Relationship Between Perceived Organizational Support and Organizational Role Stress : A Study of Doctors

Vibhuti Yadav* and Luxmi*

* University Business School, Panjab University, Chandigarh

Abstract

This paper aims to investigate the relationship between perceived organizational support (POS) and organizational role stress (ORS) among doctors. One hundred and forty doctors were surveyed using an instrument comprising the 50 items Udai pareek's organizational role stress scale and the 17-items version of the Survey of perceived organizational support (POS) by Eisenberger. Significant relationships were found between perceived organizational support and each of the ten dimensions of organizational role stress. The findings of this study contribute to the existing academic literature and provide hospital administrators with a better understanding of the factors that contribute to the problem of doctors' turnover and their efficiency at work.

Key Words

Perceived organizational support, Organizational role stress

INTRODUCTION

Medical profession is one of the most stressful professions. Doctors are on a 24 hour duty with no scope for even minor mistakes. Thus, it becomes essential to make all efforts to keep the doctors away from stress. Work-related stress in employees is believed to result in physiological, psychological and behavioural consequences which are detrimental to the health of the employee and the effectiveness and efficiency of the organization. On the other hand, a high level of perceived organizational support (POS) has been associated with many positive implications for both employees and management, such as increased

organizational commitment, job satisfaction and reduced turnover rates (Eisenberger *et al.*, 1997).

REVIEW OF LITERATURE

Perceived organizational support is defined as "the extent to which employees perceive that their contributions are valued by their organization and that the firm cares about their well-being" (Eisenberger *et al.*, 1986). Eisenberger and colleagues developed the concept of perceived organizational support, is an attempt to represent the employment relationship described by social exchange theory (Blau, 1964). Social exchange suggests that positive perceptions about the employment relationship will lead to beneficial work behaviors through the process of obligatory reciprocation.

Perceived organizational support (POS) is positively related to affective commitment because it fulfills the socio-emotional needs of employees including respect, caring and approval and thus it leads to stronger affiliation and belonging to the organization. Other researchers have also found that perceived organizational support leads to higher level of motivation and commitment towards the organization. Perceived organizational support influence employees' general affective reactions to their job, including job satisfaction and positive mood. Perceived organizational support contributes to overall job satisfaction by meeting socio-emotional needs, increasing performance-reward expectancies, and signaling the availability of aid when needed. Perceived organizational support influence work related behaviours and job involvement.

Research suggests that a common flaw in hospitals is that they fail to address the issues associated with doctors' wellbeing, such as the experience of work-related stress, burnout and the extent to which the doctors feel they are supported and valued. (Tabacchi *et al.*, 1990; Zohar, 1994). Zohar (1994) identified role conflict, role ambiguity, work overload and lack of control; commonly known as lack of decision latitude or autonomy as sources of job-related stress.

Stress among employees is associated with reduction in productivity, absenteeism, low organizational commitment and high turnover, and these costs are directly linked to reduced organizational effectiveness and financial loss (Lingard, 2003; Reynolds and Tabacchi, 1993; Vallen, 1993). Role conflict and role ambiguity are commonly regarded as role stressors. The experience of role conflict is common among doctors as they attempt to balance often conflicting demands from patients and hospital management. On the other hand, role ambiguity arises when doctors are not sure of management expectations and the reduced accessibility of management during busy periods may pose a problem for doctors seeking

clarification of their delegated roles or tasks. This may result in employees' negatively evaluating their abilities, leading to feelings of reduced personal efficacy (Deery and Shaw, 1998).

Another important source of job related stress found among doctors is work overload. Referred to as a work characteristic stressor, work overload may occur as doctors try to meet the demands of the patients and management for speed and quality of service. Since patient's satisfaction depends on the delivery of service in 'real time', the doctors are required to perform a highly demanding integrative function under tight time constraints. Doctors are likely to have fewer opportunities, than those working in more regular hours, to socialise and bond with their co-workers due to the long and busy working hours and staggered shift times that result in the doctors arriving and leaving the workplace at different times.

