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Moderating Effect of Gender on the Relationship between Role Stress and Job Satisfaction among Nurses in Mumbai

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Abstract

Nursing is a very demanding profession that involves both, physical as well as emotional labour. Nurses are more prone to role stress than many other professions due to multitasking. There is a huge exodus of nurses from India to other developing countries for economic, social and work profile reasons. This loss of qualified paramedical personnel can cripple an already dismal healthcare system in India. Past research studies have considered various demographic factors in the context of role stressors in nurses. No study in the recent past has considered the moderating effect of gender on the relationship between role stress and job satisfaction in nurses, in India. This paper aims at testing the moderating effect of gender on the said relationship in nurses of municipal and private hospitals in Mumbai. Hospitals were grouped into clusters according to administrative zones of Mumbai. Three clusters were selected at random. Hospitals were selected at random from these clusters using the random number table and all nurses from the selected hospitals responded to a questionnaire that was used as a survey instrument. The sample consisted of 450 nurses and the response rate was 94.7%. An exploratory factor analysis was conducted followed by confirmatory factor analysis for establishing the reliability and validity of the scales used. Path analysis showed significant relationships between role ambiguity and intrinsic satisfaction, and role conflict and extrinsic satisfaction. Gender moderated the relationship between role ambiguity and intrinsic satisfaction but did not moderate the relationship between role conflict and extrinsic satisfaction.

Keywords: Role stress, Job satisfaction, Nurses, Mumbai, India

Introduction

Nurses are the most important people in any healthcare system. Nurses, irrespective of the country in which they work, face many challenges in their jobs and have to multi-task most of the times. Nurses experience long working hours, unpredictable actions from patients and their kin, deeply emotional situations like death and pain and dangers of contracting communicable diseases from patients (Khamisa, Oldenburg, Peltzer, & Ilic, 2015). India is one of those countries from which there is a huge exodus of qualified nurses to developed countries for social, economic and role profile reasons. The nursing environment in India and world over has become extremely challenging due to the emergence of terrorist attacks, frequent occurrences of natural calamities, and the development of mutant varieties of difficult-to-cure diseases. These sudden impact events require an immediate demand for many

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healthcare workers especially nurses, to provide for a well-coordinated, wide spectrum care for a large number of patients (Doraiswamy & Deshmukh, 2015).

Many organizational and individual factors cause a nurse to quit the profession, but, one of the most important factors seems to be job satisfaction (Chan, Tam, Lung, Wong, & Chau, 2013). Nurses who report high levels of dissatisfaction and burnout are more likely to quit the profession (Chan et al., 2013; Cai & Zhou, 2009). Since nurses play multiple roles, they are more likely to experience role stress (a situation of discrepancy between what is expected to be done and what is actually being done on the job) as compared to other job holders. When nurses are stressed, they are prone to suffer from various physiological as well as psychological problems that range from mood disturbances, unhealthy lifestyles, depression, and in worst cases harbour suicidal tendencies (Tully, 2004). Hospitals also suffer due to high turnover among nurses, in terms of costs of recruitment and training of new nurses, loss of senior nurses and their invaluable experience, reduced productivity and decreased morale among other nurses (Mosadeghrad, 2013).

Men choose the profession of nursing either by choice or for convenience or as a second career (Moore & Dienmann, 2014). Some studies suggested that male nurses experience greater levels of stress as compared to female nurses (Lee & Cho, 2016), whereas some exactly the reverse (Yada, Abe, Omori, Matsuo, Masaki, Ishida,& Katoh, 2014). Although there have been various studies conducted to explore the relationship between role stress and job satisfaction of nurses, the moderating effect of gender on the said relationship is very scarce in the Indian context.

Literature Review

Job satisfaction among nurses is a good indicator of the quality of life of nurses and also gives an indication of the quality of service rendered for patient care, thereby projecting the overall prosperity of the hospital. The current study is based on Herzberg's two-factor theory, which focuses on two aspects: Hygiene factors(related to the context of work) and Motivation factors (related to the work per se).

The study of job satisfaction among nurses is important because of the relationship of job satisfaction to negative outcomes like absenteeism and intention to quit (Masum et al., 2016; Chan et al., 2013). Research studies have suggested that, in general, job satisfaction among nurses is low (Andrews & Dziegielewski, 2005; Moyle, Skinner, Rowe, & Gork, 2003). Role stress has been a topic of interest among researchers because employees invariably face discrepancies in what is expected of them and what they actually do. Most hospitals are facing huge costs and big demands for quality care by patients suffering from newer and more chronic diseases. Healthcare sector globally is emphasizing on cost cutting measures that have (Minich-Pourshadi, 2011), resulting in changes in work arrangements, reporting styles and job specifications, which in turn, results in confusion in roles leading to role stress.

