been coupled to increased levels of anxiety, fatigue, burnout, depression and emotional and physiological stress and to decreased satisfaction with family and work [Frone, M. R. (1997), Lyons, S. (2005)]. These factors are also observed to result in turnover, low job performance, and low employee morale [Parasuraman (1978), Bateman, (1981)]. When roles aren't well defined (role ambiguity), are too demanding (role overload), or create incompatible demands (role conflict), nurses feel stressed. Role stressors reported by nurses as they manage multiple competing priorities for her time (role conflict), work with unclear perceptions of responsibilities and therefore the range of their authority to form decisions autonomously (role ambiguity), and manage the role overload related to an outsized span of control and responsibilities [Cathcart, et. al.. (2004)]. Creary, S.J. (2016), stated that the consequences of role overload in the work domain are job burden, job interruptions, job changes, and job distress, which can decrease employee engagement and productivity. The consequences of role overload in the family domain are family burden and family distress, which can negatively affect relationships within the family unit. Malik, M.I. (2013), reveal that role overload has a strong negative and significant relationship with employee retention and productivity. The effect of role overload is the core factor responsible for dissatisfaction [Malik, O.F. (2010)] and job dissatisfaction encourages the employees not to retain their jobs [Malik, M.I. (2011)]. Morter, J.R. (2010), showed significant correlation between role overload and job satisfaction facets, a significant correlation between role overload and intent to leave, and a significant correlation between role overload and level of education in nursing.

Duxbury and Higgins (2009), proved that high levels of role overload have been associated with higher levels of stress, depression, work absenteeism, intent to job turnover, poor physical and mental health, and higher health care costs. Lu, (2008), by a cross sectional study, aimed to determine the interaction between role stressors, hazard exposure and personal factors among 246 nurses consisting most of females (78.5%) from the Philippine Hospital. Correlation analysis showed that organizational role stressors were most significant in burnout among nurses. Sharon G. (2005) examined the relationships between role stressors, anxiety, commitment, and turnover intention among 1396 nurses in 15 hospitals in Europe and the United States.

They argued that role stressors were good indicators to predict anxiety, commitment, turnover and intention to quit among nurses. Chang, E.M. et. al. (2005), proposed strategies to reduce the effect of role stressors: use of stress education and management strategies; team building strategies; balancing priorities; enhancing social and peer support; flexibility in work hours; protocols to deal with violence; and retention and attraction of nursing staff strategies.

Marilyn S. (2002), [29], conducted a qualitative study to explore the role stressors experienced by nurses. Stress was reduced through the use of hospital resources, peer support, and information obtained from attending nursing conferences. These findings will assist nursing leaders in formulating the appropriate support and structure for the development of nurses. Married women have to meet the expectations and obligations corresponding to the different roles. She is under various pressures and is most often engaged in a struggle to balance her work and responsibilities inside and outside her home [Isshree Padhi (1999)]. Lack of spouse support i.e. to participate in household chores and childcare as well as providing the necessary emotional support to enable the partner to manage the demands has been identified as a source of work - family conflict [Frone, M.R. (1992)]. The common correlate of role overload tends to be negative emotions, fatigue, tension physical & emotional exhaustion, cognitive dissonance and risk for coronary heart disease [Shirey, M.R. (2006)]. The amount of occupational stress was relatively high, linear and positive relationship between role stressors and job stress. [ILO Encyclopedia]. The impact of role overload may vary from employee to employee. Those who manage their time well, people who have an excellent help and support from others, and people who simply don't view being overloaded as negative probably don't reply to this stressor as negatively as others [Linda Duxbury (2008)].

