



Sex-Role Orientation as a Moderator of Relationship between Organization Role Stress and Psychological Health

Abstract

The purpose of this study was to examine the Sex-Role Orientation as a moderator of relationship between Organization Role Stress and Psychological Health. The sample of the study consisted of 480 working women selected from various schools, colleges, hospitals and government offices in Rajkot city. For data collection Organizational Role Stress Scale developed by Pareek, Cornell Medical Index (CMI) Health Status measure by Wing, Pershad and Verma and an Indian adaption of Bem's Sex- Role Orientation Scale by Rao, Gupta and Murthy were used. The data was analyzed by using t-test. The result revealed that sex- role orientation had significant moderating impact on the relation between organizational role stress and psychological health.

Keyword: Sex-Role Orientation, Organization Role Stress and Psychological Health

Introduction:

The vast majority of women are illiterate, underpaid, exploited deprived, and disadvantaged. Many of our religious and social practices have steeped women in a morass of backwardness, illiteracy and ignorance, condemning them to inferior positions in society, completely dominated by men. But in urban areas with the spread of education and the increase in number of working women outside their homes, the situation is gradually changing. Women have risen above socio cultural traditional and well-defined role of a housewife and have gradually evolved into the dual and more self-fulfilling role of working women and a housewife. Some of the factors responsible for this change are better education, changing socio-cultural values and the need for supplementary income due to inflation.

Women's occupational status is closely associated with the home and family. A clear conflict emerges between the socially approved status of women as homemaker on the one hand and the status as an employed worker on the other. Familial duties come in the way of employment prospects. Women face the dilemma of somewhat contradictory role perceptions. The loyalties, interests and aims differ between home and work-place and demand two different types of individualities.

The process of sex-role orientation describes the ways in which biological gender and associated cultural differentials are incorporated into an individual's self- perception and behavior. It refers to one's perception that one is masculine or feminine according to a personal definition of masculinity and femininity. Femininity and masculinity have long been conceptualized as opposite ends of a single bipolar dimension. But scholars in a number of disciplines have begun to concern themselves with the concept of psychological

androgynous, a term that denotes the integration of femininity and masculinity within a single individual. The terms androgynous comes from the Greek word Andre (man) Gyne (women). The concept of psychological androgyny implies that it is possible for an individual to be both compassionate and assertive, both expressive and instrumental, both feminine and masculine, depending upon the situational appropriateness of these various modalities. And it further implies that an individual may even blend these complementary modalities in a single act.

Recently organizations have been taking a lot of interest in study of stress. Role can be defined as the position one occupies in a social system as defined by the functions he / she performs in response to the expectations of a significant number of member of the social system and he /her own expectation from that position or office. Pareek's (1976) definition of role as the position occupied by a person as defined by the expectations of a significant number of persons including the role occupant indicates that there are inherent problems in the performance of a role and, therefore, stress is inevitable. Pareek (1976) postulated role as a system. From the point of view of an individual, two role systems are important, the system of various roles the individual carries and performs and the system of various roles of which his role is focal and in which his role is defined by other significant roles. Pareek (1976) has called the first, "role space" and the second "role set".

Many researchers have tried to identify and analyze the organizational stressors. Indian researchers have attempted to identify organizational stressors using tools developed in western countries (Harigopal 1980; Harigopal and Kumar 1979; Natha 1980); and tools developed in India (Das 1982; Pastonjee and Singh 1982; Surti 1983; Shrama 1984). Pareek (1982) identified ten dimensions of organizational role stress viz., Inter role distance (IRD), Role stagnation (RS), Role expectation conflict(REC), Role erosion (RE), Role overload(RO), Role isolation(RI), Personal inadequacy(PI),Self-role distance (SRD), Role ambiguity (RA), Resource inadequacy(RIn). This concept of Pareek has been accepted for the present research.

Psychological health encompasses the mental, social, emotional and spiritual dimensions of health. Psychologically healthy people have managed to develop these dimensions to optimal level. They seem to have an endless reserve for facing life's ups and downs. They respond to challenges, disappointments, joy, frustrations and pain by summoning up personal resources acquired through years of experience. Their resiliency is strong and they are actively involved in the process of living rather than being trapped in despondency caused by the negative events in their lives.