A large number of demographic factors have been suggested to affect the job satisfaction of nurses like age (Curtis & Glacken, 2014), gender (Torkelson & Seed, 2011) marital status (Jahan & Kiran, 2013) and educational level (Chan et al., 2009). Previous studies have not focused on gender with respect to job satisfaction (Mendiratta, 2016). Some research studies show no significant relationship between employees' gender and job satisfaction (Oshagbemi, 2003). In others, it was found that women, were more satisfied with their job (Wharton, Rotolo, & Bird, 2000), while in some studies, it was exactly the reverse that was true (Forgionne & Peeters, 1982). Past studies have suggested that various aspects of the job like co-workers, supervisory relationships and the work itself were considered more valuable by women, unlike men who looked at the more visible aspects of the job like salary, perks and promotions

(Mendiratta, 2016). Some studies have suggested greater job satisfaction among women who have the company of other women co-workers (Oloko, 2002) or work in female occupations (Bender, Donohue, & Heywood ,2005). Men experienced greater job satisfaction in places where opportunities to grow were higher and/or women were least preferred as employees . In the Indian context, especially in the nursing sector, studies concerning gender differences in job satisfaction among nurses are scarce. India is a patriarchal society and there is a typical stereotyping of roles played by women. A woman is expected to pay more attention towards her roles in the family as compared to men and their economic contribution towards family expenses is lesser than men. Gender differences in job satisfaction are also affected by social values and roles (Bender et al., 2005). In this study, it is proposed that gender moderates the relationship between role stress and job satisfaction among nurses in India.

H_1: Gender significantly moderates the relationship between Role stress and Job satisfaction among nurses in India.

The Study

Objective: The aim of the study was to explore the moderating effect of gender on the relationship between role stress and job satisfaction in nurses in Mumbai, India.

Design: The study is quantitative, cross sectional and non-experimental.

Population: The study population consisted of all nurses working in municipal and private hospitals in Mumbai. The criteria for inclusion in the current study were: 1) hospitals should have at least 100 beds and 2) nurses should be well versed with English as a language.

Sampling: Hospitals were grouped into clusters according to administrative zones of Mumbai. Three clusters were selected at random. Hospitals were selected at random from these clusters using the random number table and all nurses from the selected hospitals responded to the questionnaire. The study was conducted in 2014 and data were collected over a period of 6 months. Before the start of the study, requisite permissions were obtained from the Dean (Academics) of the various hospitals and 475 questionnaires were distributed of which 450 nurses returned the questionnaires yielding a response rate of around 94.7%.

Data Collection Instrument: The survey questionnaire was chosen as a data collection instrument. The questionnaire had a general section that contained statements eliciting demographic details from respondents (type of hospital, length of working experience in the present hospital, total tenure as a nurse, gender, age, number of dependents, highest educational qualifications and number of hours of work). The first section sought information on role stress and the second section focused on aspects of job satisfaction. There was an assurance of anonymity provided to the respondents.

Data Analysis

Pre-testing of questionnaire: The Rizzo, House and Lirtzman (1970) scale for role conflict and role ambiguity was used. This scale consisted of 8 items of role conflict and 6 items of role ambiguity. Role overload consisted of 5 items that were taken from the expanded nursing stress scale and organization role stress scale (French, Lenton, Walters, & Eyles, 2000; Pareek, 2010). Job satisfaction consisted of 6 items each in intrinsic satisfaction and extrinsic satisfaction that were developed from the literature review. Both the scales were measured on a 5 point Likert scale ('1' = strongly disagree, '5' = strongly agree).

This questionnaire was pretested by 7 nursing experts (nursing directors, superintendents and nursing managers) who had more than 20 years of experience in the field. A few changes were suggested to ensure easy administration of the instrument. 2 items from the role conflict scale, "I receive an assignment without the manpower to complete it" and "I receive an assignment without adequate resources and materials to execute it", were asked to be combined into a single statement "I receive assignments without adequate resources, men and material to do the work". The researcher was also asked to omit an item from the role conflict scale "I do things that are apt to be accepted by one person and not accepted by others". There were no issues raised in the job satisfaction items or items of the role ambiguity scale. So the final questionnaire consisted of six items of role conflict, six items of role ambiguity, five items of role overload (a total of seventeen items measuring role stress), six items of intrinsic job satisfaction and six items of extrinsic job satisfaction (twelve items measuring job satisfaction).