The regular occurrence of these role stressors that prevent employees from meeting organizational expectations can evoke a variety of outcomes commonly recognised as symptoms of role strain. These include low job satisfaction, absenteeism, lower organizational commitment, poorer job performance, negative attitude towards work, tension and anxiety (Zohar, 1994).

According to organizational support theory, the development of perceived organizational support (POS) is based on the employees' tendency to view their favourable or unfavourable treatment as an indication that the organization favours or disfavours them (Rhoades and Eisenberger, 2002). Employees are said to develop global beliefs regarding the extent to which their organization values their contributions and genuinely cares about their wellbeing (Eisenberger *et al.*, 1997).

The concept of perceived organizational support is based on a social exchange interpretation of organizational commitment, whereby employees extend their effort and loyalties to the organization in return for the material commodities and social rewards it can bestow'. Perceived organizational support theory has been found to be related to, yet distinct from, both Leader-Member exchange and supervisor support (Rhoades and Eisenberger, 2002). However, while the latter two constructs describe the relationship between subordinates and individual supervisors, acting as agents of the organization, the concept of perceived organizational support describes the relationship that an employee has with their organization as a whole. Thus, the employees view their organization's favourable or less favourable treatment towards them, not through the actions of their immediate superiors, but through the human-like characteristics assigned to the policies, norms and culture of the organization. Eisenberger *et al.*, (1986) identified four general forms of perceived favourable treatment that contribute to employees perceived organizational support. These include fairness, supervisor support,

organizational rewards and job conditions.

Both employee and employer can benefit from high levels of perceived organizational support. Employees experience positive outcomes - such as a decrease in job-related stress, an increase in positive job-related affect, high levels of job involvement, reduced withdrawal behaviour, increased organizational commitment and a desire to remain with the organization (Eisenberger *et al.*, 1986). This results in positive organizational outcomes such as reduced turnover, increased affective commitment and higher productivity and performance (Eisenberger *et al.*, 2001).

Doctors have little input into the operating procedures and decision-making processes that regulate their service environment. Furthermore, while a hospital's organization management places a strong emphasis on patient care, it has been recognized that the environment in which the doctors work can often inhibit their ability to provide a truly satisfying service (Vallen, 1993). Faulkner and Patiar (1997) identified dealing with ambiguous situations as one of the most common sources of stress. Ross and Boles (1994) suggested that supervisory and managerial support reduces job-related strains such as role conflict and role ambiguity. This claim is supported by a number of findings that suggest supervisory and leadership behaviours actually increase role clarity (Hampton *et al.*, 1986; Johnson *et al.*, 1989). Extrinsic factors such as organizational support, supervisor relations and immediate work environment all contribute to a employee's level of job satisfaction and can result in a positive attitude toward the organization. Doctor's turnover is recognized problem within the hospitals. This notion, along with the previous finding that doctors are more likely to experience lower levels of job satisfaction (Reichel and Pizam, 1984), suggests that doctors may be more likely to experience stress-related symptoms and more prone to having negative perceptions of the extent to which their organization supports them.

Medicine is recognized as one of the most stressful professions. Although previous research has addressed the occurrence of work-related stress in the medical profession, past research efforts have predominantly focused on nurses and general practitioners as opposed to hospital doctors. Furthermore, research to date has not investigated the relationship between stress and perceived organizational support within a medical setting.

OBJECTIVES

- To study the level of perceived organizational support and organizational role stress among doctors.

- To examine the impact of perceived organizational support on organizational role stress among doctors.
- To find the correlation between perceived organizational support and sub dimensions of organizational role stress among doctors.
- To compare organizational role stress using psycho-demographic variables i.e. gender and marital status among doctors.

HYPOTHESES

To test the validity and applicability of given objectives and to gain an insight into the job behaviour of doctors involved in the study following hypothesis have been developed.

H$_{1a}$ There is high level of perceived organizational support and organizational role stress among doctors.

H$_{2a}$ Perceived organizational support has negative and significant impact on the organizational role stress among doctors.

H$_{3a}$ Perceived organizational support has significant correlation with all sub-dimensions of organizational role stress among doctors.

H$_{4a}$ There exists a significant relationship of psycho-demographic variables i.e. gender and marital status with organizational role stress among doctors.