Need and Significance of the Study: Healthcare technology is continually evolving and has been instrumental in changing how healthcare works. Nurses are challenged to develop new skill sets - critical thinking, computer skills, and communication skills - to take advantage of hi-tech advancements. The technological learning curve for nurses can be steep; these advancements provide better tools for improved patient outcomes. However, advancement in technology affected the organizational environment for the nurses; added emphasis to cost containment has drastically resulted in changes in the structure, organization, and delivery of health-care services. These elements have the potential to create changes in the work life of nurses and ultimately form negative attitudes and stress which may cause dissatisfaction among nurses, affecting patient safety, performance, and productivity and quality of care to the patient and commitment to the job as well as organization. [Morrow PC, (1993)]. The prevailing social and organizational conditions among the helping professions have led to an overworked, underpaid and frustrated group of workers. Nursing service professionals have been characterized as a group of women who make huge sacrifices in the hope of meeting high demands; and asked to do more and more with less and less. Nurses presented burnout as a psychological syndrome: emotional exhaustion, depersonalization, and diminished personal accomplishment. In the last decades, the increasing proportions of working women, dual-career families, and childcare and eldercare responsibilities have increased. Employer's expectation on workers has increased due to global competitions. These influences have made it increasingly difficult for women nurses to accommodate the various demands placed on them by their work and family. Role overload is taking an increasing toll on nurses, and hospitals.

Additionally, more recent developments in the area of psychosocial research have argued that work characteristics can have a positive effect on employee health and well-being [Kammeyer-Mueller. (2003), Bond, F. W. (2001)]. There is also evidence that positive work factors, such as work engagement and job resources, may have a strong relationship with employee health and performance [Wahlstedt, K. G. (1997)]. A collaborative approach by employers and nurses will improve the health and wellbeing of the healthcare workforce and achieve improved economic outcomes. This is a worthwhile endeavor in light of the personal, social and professional

impact of role stressors among nurses. Retaining nurses and maintaining a satisfactory level of productivity are one of the most important elements for hospital human resource development that could contribute greatly to the success of the healthcare sector.

RESEARCH METHODOLOGY

Statement of the Problem: To assess the role overload among women registered nurses working in selected private hospitals at Kottayam.

Following objectives were formed:

1. To assess the extent of role overload experienced by women nurses working in selected private hospitals.
2. To identify the socio personal variables associated with role overload of nurses working in selected private hospitals.

The descriptive survey research design was selected for the study. A total of 300 nurses working in various private hospitals of Kottayam were selected using simple random sampling technique. After getting ethical clearance from the authority, self administered questionnaire was administered and data was collected using sociopersonal data sheet and Role Overload scale [Reilly, M. D. (1982)]. The data was analysed using descriptive and inferential statistics.

RESULTS & DISCUSSIONS

The study was conducted among women nurses working in private hospitals. The dominance of females in the nursing profession reinforces the prevailing notion that the caring professions such as nursing are relegated to women. This gives the study its gender perspective [Coverman, S. (1989), Marks, S. R. (1996)].

Among nurses majority (61%) belonged to the age group of 31-40 years, 89.3% of nurses were married. These findings were consistent with a cross sectional survey conducted to examine the relationship between occupational stress, quality of working life and turnover intention among 203 nurses working in Iran found that 41.4% were between the age of 31-40 years and most of them were married (75.9%) [Schuler, R. S. (1975)]. Most of nurses (77.3%) had 1-2 children and 34.3% of the nurses have dependent family members; of which 37 nurses have more than 2 dependent family members. Among nurses 56% were from nuclear family. More than half of (55%) the spouses are having private job while 9% were working abroad. The investigator assumes that the socio-cultural background, high literacy rates in Kerala is the contributing factors. Most of the Nurses (78%) were GNM qualified. Nearly half (47.3%) of the nurses were working in Medical & Surgical ward followed by ICU's (23.3%) and OT (12.7%). Mean of total years of experience was 11 ± 6.1 and 33.7% had less than 5-10 years of experience and 31.7% with 10-15 years of experience. Almost all (99.3%) of the nurses reported that they are getting support from their family whereas 53.3% reported that their profession interferes with their family responsibilities and 44.7% reported that they are moderately satisfied in meeting their family needs. Bhavsar, Kankshi (2011) reported that disruption of home life through spending long hours at work consequently resulted in stress. Furthermore, work-related stress in nurses have shown that irregular working hours, often involving overtime is the main source of stress and that excessive stress at work may be one of the factors causing dissatisfaction. Majority of the nurse has participated in some kind of Behavioral Training Programs (73%). Various authors have elaborated the importance of training program on psycho-social factors for early identification, attitude, and practices to cope with job demands to reduce the effect of role and job stressors [Happell, B., et. al. (2013), Rasool E. A., et. al.(2015)]. Among nurses, 80.3% reported that they are getting good support from their immediate supervisor and hospital management. The results hold findings of Finne, et al (2014) that the support of superiors reduces the risk of psychosocial distress.