Exploratory factor analysis

Factor analysis of the role stress scale: Since items of role stress scale were modified during the pre-testing stage, and, job satisfaction consisted of items that were developed from literature review, it was essential to conduct a factor analysis of the new questionnaire. A principal axis factor method with a varimax (orthogonal) rotation was separately conducted on 17 Likert scale questions from the role stress survey questionnaire and 12 Likert scale questions from the job satisfaction scale was conducted on data gathered from 450 nurses. The two scales were analysed separately.

An initial examination of the Kaiser-Meyer Olkin measure of sampling adequacy suggested that the sample was factorable (KMO=.861). On checking the communalities it was seen that two items ("The amount of work I do interferes with the quality I want to maintain" and "I feel certain about the authority I have") had values less than 0.3 and hence were removed and the analysis was run again. The KMO value was 0.854. It was seen that Items, "I have to make decisions under pressure" and " I have too many non-nursing tasks such as clerical work", were cross loading on two factors with a difference of less than 0.2 between the values. hence they were removed. Further analysis saw the removal of items " I have to work even during breaks" and "There is not enough time to complete all of my nursing tasks", due to very low communalities (<0.3). After the removal of items, the analysis was run again and the KMO value was 0.824. The results of Varimax rotation shown in Table 2, yielded a two-factor simple structure (see Table 1)

Table 1: Orthogonally rotated component loadings for items of the Role Stress scale*

	Role ambiguity	Role conflict	Communality
I know what my responsibilities are (a3)	.953		.913
I know exactly what is expected of me on the job (a4)	.799		.640
I have clear, planned goals and objectives for my job(a1)	.760		.596
I know that I have divided my time properly for various work (a2)	.670		.455
I get clear explanations of what has to be done on the job(a6)	.569		.324
I receive important incompatible requests from 2 or more people (c4)		.801	.645
I do unnecessary work(c6)		.723	.528

I have to break a rule or policy in order to carry out an assignment(c1)		.690	.476
I work with 2 or more sections that operate differently (c3)		.581	.339
I receive assignments without adequate resources, men and material to do the work(c5)		.579	.343
I have to do things that should be done differently (c2)		.549	.319

* Loadings>0.3

The factor labels (factor 1: Role ambiguity, factor 2: Role conflict), as proposed by Rizzo et al.(1970), suited the extracted factors.

A confirmatory factor analysis (CFA) was performed using AMOS, version 23, to assess the factor structure of the Role stress scale. All items were measured at a continuous level. One of the assumptions of CFA is that variables are measured at the continuous level (Kline, 1998) which was satisfied with the scales used in the current study. All items loaded significantly onto their respective factors (loadings ranging from 0.57 to 0.95 on the role ambiguity scale and between 0.55 to 0.80 on the role conflict scale). The estimate correlations between the two factors (r = -.16) are not significant, supporting the independence of the two scales. The Chi-square value for the overall model fit was significant, χ^2 (43)= 155.08, p<0.001. However, due to the sensitivity of χ^2 in large samples(here n= 450), other fit indices were assessed (Kline, 1998).The normed χ^2 (χ^2/ df) = 3.6, that is below the threshold of 5 (Schumacker & Lomax, 2004). An examination of these indices showed acceptable model fit with GFI = .941, CFI = .946, RMR = .06 and RMSEA = 0.076.

Factor analysis of the job satisfaction scale: An initial examination of the Kaiser-Meyer Olkin measure of sampling adequacy suggested that the sample was factorable (KMO=.824). It was seen that items, " I am satisfied with the salary I get for the amount of work that I do", " I can work comfortably under existing rules and regulations", and " My supervisor shows concern for feelings of subordinates", were removed from further analyses due to low communalities(less than 0.3). After the removal of items, analysis was run again and the KMO value was 0.833. The results of Varimax rotation shown in Table 2, yielded a two-factor simple structure (see Table 2).