METHODOLOGY AND RESEARCH DESIGN

The study is descriptive cum empirical in nature. The present study is confined to cover two dimensions i.e. perceived organizational support and its impact on organizational role stress. In order to conduct the study doctors from a leading hospital in Chandigarh were taken as sample on random basis. Out of total of 140 respondents :

- 112 are males and 28 are females.
- 42 are married and 98 are unmarried.

TOOLS USED

The Questionnaire prepared for the doctors started with information relating to demographic profile of the respondents i.e. gender and marital status. Followed by two parts i.e. Part - I comprising of a standardized questionnaire relating to perceived organizational support and Part -II carried the standardized questions to measure the level of organizational role stress.

PERCEIVED ORGANIZATIONAL SUPPORT (POS) QUESTIONNAIRE (Eisenberger *et al.* (1986)

To measure perceived organizational support standardized questionnaire developed by Eisenberger *et al.*, (1986) was taken. The measure includes 17 items that measure an employee's perceptions of the degree to which the organization values the worker's contributions and items about actions that the organization might take that would affect the well being of the employee.

ORGANIZATIONAL ROLE STRESS SCALE (Udai Pareek)

The scale was developed by Udai Pareek. The purpose of this scale is to assess the degree of stress arising from various aspects of the job. This scale contains 50 items which are rated on five point scale ranging from strongly agree to strongly disagree. Organizational role stressors consisted of ten dimensions, namely :

(i)   Inter-role Distance (IRD) - The conflict arises when an individual occupies more than one role.

(ii)   Role Stagnation (RS) - Feeling of being stagnated in the same role.

(iii) Role Expectation Conflict (REC) - It arises due to conflicting expectations or demands by different role senders.

(iv)   Role Erosion (RE) - When credit for tasks performed in one's role is given to others or when some tasks belonging to one's role are performed by others.

(v)   Role Overload (RO) - When the role occupant feels that his/her role expectations are too many or too high.

(vi)   Role Isolation (RI) - When there is incompatibility of one's role with other employee's roles in the organization.

(vii) Personal Inadequacy (PI) - A feeling of insufficient knowledge, skills or training to undertake a role effectively.

(viii) Self-role Distance (SRD) - It arises out of the conflict between self-concept about the role and the expectations from the role, as perceived by the role occupant.

(ix)   Role Ambiguity (RA) - Lack of clarity about the various expectations that an employee has from his/her role.

(x)   Resource Inadequacy (RIn) - It arises when the resources required by the role occupant for performing the role effectively are unavailable.

RELIABILITY AND VALIDITY ANALYSIS

Reliability can be defined to the extent to which a variable is consistent in what it is intended to measure. Since standardized questionnaires were modified to suit the present study reliability analysis was conducted. In the present research, the reliability of questionnaires was determined by using Cronbach's Coefficient alpha as shown in Table 1.

Table 1
Reliability Coefficients

	Perceived Organizational Support	Organizational Role Stress
Number of items	17	50
Cronbach Alpha (α)	0.830	0.953

The reliability coefficient indicated that the scale for measuring perceived organizational support is quite reliable as the alpha value is 0.838. For the purpose of measuring organizational role stress the reliability coefficient is 0.953. An alpha value of 0.60 and 0.70 or above is considered to be the criterion for demonstrating internal consistency of new scales and established scales respectively. As the value exceeded the minimum requirement, it is thereby demonstrated that the measures are reliable. 'Validity' represents the extent to which a measure correctly represents the concept of study. As standardized questionnaires were used for the purpose of collecting data validity testing has already been performed by the respective authors.

ANALYSIS OF DATA

To arrive at pertinent analysis, the collected data was put to statistical analysis using SPSS package. The tools, which were employed to test the drafted hypothesis for analysis included: Analysis of Variance (ANOVA), Regression, Descriptive and Correlation Analysis. After scoring the questionnaire the data was tabulated for each variable being studied separately.

The Kolmogorov-Smirnov test (K-S) and Shapiro-Wilk (S-W) test designed to test normality by comparing the data to a normal distribution with the same mean and standard deviation of the sample. If the test is NOT significant, then the data are normal. In the present research, both tests indicate that data are normal. Hence, tests like ANOVA can be applied to the data.