Table 1. Percentage distribution of socio-personal data (n=300)

Socio-personal Data		f	%
Age	20-25	18	6.0
	26-30	41	13.7
	31-35	105	35.0
	36-40	78	26.0
	41-45	29	9.7
	46-50	24	8.0
Marital Status	51-55	5	1.7
	Single	31	10.3
Family status	Married	268	89.3
	Nuclear Family	168	56.0
	Joint Family	130	43.3
Employment status of your spouse	Living alone	2	0.7
	Working Abroad	24	9.0
	Business	28	10.4
	Private Job	148	55.2
	Govt. Job	13	4.9
	Professional	11	4.1
	Self employed	44	16.4
Number of children	Nil	26	9.7
	1 - 2	208	77.3
	3 - 4	35	13.0
Any of your family members dependent on you	Yes	103	34.3
	No	197	65.7
Highest nursing educational qualification	GNM	234	78.0
	B.Sc Nsg/ PB	66	22.0
	B.Sc Nsg		
Area of work in this Hospital	Med.& Surgical Ward	142	47.3
	ICUs	70	23.3
	Dialysis & Emergency	39	13.0
	OT	38	12.7
	Others	11	3.7
	Total years of work experience	<=5	53
5 - 10		101	33.7
10 - 15		95	31.7
>15		51	17.0
Have you ever participated in Behavioral Training Program	Yes	219	73.0
	No	81	27.0
Are you enjoying the support of your family members	Yes	298	99.3
	No	2	0.7
Are you receiving support from your supervisor and management	Good Support	241	80.3
	Moderate Support	59	19.7
Are you satisfied in attending to your family members needs	Very Satisfied	162	54.0
	Moderately Satisfied	134	44.7
	Poorly Satisfied	4	1.3
My profession interferes with my family responsibilities	Yes, it interferes	55	18.3
	Moderately Interferes	160	53.3
	Not at all	85	28.3

Nearly half (40.3%) of the Nurses had moderate role overload, and 5% had high role overload. The mean value of role overload was 38.1 ± 7.8 (mean percentage 58.5 ± 12). High role overload requires more efforts from an employee, and thus it can be seen as a job demand. When employees experience high role overload, this means that their job demands exceed their capabilities, which will lead to higher levels of job stress [Bolino, M.C. (2005)] when employees experience too many job demands (e.g. role overload), and meanwhile there is a lack of job resources (e.g. job control), employees tend to experience more role stress. Therefore, if employees want to be able to better cope with role stress, the level of job resources has to exceed the level of job demands. In Table 2, the ANOVA test result shows that there is statistically significant association between employment status and role overload. Spouse of Business/Self Employed person experiences higher role overload than private job person's spouse. Lack of spouse support in household chores and childcare as well as providing the necessary emotional support to enable the partner to manage the higher role demands may be the reason behind it.

