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A Research On Constructs Of Role Efficacy Influencing Opinion Of Nurses Based On Experience

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Abstract

Role efficacy which refers to the potential effectiveness of an individual occupying a particular role in an organisation as a concept really needs attention. Role efficacy is viewed as the psychological factor underlying role effectiveness. If the role does not allow the individual to use his full level of competence, it could lead to the individual becoming frustrated at work which in turn could reduce his effectiveness. This study has been undertaken to know the constructs of role efficacy such as self-role integration, proactively, creativity, inter-role linkage, centrality, helping relationship, super ordination, influence, individual growth and coordination of nurses in Chennai and to identity the relationship between the constructs of role efficacy with respect to experience of nurses in Chennai. The results of the study have shown that that there is significant difference between experience of nurses and all the constructs influencing role efficacy.

Keywords : Role Efficacy, Self-role integration, Inter-role Linkage, Nursing, etc.

INTRODUCTION

Role efficacy which refers to the potentialeffectiveness of an individual occupying a particular role in an organisation as a concept really needs attention. Role efficacy is viewed as the psychological factor underlying role effectiveness.

The performance of an individual in a particular job depends to a great extent on his own potentialeffectiveness, his technical competency, his managerial experiences besides other factors . It would also depend to a great extent on the role that the individual is assigned in the organisation. Thus to evaluate aindividual's effectiveness it would be very necessary to have an integration of the above mentioned two aspects the individual and the role occupied by the individual.

Without possessing the requisite knowledge, technical competency and skills required to perform the role, the individual cannot be expected to be effective at work. It would also depend on how the role he occupies has been designed. If the role does not allow the individual to use his full level of competence, it could lead to the individual becoming frustrated at work which in turn could reduce his effectiveness.

REVIEW OF LITERATURE

In an interesting study conducted by Jyothi & Jyothi (2012) it has been established that there is a significant relationship between role efficacy and emotional intelligence and women who pursue careers have a higher level of emotional intelligence and role-efficacy. It also proved that the relationship that exists between role efficacy on one hand and emotional intelligence on the other tends to increase the emotional intelligence of such women who in turn tend to become more potential effectiveness in the roles they occupy.

In the empirical study conducted by Kaur &Kazi (2012) using multiple regression analysis it was found that the influence of role efficacy of nursing community in improving the organizational

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Vol-22- Issue-14-December-2019

effectiveness was rather high. The study also heighted the fact that the constructs of role efficacy which include creativity and helping relationships played a very vital role over the other constructs of role efficacy in improving overall organisational effectiveness.

The study conducted by Chaudhary & Jain (2014) has shown that with respect to the constructs of role efficacy, people occupying middle level management positions in the various universities functioning in Rajasthan exhibited a much better performance on constructs such as inter-role linkage, helping relationship, whereas on the construct coordination people occupying lower management positions fared better.

Malik et.al. (2016) made an attempt to study the influence of role efficacy on motivating employees. Their results have shown that there is a positive relation between role efficacy on one hand and level of employee motivation on the other. They suggested that organisation can work to improve role efficacy among employees thereby improving the motivation levels. This would indirectly improve its productivity as a whole specifically, organisations must look for ways to improve role efficacy along with other factors which affect role efficacy.

Das &Padhy (2015) whose studied the relationship between role efficacy and engendering trust with respect to indicators of performance have highlighted that a positive relationshipexists between role efficacy and organizational effectiveness.

On the other hand Diddi&Gujri (2014) who attemptedto study the influence of organizational role efficacy with respect to women employees in BPO industry in India has revealed that as there tends to be an increase in the level of organizational role stress, it is accompanied by an increase in the stress dimensions of role overload and role ambiguity which in turn makes employees less role efficient.

NEED FOR THE STUDY

The integration of the individual and the role comes about when the latter is in a position to fulfil the needs of the individual and when the individual in turn is able to contribute in an effective way in the role. Thus the effectiveness of an individual role in an organisation would depend upon his own potential effectiveness, the potential effectiveness of the role and the organisational climate. The potential effectiveness could be termed as efficacy.

On the other hand, individual efficacy is the potential effectiveness of an individual in individual and interpersonal situations. Role efficacy is the potential effectiveness of an individual occupying a particular in an organisation. Role efficacy can be seen as the psychological factor underling role effectiveness. Since ultimate success of an organisation and well-being of an individualdepends upon role efficacy, this study is being undertaken.

Dedicated to the service of mankind, nursing is rightly regarded as the noblest of all çallings'. The 'Sister', as the nurse is fondly addressed, brings cheers to the sick and suffering and provides invaluable care and service to the patients. She dispels the gloom of suffering with her very presence which radiates an society with a silken bond of love and affection. In the light of the above which proves the invaluable role played by the nurses, it is deemed fit to carry out this study which attempts to research on the constructs of role efficacy influencing opinion of nurses based on their experience in the profession.