HYPOTHESIS TESTING

H$_{1a}$ **There is high level of Perceived organizational support and Organizational role stress among doctors.**

Means of both perceived organizational support (POS) and organizational role stress (ORS) are above the scale mean (3). The level of perceived organizational support among doctors is moderately high with a mean of 3.44. This shows that doctors perceive that the hospital they are employed in supports them as shown in Table 2.

The sub-dimensions of organizational role stress score around the scale mean with four of them i.e. inter-role distance, role expectation conflict, role overload and role isolation being slightly above the scale mean and rest six dimensions i.e. role stagnation, role erosion, personal inadequacy, self role distance, role ambiguity and resource inadequacy being slightly below the scale mean. Therefore, we fail to reject hypothesis (H$_{1a}$).

Table 2
Descriptive Statistics

	N	Mean
Perceived Organizational Support (POS)	140	3.4441
Organizational Role Stress (ORS)	140	3.0037
Inter-role Distance (IRD)	140	3.2829
Role Stagnation (RS)	140	2.9800
Role Expectation Conflict (REC)	140	3.0843
Role Erosion (RE)	140	2.9671
Role Overload (RO)	140	3.0771
Role Isolation (RI)	140	3.0243
Personal Inadequacy (PI)	140	2.8757
Self-role Distance (SRD)	140	2.9143
Role Ambiguity (RA)	140	2.8583
Resource Inadequacy (RIn)	140	2.9829

H$_{2a}$ **Perceived organizational support has negative and significant impact on the organizational role stress among doctors.**

The Karl Pearson's Correlation was employed to see the interrelationship between perceived organizational support (POS) and organizational role stress (ORS)

(Table 3) and regression was applied to find the impact of perceived organizational support on organizational role stress (Table-4, 4.1 and 4.2).

The results show a negative and highly significant (-.566) relationship between perceived organizational support (POS) and organizational role stress (ORS). Doctors with high level of perceived organizational support exhibit lower level of stress.

Table 3

Correlations Between Perceived Organizational Support and Organizational Role Stress

	Perceived Organizational Support	Organizational Role Stress
Perceived Organizational Support		
Pearson Correlation	1	-.566**
Sig. (2-tailed)		.000
N	140	140

** Correlation is significant at the 0.01 level (2-tailed).

Table 4

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.566[a]	.320	.315	.45140

a. Predictors : (Constant), POS_mean

Table 4.1

ANOVA[b]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	13.235	1	13.235	64.955	.000a
	Residual	28.119	138	.204		
	Total	41.354	139			

a. Predictors : (Constant), POS_mean

b. Dependent Variable : ORS_mean

Table 4.2

Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	5.175	.272		19.019	.000
POS_mean	-.630	.078	-.566	-8.059	.000

a. Dependent Variable : ORS_mean

Linear regression was used in order to test the impact of perceived organizational support on organizational role stress. The results show the thirty one percent of the variance in organizational role stress is caused by perceived organizational support. Perceived organizational support has significant impact on organizational role stress as the significance value is below 0.05. Thus, the hypothesis (H_{2a}) is not rejected or may be accepted.

H$_{3a}$ Perceived organizational support has significant correlation with all sub-dimensions of organizational role stress among doctors.

Table 5

Correlation Between Perceived Organizational Support and Sub-Dimensions of Organizational Role Stress

	POS	IRD	RS	REC	RE	RO	RI	PI	SRD	RA	RIn
Perceived Organizational Support											
Pearson Correlation	1	-.339 **	-.517 **	-.555 **	-.452 **	-.369 **	-.465 **	-.454 **	-.376 **	-.518 **	-.516 **
Sig. (2-tailed)		.000	.000	.000	.000	.000	.000	.000	.000	.000	.000
N	140	140	140	140	140	140	140	140	140	140	140

**. Correlation is significant at the 0.01 level (2-tailed).

The result of Karl Pearsons Correlation (Table 5) suggested that perceived organizational support (POS) has a negative and highly significant relationship with all ten sub-dimensions of organizational role stress i.e. inter-role distance, role stagnation, role expectation conflict, role erosion, role overload, role isolation, personal inadequacy, self-role distance, role ambiguity and role inadequacy. Therefore, the hypothesis (H3a) is not rejected or may be accepted.