Table 2. Association of role overload with selected socio demographic variables

Socio demographic variables		Mean	SD	N	F	p
Age	<=30	36.9	7.5	59	0.76	0.468
	31 - 40	38.3	7.7	183		
	>40	38.4	8.3	58		
Area of work	Ward	37.9	8.6	142	2.5	0.084
	ICU/OT	39.2	6.0	108		
	Others	36.2	8.6	50		
Employment status of spouse	Business/Self employed	39.8	7.4	68	3.87*	0.022
	Private job	38.2	7.9	148		
	Others	36.3	7.6	84		
Profession interferes with family responsibilities	Yes, it interferes	39.6	8.3	55	1.51	0.222
	Moderately Interferes	37.9	7.7	160		
	Not at all	37.3	7.6	85		

*:- Significant at 0.05 level

Table 3. Association of role overload with selected socio demographic variables

Socio demographic variables		Mean	SD	N	t	p
Marital Status	Single	34.8	7.9	31	2.47*	0.014
	Married	38.4	7.7	268		
Participation in Behavioral Training Program	Yes	37.7	7.6	219	1.39	0.165
	No	39.1	8.2	81		
Dependent family members	Yes	38.6	8.0	103	0.94	0.349
	No	37.8	7.7	197		
Support from supervisor and Hospital	Good Support	38.1	7.7	241	0.36	0.719
	Moderate Support	37.7	8.2	59		
Satisfied in attending family members needs	Very Satisfied	38.7	7.2	162	1.54	0.124
	Moderately Satisfied	37.3	8.4	138		

*:- Significant at 0.05 level

In Table 3, the independent t test result shows that there is statistically significant association between marital status and role overload. Married women experience higher role overload compare to the unmarried women. Hence, spouse support is essential in reducing the devastating effect of role overload among women nurses.

Recommendations

1. There is enough scope for conducting an in depth research on the effect of family size, family pattern or role enactment problem. Other factors such as motivational level, personality traits industrial relations climate may also be explored to find their impact on role enactment problems.
2. Role overload resolution methods by intervention may be explored in future research with special focus on women.

Limitations of the study

1. Comparative study on all possible role overload related variables like political and economic pressures, organizational climate, and personality style motivational factors etc could not be included.
2. The resolution of the work- family conflict, or the work time flexibility, and the training for reducing the role overload is not included in this study.
3. The study sample covers women nurses from one district; the study was not focused on the other women workers.

REFERENCES

- Bacharach, S. B., Bamberger, P., & Conley, S. 1991. Work-home conflict among nurses and engineers: Mediating the impact of role stress on burnout and satisfaction at work. *Journal of Organizational Behavior*, 12(1), 39–53. <https://doi.org/10.1002/job.4030120104>
- Barnett, R. C., & Baruch, G. K. 1985. Women's involvement in multiple roles and psychological distress. *Journal of Personality and Social Psychology*, 49(1), 135–145. <https://doi.org/10.1037/0022-3514.49.1.135>
- Bateman, Thomas Scott 1981, "A longitudinal investigation of role overload and its relationship with work behaviours and job satisfaction", *Dissertation Abstracts International*, 7: 3175-A.
- Bolino, M.C., & Turnley, W.H. 2005. The Personal Costs of Citizenship Behavior: The Relationship Between Individual Initiative and Role Overload, Job Stress, and Work-Family Conflict. *Journal of Applied Psychology*, 90(4), 740-748. doi: 10.037/0021-9010.90.4.740
- Bond, F. W., Bunce, D. 2001. Job control mediates change in a work reorganization intervention for stress reduction. *Journal of Occupational Health Psychology*, 6, 290-302;
- Cathcart, Deb & Jeska, Susan & Karnas, Joan & Miller, Sue & Pechacek, Judy & Rheault, Lolita. 2004. Span of Control Matters. *The Journal of nursing administration*. 34. 395-9. 10.1097/00005110-200409000-00004.
- Chang, E.M., Hancock, K.M., Johnson, A., Daly, J. and Jackson, D. 2005. Role stress in nurses: Review of related factors and strategies for moving forward. *Nursing & Health Sciences*, 7: 57-65. doi:10.1111/j.1442-2018.2005.00221.x
- Cinite, I., Duxbury, L. E., & Higgins, C. 2009. Measurement of perceived organizational readiness for change in the public sector. *British Journal of Management*, 20(2), 265-277.
- Coverman, S. 1989. Role overload, role conflict, and stress: Addressing consequences of multiple role demands. *Social Forces*, 67(4), 965–982. <https://doi.org/10.2307/2579710>
- Creary, S.J. and Gordon, J.R. 2016. Role Conflict, Role Overload, and Role Strain. In *Encyclopedia of Family Studies*, C.L. Shehan (Ed.). doi:10.1002/9781119085621.wbefs012
- Finne, LB, Christensen, JO and Knardahl, S. 2014 'Psychological and Social Work Factors as Predictors of Mental Distress: A Prospective Study', 9 (7), pp. 1-12. doi: 10.1371 / journal.pone.0102514.
- Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. 2010. Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *Lancet* 2010;376:1923-58
- Frone, M. R., Yardley, J. K., & Markel, K. S. 1997. Developing and testing an integrative model of the work–family interface. *Journal of Vocational Behavior*, 50(2), 145–167. <https://doi.org/10.1006/jvbe.1996.1577>