Table 2: Orthogonally rotated component loadings for items of the Job Satisfaction scale*

	Intrinsic satisfaction	Extrinsic satisfaction	Communality
I am proud of my job (IS2)	.781		.610
I find my job meaningful (IS6)	.769		.606
I am satisfied with opportunities for self-improvement from my job (IS4)	.761		.624
I can derive a sense of achievement from my job (IS3)	.746		.572
My job helps me utilize all my abilities (IS1)	.672		.456
I have enough chances of growth on my job (IS5)	.602		.438
I get along well with my colleagues (ES4)		.828	.686
My work is well appreciated (ES5)		.748	.601
I am satisfied with the working conditions(cleanliness, toilet, washing, changing and		.719	.540

restroom facilities) (ES1)			

* Loadings>0.3

The factor labels (factor 1: Intrinsic satisfaction, factor 2: Extrinsic satisfaction) suited the extracted factors.

A confirmatory factor analyses (CFA) was performed using AMOS, version 23, to assess the factor structure of the Job satisfaction scale. The Chi-square value for the overall model fit was significant , χ^2 (26)= 195.31, p<0.001. However, due to sensitivity of χ^2 in large samples(here n= 450), other fit indices were assesed. The normed χ^2 (χ^2/ df) = 7.512, that is above the threshold of 5 (Schumacker & Lomax, 2010). An examination of these indices showed an unacceptable model fit with GFI = .906, CFI = .908, RMR = .06 and RMSEA = 0.12. Items that loaded less than 0.6 were deleted ("My job helps me utilize all my abilities", "I have enough chances of growth on my job") as keeping these items led to a poor model fit. An examination of modification indices showed an acceptable model fit with a normed χ^2 (χ^2/ df) = 4.723, GFI = .964, CFI = .963, RMR = .045 and RMSEA = 0.091.

Internal consistency for the scales was examined using Cronbach's alpha (see Table 3).

Table 3. : Descriptive statistics for the factors of role stress scale and job satisfaction scale (n =450)

	No of items	**M**	**SD**	**Skewness**	**Kurtosis**	**Cronbach alpha**
Role ambiguity	5	8.16	3.94	1.953	3.471	.86
Role conflict	6	18.45	5.58	-.031	-.883	.818
Intrinsic satisfaction	6	20.35	3.40	-1.16	2.43	.866
Extrinsic satisfaction	3	14.60	2.95	-.046	-.807	.816

It can be seen from Table 3 that the maximum absolute values of skewness and kurtosis are less than 2 and 7 respectively, hence data is not suspected of deviating too much from normality conditions (Kim, 2013).

Results

Sample description:

The sample consisted of nurses whose ages ranged between 21years and 68 years with a mean of 32 years(SD = 9.92). Around 31.3% belonged to municipal hospitals (these are hospitals run by Municipal Corporation of Greater Mumbai) while 68.7% belonged to private hospitals. The sample consisted of 86% females and 14% males. The nurses in the current sample had on an average 5.48 (SD 8.5) years of experience in the current hospital and on an average 7.38years (SD 9.4) of total experience as a nurse. The average working hours of the nurses was 9.4 hours (SD 1.53). The nurses had 3 dependents on an average. In the current sample, 43.6% nurses were married while 53.8% were never married.

Hypothesis testing

H_1: Gender significantly moderates the relationship between Role stress and Job satisfaction among nurses in India.

AMOS version 23 was used to check the moderating effect of gender on the relationships between role ambiguity and role conflict with intrinsic and extrinsic satisfaction. Model estimates using the

unconstrained and fully constrained model showed that groups differ from each other on these relationships. The χ^2 difference was significant, χ^2 (2)= 25.631, p<0.001. Further path by path analysis showed that gender differences were significant in the relationships between role ambiguity and intrinsic satisfaction, and role conflict and extrinsic satisfaction (see Table 4).

Table 4: Comparisons of Path Coefficient and T-value (CR) Males and females (n = 450)

Paths	Male		Female	
	Est(β)	t-value	Est(β)	t-value
Role ambiguity → Intrinsic satisfaction	-..036	-.76	-.380	-9.3***
Role ambiguity → Extrinsic satisfaction	.009	.19	-.034	-.830
Role conflict → Extrinsic satisfaction	-.24	-4.18***	-.247	-11.30***
Role conflict → Intrinsic satisfaction	.079	1.295	.016	.72

***p<0.001

It can be observed from Table 5, that female nurses show a steeper fall in intrinsic satisfaction as compared to males, with an increase in role ambiguity. Gender does not moderate the relationship between role conflict and extrinsic satisfaction.