H₄   **There exists a significant relationship of psycho-demographic variables i.e. gender and marital status with Organizational Role Stress of doctors.**

Table 6

Correlations Between Organizational Role Stress and Psycho-demographic Variables

	Organizational Role Stress	Marital Status	Gender
Perceived Organizational Support			
Pearson Correlation	1	-.144	.139
Sig. (2-tailed)		.089	.103
N	140	140	140

** Correlation is significant at the 0.01 level (2-tailed).

The result of Pearson Correlation (Table 6) suggested that there is positive correlation between Gender and ORS (r = .139). Therefore, the hypothesis (H₄ₐ) is not rejected or may be accepted. The result of pearson correlation (Table 6) suggested that there is negative correlation between Marital Status and ORS (r = -.144). Therefore, the hypothesis (H₄ₐ) is rejected.

Table 7
ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Marital Status	Between Groups		1	.859	2.926	.089
	Within Groups	40.496	138	.293		
	Total	41.354	139			
Gender	Between Groups	.794	1	.794	2.700	.103
	Within Groups	40.561	138	.294		
	Total	41.354	139			

The results of One-way ANOVA (Table 7) suggested that organizational role stress does not differ significantly among various groups based on the psycho-demographic factors (Marital Status and Gender) taken in the study, getting p-value more than .05 (p equals .089 and .103 respectively). Therefore, we fail to accept H₄ₐ.

SUMMARY OF RESULTS

Following points summarize the results of the study :
- The level of both perceived organizational support (POS) and organizational role stress (ORS) is moderately high among doctors, both being above scale mean 3.
- Perceived organizational support was negatively and highly correlated with organizational role stress. With regards sub-dimensions of organizational role stress, perceived organizational support had significant negative correlation with all ten sub-dimensions of organizational role stress.
- Organizational role stress showed negative relationship with marital status. However, organizational role stress showed positive relationship with gender.

DISCUSSION

The findings are consistent with previous findings that high levels of perceived organizational support can counteract negative consequences associated with job-related strains that may lead to feelings of reduced personal efficacy (Zohar, 1994). In addition, Ross and Boles (1994) research found that adequate supervisor and managerial support can reduce the occurrence of ambiguous situations and increase the role clarity. Rhoades and Eisenberger (2002) also found that perceived organizational support was positively correlated with having 'a positive mood' at work and this implies reduced work-related cynicism among employees. Further support for this relationship was provided by Armeli *et al.*, (1998) who found high levels of perceived organizational support to be a significant contributor to a positive disposition toward work.

Doctors have little input into the operating procedures and decision-making processes that regulate their service environment. Furthermore, while a hospital's organization management places a strong emphasis on patient care, it has been recognised that the environment in which the doctors work can often inhibit their ability to provide a truly satisfying service (Vallen, 1993). In addition, employees' perception of their work environment or climate has a substantial influence on the quality of service.

Work-related stress has been linked to reduced productivity, absenteeism, low organizational commitment and high staff turnover and all of these contribute to reduced service and financial loss for the employer organization (Lingard, 2003). Thus, organization should be alert for behavioural symptoms related to stress such

as reduced enthusiasm, high absenteeism, tardiness, and decreased productivity. Research indicates that POS is one of the factors that contribute to work-related stress. Thus, identification of stress-related behaviours may indicate a need for administrators to implement strategies to reassure employees of the organization's commitment toward them. To enhance employee levels of perceived organizational support, organization needs to ensure that programs are in place that offer encouragement and reward good performance. These might include employee of the month programs, letters of commendation and internal promotional opportunities (Rowley and Purcell, 2001). Since supervisor support has been shown to be important in determining perceived organizational support, organizations should also ensure that their higher administrative supervisors are seen to be approachable, empathetic and available to address any work related grievances that the doctors may have.

Perceived organizational support has an impact on both employee attitude and behaviour towards the organization. While employee attitude in the form of organizational commitment will help in retaining best talent in the organization, a positive behavior in the form of reduced work stress would help in improving employee efficiency and productivity at work.

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