- Frone, M.R, Russel, M. & Cooper, M.L. 1992. "Prevalence of work-family conflict: Are work and family boundaries asymmetrically permeable?", *Journal of Organizational Behaviour*, 13: 723-729(b).
- Goode, W. J. 1960. A theory of role strain. *American Sociological Review*, 25, 483-496. <https://doi.org/10.2307/2092933>
- Happell, B., Dwyer, T., Reid-Searl, K., Burke, K.J., Caperchione, C.M., & Gaskin, C.J. 2013. *Journal of Nursing Management* 21, 638- 647 Nurses and stress: recognizing causes and seeking solutions
<https://www.iloencyclopaedia.org/component/k2/item/21-role-clarity-and-role-overload>
- Isshree Padhi 1999. "Working mothers and home adjustment: A study in adjustment patterns", *Gender and Society in India*, Vol.1, RIndira & Deepak Kumar Sehera (Eds.).
- Jackson, S. E., & Schuler, R. S. 1985. A meta-analysis and conceptual critique of research on role ambiguity and role conflict in work settings. *Organizational Behavior and Human Decision Processes*, 36(1), 16-78. [https://doi.org/10.1016/0749-5978\(85\)90020-2](https://doi.org/10.1016/0749-5978(85)90020-2)
- Kammeyer-Mueller, J. D., & Wanberg, C. R. 2003. Unwrapping the organizational entry process: Disentangling multiple antecedents and their pathways to adjustment. *Journal of Applied Psychology*, 88, 779-794.).
- Kelly, R. F., & Voydanoff, P. 1985. Work/family role strain among employed parents. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 34(3), 367-374. <https://doi.org/10.2307/583575>
- Linda Duxbury, Sean Lyons, Christopher Higgins. 2008. Chapter 7 - Too Much to do, and Not Enough Time: An Examination of Role Overload. Editor(s): Karen Korabik, Donna S. Lero, Denise L. Whitehead. *Handbook of Work-Family Integration*, Academic Press, 2008, Pages 125-140, <https://doi.org/10.1016/B978-012372574-5.50010-7>.
- Lu, Jinky Leilanie 2008. Organizational Role Stress Indices Affecting Burnout among Nurses. *Journal of International Women's Studies*, 9(3), 63-78.
- Lyons, S., Duxbury, L., & Higgins, C. 2005. Are gender differences in basic human values a generational phenomenon? *Sex Roles: A Journal of Research*, 53(9-10), 763-778. <https://doi.org/10.1007/s11199-005-7740-4>
- Malik, M.I. & Sajjad, M. & Hyder, Shabir & Ahmad, Muhammad Shakil & Rahim, Saddam. 2013. Role overload: A cause of diminishing employee retention and productivity. *Middle East Journal of Scientific Research*. 18. 1573-1577. 10.5829/idosi.mejsr.2013.18.11.12457.
- Malik, M.I. and A. Usman, 2011. Role Overload, Job Satisfaction and their Effect on Layoff Survivor's Job Retention and Productivity. *Interdisciplinary Journal of Contemporary Research in Business*, 2(11): 427-440
- Malik, O.F., A. Waheed and K.U.R. Malik, 2010. The Mediating Effects of Job Satisfaction on Role Stressors and Affective Commitment. *International Journal of Business and Management*, 5(11): 223-235