In the present study, attempts were made to know about moderating role of Sex-Role Orientation (SRO) in the relationship between Role Stress and Psychological Health among working women.

Method:

Sample:

The main purpose of the present research was to find out sex-role orientation as a moderator of relationship between organizational role stress and psychological health among married working women. For this study sample was drawn from Rajkot city. List of colleges, schools, hospitals and government offices were collected and accordingly various places were visited for data collection. In the beginning 120 college teachers, 120

school teachers, 120 clerks and 120 nurses were selected. For this selection simple randomization technique was used. Finally the total sample consisted of 480 married working women belonging to four professions.

Tools:

Keeping in view the research design for the present study the following tools were selected:

Personal Data Sheet:

Personal Data Sheet was prepared to collect some personal informations regarding working women selected for the sample.

Bem Sex-Role Orientation Inventory (BSRI-A):

This is a test to measure psychological sex role orientation of individuals as conceptualized by Bem (1974). This Inventory was adapted by Rao, Gupta and Murthy (1982) in English, Keeping in the Indian culture retaining in final form 30 items, thought to be more relevant to our culture. The final adapted inventory (BSRI-A) consists of 15 'masculine' and 15 feminine' objectives. BSRI-A is a seven-point scale in which the responses range from 'never or almost never true' to 'Always or almost true'. The reliability and validity is satisfactory. All subjects based on their scores in inventory, they have to be divided into the following four groups as advocated by Spence Helmerich and Stapp (1975) and Bem (1977):

- (1) Androgynous - those with high on both masculine and feminine
- (2) Masculine - those with high masculine and low feminine
- (3) Feminine - those with low masculine and high feminine
- (4) Undifferentiated – those with low on both masculine and feminine

Organizational Role Stress Scale (ORS):

To measure organizational role stress of the working women the organizational role stress scale developed by Udai Pareek (1983) was selected. ORS scale is a 5-point scale indicating how true a particular statement is for the role. The responses range from 'never' to 'very frequently'. ORS scale has 50 items. It measures role stress on ten dimensions. Total role stress score is also obtained in this scale. The respondent indicates his response by writing 0,1,2,3 or 4 against the serial number of each item as given in the booklet. The total organizational role stress score may range from 0 to 200. The scale has acceptable reliability and validity.

Cornell Medical Index (C.M. I.):

To find out health status of the working women "The C.M.I. Health Questionnaire" developed, by Wig, Pershad and Verma (1983) was used. It contains 195 questions in informal language, so worded as understood by persons with a reading knowledge. Technical terms are avoided. After each question a 'Yes' and a 'No' appear; the subject answers the question by circling one. In every instance a 'Yes' answer indicates that the subject claims to have the symptom. This scale gives score on physical distress and emotional psychological distress. For the present study items measuring emotional psychological distress were used.

Procedure:

As working women from various colleges, schools, hospitals and government offices in Rajkot city were selected for the study all these institutions were visited by the researchers for data collection after prior sanction of concerned authority. Collected data were analyzed using statistical technique like 't' test. The obtained results are presented below.

Results and Discussion:

To study the moderating impact of sex-role orientation on the relation between organization role stress and psychology health of working women sub-groups were framed based on stress level (low, moderate and high) and sex-role orientation (androgynous, masculine, feminine and undifferentiated). Then mean scores of psychological health of these sub-groups were compared and significance of differences was examined by t-test. The psychological health of working women was measured in terms of psychological complaints. Hence high score implies low psychological health and low score implies high psychological health. Results are presented in table below.