Table 5 : Comparisons of Path Coefficient and T-value (CR) Males and females (n = 450)

Paths	Male		Female		Comparison
	Est (β)	t-value	Est (β)	t-value	
Role ambiguity → Intrinsic satisfaction	-.06	-1.37	-.38	-9.47***	Females show steeper fall in satisfaction with increase in role ambiguity
Role conflict → Extrinsic satisfaction	-.24	-4.69***	-.24	-11.26***	There is no difference between males and females

* **p<0.001

H1 is partially supported.

Discussion

It can be seen from Table 6 that, for the sample, role conflict is significantly negatively correlated with extrinsic job satisfaction (r = -.446, p< 0.01), and role ambiguity was significantly negatively correlated with intrinsic job satisfaction (r = -.406, p<0.01) in the current study.

Table 6: Correlations between role stressors and job satisfaction

	Intrinsic satisfaction	Extrinsic satisfaction
Role ambiguity	-.406**	-.055
Role conflict	.06	-.446**

** Correlation significant at 0.01 level(2-tailed)

Role conflict is a result of simultaneous demands from the same role that are not mutually exclusive. It can be argued that when a nurse perceives that these conflicting demands could result in his/her performance being appraised in different ways by the different role senders, it can be a distressing situation that is threatening for his/her rewards, appreciation or promotions, thereby resulting in decreased satisfaction. This can be a difficult situation especially if the role senders are hierarchically superior and competing with one another.(Montgomery, 2011). Hence the significant negative correlation with extrinsic job satisfaction.

Role ambiguity is a situation where the nurse is uncertain about what is expected of him/her on the job and there is no feedback on whether the behaviours and actions exhibited are appropriate or not. So nurses may always be on a tenterhook wondering whether they are doing the right thing or not. When an individual is informed about the various tasks and his duties, it helps in better performance at work. Previous studies have also shown that when individuals do not possess clear ideas about what needs to be achieved and the various conditions and constraints while achieving goals, it can result in decreased satisfaction(Marginson, 2006). In a situation of role ambiguity, the nurse would not be in a position to utilize all of his/her skills or find his/her job meaningful because he/she is unsure of what is expected of him/her and hence will work at lower than his/her best abilities. Hence the significant negative relationship of role ambiguity with intrinsic satisfaction.

H1 is only partially supported.

It was observed from Table 5, that gender moderates the relationship between role ambiguity and intrinsic satisfaction. but not the relationship between role conflict and extrinsic satisfaction. Nursing is a profession that involves providing care and empathy to sick people and helping them patiently in their recuperative process. Caring for another person requires a lot of intrinsic motivation and inner strength in the process of providing care itself and it needs to come in as an innate part of service orientation in the care provider (Folbre, 2012). It has been proposed that females are satisfied when they can work in a supportive and cooperative environment, whereas males look at jobs as a means of self-expression, expansion and learning (Mason, 1995). The current study predominantly consists of females (86% of the sample). Nursing profession suffers from ambiguities because it is a shared one (with a physician or previous shift nurses). So, if a nurse were to lack information or about the line of treatment or any special needs of a patient, there could be confusion on the next steps. Many times nurses have to respond quickly and alone to several emergency situations, like, reacting to violence from the patient and his kin or tackling the psychological issues of a patient. The absence of enough support and communication from superiors and colleagues would only lead to anxious moments of what needs to be done and whether what has been done is right (Camuccio, Chambers, VÄlimÄki, Farro, & Zanotti, 2012). The nurses in the current study have tenure of 5 years in the current hospitals where they work, and are

aged around 32 years on an average. They are comparatively junior and new in the current hospitals. Thus, in the lack of information or support, it may be possible that they are unable, or, not confident enough to utilize their innate strengths and skills on their jobs resulting in a situation of decreased satisfaction. Although male nurses also experience a fall in satisfaction with increase in role ambiguity, the fall is not as steep as females because possibly men do not have instant reactions to ambiguous situations, are more tolerant to ambiguity and do not get into panic situations as easily as females do (Ahmed & Alshraideh, 2007). Several studies have shown that women tend to become depressive and anxious during any stressful moment whereas men tend to be more problem focused (Bennett, Compas, Beckjord, & Glinder, 2005) and this could possibly explain why women show a steeper fall in satisfaction as compared to men in the face of role ambiguity.