- Marilyn Schroeder & Linda Worrall-Carter 2002. Perioperative managers: Role stressors and strategies for coping, *Contemporary Nurse*, 13:2-3, 229-238, DOI: 10.5172/conu.13.2-3.229
- Marks, S. R., & MacDermid, S. M. 1996. Multiple roles and the self: A theory of role balance. *Journal of Marriage and the Family*, 58(2), 417-432. <https://doi.org/10.2307/353506>
- Morrow PC, (1993). *The Theory and Measurement of Work Commitment*. Greenwich, C.T.: JAI
- Morter, Judy R. 2010. Relationship of role overload to job satisfaction and intent to leave among acute care nurses. Doctoral thesis. University of Phoenix, 2010, 165; 3438410
- National Health Accounts, Estimates for 2015-16, Ministry of Health and Family Welfare. <http://nhsrcindia.org/sites/default/files/NHA%20Estimates%20Report%20-%20November%202018.pdf>;
- Nursing—the wave of the future, *BMJ* 2018; 361 <https://www.bmj.com/content/361/bmj.k2355> (Published 31 May 2018)
- Parasuraman 1978. "Sources and outcomes of organizational stress: A multidimensional study of the antecedents and attitudinal and behavioural indices of the stress". *Dissertation Abstracts International*, 9: 5584-A.
- Rasool Eslami Akbar, Nasrin Elahi, Eesa Mohammadi, Masoud Fallahi Khoshknab 2015. What Strategies Do the Nurses Apply to Cope With Job Stress?: A Qualitative Study. *Global Journal of Health Science Archives* Vol. 8, No. 6.(2016). <http://dx.doi.org/10.5539/gjhs.v8n6p55>
- Reilly, M. D. 1982. Role Overload Scale. *Journal of Consumer Research*, 8(4), 407-418. <https://doi.org/10.1086/208881>
- Saha, Dola and Sinha, Rajesh Kumar and Bhavsar, Kankshi 2011 Assessing Job Stress and Satisfaction among Indian Nurses. *Research & Reviews: A Journal of Health Professions*, 1 (2-3) 1-7.
- Schuler, R. S. 1975. Role perceptions, satisfaction, and performance: A partial reconciliation. *Journal of Applied Psychology*, 60(6), 683-687. <https://doi.org/10.1037/0021-9010.60.6.683>
- Sharon Glazer, & Beehr, T. (2005). Consistency of Implications of Three Role Stressors across Four Countries. *Journal of Organizational Behavior*, 26(5), 467-487. Retrieved June 3, 2022, from <http://www.jstor.org/stable/4093946>
- Shirey, M.R. 2006. Stress and Coping in Nurse Manager: Two Decades of Research. *Nursing Economics*, 24, 193-211.
- Wahlstedt, K. G. I., & Edling, C. 1997. Organizational changes at a postal sorting terminal— their effects upon work satisfaction, psychosomatic complaints and sick leave. *Work and Stress*, 11, 279-291.
- Wang S, Liu Y. Impact of professional nursing practice environment and psychological empowerment on nurses' work engagement: test of structural equation modelling. *J Nurs Manag* 2013; 19(1):44e55