Table
Sub-group wise Mean, SD and t-value of psychological health

N=480

Stress Group	Level of SRO	N	Mean	SD	t-value
Low Stress	Androgynous	46	5.80	4.37	1Vs2=3.91*
	Masculine	54	9.28	4.53	1Vs3=2.36*
	Feminine	32	8.44	5.17	1Vs4=1.19
	Undifferentiated	42	7.00	5.03	2Vs3=0.76 2Vs4=2.30* 3Vs4=1.20
Moderate stress	Androgynous	48	8.60	6.30	1Vs2=1.99*
	Masculine	42	10.79	3.99	1Vs3=0.14
	Feminine	62	8.76	4.96	1Vs4=0.35
	Undifferentiated	60	8.95	5.31	2Vs3=2.31* 2Vs4=1.84* 3Vs4=0.19
High Stress	Androgynous	26	11.65	5.70	1Vs2=0.61
	Masculine	24	12.63	5.12	1Vs3=0.25
	Feminine	26	12.08	6.40	1Vs4=0.80
	Undifferentiated	18	13.00	5.35	2Vs3=0.32 2Vs4=0.28 3Vs4=0.92

*p < 0.05

Results in table-1 indicate that sex-role orientation has moderating impact on the relationship between role stress and psychological health of working women. Results show the significant differences in low stress group between androgynous and masculine women (t = 3.91), between androgynous and feminine

women ($t = 2.36$) and between masculine and undifferentiated women ($t = 2.30$) on psychological health. Among these low stress groups androgynous group exhibited the highest level of psychological health and masculine group exhibited lowest level of psychological health. Moreover androgynous group was found to be superior to feminine group in psychological health. Undifferentiated group was found to be better in psychological health than masculine group. No significant difference were found in other three comparisons i.e., between androgynous and undifferentiated, between masculine and feminine, and between feminine and undifferentiated group of working women.

Looking again at the results in above table it is also observed that in groups similar in stress level i.e., moderate stress, but different in sex-role orientation, some of the mean differences on psychological health were found to be statistically significant. Out of six mean comparisons three were found to have statistically significance. The significant difference were observed between androgynous and masculine ($t = 1.99$) groups in which former group exhibited high level of psychological health than latter, between masculine and feminine group ($t = 2.31$) in which later group scored higher than former group, between masculine and undifferentiated group ($t = 1.84$), in which again later group exhibited better psychological health than the former group. This masculine group of working women differed significantly with all the other three groups of working women (i.e., androgynous, feminine and undifferentiated) even though they all belonged to moderate level stress group. No significant differences were observed among androgynous, feminine and undifferentiated group of working women.

However, this effect was not confirmed in working women with high level of stress. Out of six comparisons between mean scores on psychological health, not a single comparison came out to be significant. All the four groups of working women experiencing high level of stress exhibited almost equal level of psychological health.

Thus, it can be said that when stress increased to high level, the moderating impact of sex-role orientation diminished. At high level of stress all working women exhibited poor level of psychological health irrespective of their sex-role orientation. Thus, it can be concluded that at high stress level sex-role orientation has no significant moderating impact. Looking at the overall results, it can be finally concluded that sex-role orientation plays significant and major role as moderator variable in the relationship between stress and health.

However, in the present research it is observed that at low level of experienced stress androgyny sex-typed women's psychological health is better than other three sex – typed women and at moderate level of experienced stress androgyny sex-typed women's psychological health is better than masculine sex-typed women. Bem (1979a) suggested that individuals free of internalized motive to maintain a sex-appropriate behavioral repertoire should be more adaptive and psychologically healthier because they are less restricted in the range of behaviors available to them in various situations. These individuals termed as psychologically androgynous have their self- concept supposedly less constraining and therefore allows than to engage more freely in both masculine and feminine behavior. Thus, the results of present study support Bem's (1979a) assumption that androgynous individuals are psychologically healthier.

Conclusions:

Sex- role orientation had significant moderating impact on the relationship between organizational role stress and psychological health when stress is at low and medium level among working women, but when working women experience high level of stress it adversely affects their psychological health irrespective of whether they are having androgynous, masculine, feminine or undifferentiated type of sex role orientation. When stress is experienced at low and moderate level working women with masculine orientation exhibited

lowest psychological health and working women with androgynous orientation exhibited highest psychological health. The results indicate that while planning for stress management programme for working women the role of sex role orientation has to be given due importance.

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