While discussing job satisfaction, it may be worthwhile understanding that intrinsic factors like autonomy, freedom for self-direction, opportunities to use one's skills, job variety, information about the job and sufficient feedback about one's effectiveness on the job are associated with effective performance. Past studies have suggested that women are tuned to values and attitudes and behaviours that are social and communal in nature and thus their satisfaction on the job also is related to these aspects (Eagly, 1987). Women in workplaces find satisfaction working with good coworkers, support and the work itself while men look at aspects of work like money, perks and promotions. Thus, women on jobs tend to be more concerned about maintaining harmony in the group. When there is role ambiguity, women find their work itself loosely defined with vague expectations. Culturally, Indian women may worry that explanations/ clarifications sought from supervisors or colleagues, or arguments with seniors, would spoil their image or threaten their otherwise secure relationships and friendships at work and hence, they refrain from clarifying the situation, and continue to work in the same vagueness causing a sharp fall in satisfaction. Men, on the other hand, are more practical in nature and get into a problem-solving mode and seek clarifications, explanations and any other course of action that would reduce the ambiguity, without worrying about relationships. Hence female nurses show a steep fall in satisfaction due to their inability in resolving such a situation, as compared to males in face of role ambiguity.

The current study also shows that gender does not moderate the relationship between role conflict and extrinsic satisfaction. Qualified nurses from developing countries like India migrate to other developed countries for social as well as financial reasons (Buchan & Scholaski, 2004; Gill, 2011) India is a country steeped in the hierarchy of classes, caste system and religious beliefs and ideologies of untouchability. Even today there is a social and religious stigma associated with the profession of nursing and hence individuals from well-to-do families rarely take this up as a profession and most of the nurses (males or females) in India belong to very poor backgrounds (Srinivasan & Samuel, 2014) and take huge loans (greater than 8400 US Dollars, USD) to obtain a nursing degree from reputed institutions in the hope of getting a good job after completion of the course (Naganur, 2012). To repay the loans the minimal installment amount comes to around 152 USD a month but their salaries range from 137 USD to 228 USD a month (Mishra & Sarkar, 2014). In many cases nurses have to sign a contract for a couple of years of service with the hospital, breaking of which would cost them around a lakh INR for the release of their professional certificates from the hospitals (Naganur, 2012). The current study shows that these young nurses in the age group of 32 years, having around 3 dependents and almost 54% of them being unmarried would primarily be worried about how to repay their loans and get rid of their debt, how to save money for the upkeep of dependents or save money for their marriages. When there are conflicting demands, it becomes difficult for nurses to perform to their best levels and to keep all competing hierarchical superiors satisfied. Every superior would have his/her own standards of performance and a benchmark for rewards and promotions. It is possible that nurses perceive that their

rewards, compensation and promotions would get affected due to the conflicting and different demands thereby affecting their financial and social burden. This could possibly be the reason why the decrease in satisfaction is almost the same for both males as well as females**.**

Conclusion

The current study clearly indicates that job satisfaction of nurses could be significantly improved with clarity in roles. Intrinsic motivation is essential for any human intensive, service oriented behaviour. India is facing a huge exodus of female nurses to other countries for social, economic as well as work profile reasons, so, it is essential to address the issues of role stress in order to ensure satisfaction for nurses. It is essential that nurses get clear and non-conflicting information about their responsibilities and tasks at work. Hospitals should provide clarity to nurses about the specific job oriented behaviours that could yield them rewards. Since nurses multitask, it is natural to step over one's role boundaries doing much more than what is actually assigned to them. In many cases, there are no induction or mentoring programs that would help new nurses understand their roles thus leaving them to explore their roles by trial and error on the jobs adding to their already existing vagueness of the job This could result in conflicts and ambiguous situations. With newer diseases being discovered, it is essential that roles of nurses get revised regularly to fit in with the requirements of patients as well as hospitals. Hospitals should conduct induction programs where senior nurses, can help clarify roles and gray areas in nurses' jobs. Small group meetings, with senior nurses as facilitators, could help junior nurses discuss their role related issues. Mentoring programs are also great ways in which senior nurses could help in providing role and goal clarity.

Limitations and future research

The study is cross-sectional in nature and provides respondents' views at a particular point of time. A longitudinal study is suggested to obtain responses over a period of time to understand the situation holistically. A triangulation method that involves quantitative data along with in-depth interviews can be conducted by future

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