OBJECTIVES OF THE STUDY

i. To know the constructs of role efficacy such as self-role integration, proactively, creativity, inter-role linkage, centrality, helping relationship, super ordination, influence, individual growth and coordination of nurses in Chennai.
ii. To identity the relationship between the constructs of role efficacy with respect to experience of nurses in Chennai.

ISSN:0971-1260
Vol-22- Issue-14-December-2019

RESEARCH METHODOLOGY

The study is descriptive in nature and has been undertaken in Chennai among the nurses working in the various corporate hospitals. Questionnaires were distributed to 150 such nurses.. However only 123 questionnaires were found to be complete useable.The questionnaire consists of two important parts which include the demographic details about the nurses and the other part dealt with the constructs of role-efficacy. The scale on role-efficacy authored by Pareek & Purohit (2011) containing 20 statements was used for the study.

Data Analysis

The data was analysed using comparison of means and one way ANOVA. The analysis was done by using SPSS version 17.

Demographic Details

The sample include only female nurses operating in the various corporate hospital in and around Chennai. The sample was 123 and 85.5% belonged to age group of less than 25 years, 10.6%) respondent were from the age group of25 – 30 years and only 3.9% belonged ot the are group of morethan 30 years.

Hypotheses

The various hypotheses framed for the study were tested using ANOVA with the help of SPSS

H_o1 :There is no significant difference in self-role integration of nurses based on experience.

ANOVA for significant difference in the mean of self-role integration of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Self-Role Integration Versus Experience	Between Groups (Combined)	2.750	2.752	0.982	<0.001**
	Within Groups	978.203	3.143		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and self-ole integration of nurses in hospitals.

H_o2 :There is no significant difference in influence of nurses based on experience.

ANOVA for significant difference in the mean of influence of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Influence Versus Experience	Between Groups (Combined)	2.113	2.655	0.789	<0.001**
	Within Groups	899.241	3.088		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and influence of nurses at work in hospitals.

H_o3 :There is no significant difference in proactivity of nurses based on experience.

ISSN:0971-1260
Vol-22- Issue-14-December-2019

ANOVA for significant difference in the mean of proactivity of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Proactivity Versus Experience	Between Groups (Combined)	2.144	2.621	0.677	<0.001**
	Within Groups	792.242	3.022		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and proactivity of nurses in hospitals.

H_o4 :There is no significant difference in creativity of nurses based on experience.

ANOVA for significant difference in the mean of creativity of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Creativity Versus Experience	Between Groups (Combined)	2.092	2.478	0.678	<0.001**
	Within Groups	783.222	3.144		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and creativity applied by nurses in hospitals.

H_o5 :There is no significant difference in confrontation of nurses based on experience.

ANOVA for significant difference in the mean of confrontation of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Confrontation Versus Experience	Between Groups (Combined)	2.432	1.999	0.943	<0.001**
	Within Groups	673.243	2.987		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and confrontation of nurses in hospitals.

H_o6 :There is no significant difference in centrality of nurses based on experience.

ANOVA for significant difference in the mean of centrality of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Centrality Versus Experience	Between Groups (Combined)	2.236	2.193	0.776	<0.001**
	Within Groups	984.55	3.122		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and centrality of nurses in hospitals.

H_o7:There is no significant difference in individual growth of nurses based on experience.

ANOVA for significant difference in the mean of individual growth of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Individual	Between Groups	2.098	2.611	0.899	<0.001**

ISSN:0971-1260
Vol-22- Issue-14-December-2019

Growth Versus Experience	(Combined)				
	Within Groups	699.493	3.024		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and individual growth of nurses in hospitals.

H_o8 :There is no significant difference in inter-role linkage of nurses based on experience.

ANOVA for significant difference in the mean of inter-role linkage of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Inter-Role Linkage Versus Experience	Between Groups (Combined)	3.001	2.431	0.896	<0.001**
	Within Groups	982.111	3.123		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and inter-role linkage of nurses in hospitals.

H_o9 :There is no significant difference in helping relations of nurses based on experience.

ANOVA for significant difference in the mean of helping relationships of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Helping Relationships Versus Experience	Between Groups (Combined)	2.432	2.444	0.891	<0.001**
	Within Groups	855.251	3.144		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and helping relationships among nurses in hospitals.

H_o10 :There is no significant difference in super ordination of nurses based on experience.

ANOVA for significant difference in the mean of super ordination of nurses with respect to experience

		Sum of Squares	Mean Square	F Value	P Value
Super Ordination Versus Experience	Between Groups (Combined)	2.113	2.655	0.983	<0.001**
	Within Groups	865.242	3.022		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and superordinate of nurses in hospitals.

H_o11 : There is no significant difference in overall role efficacy of nurses based on experience.

ANOVA for significant difference in the mean of overall role efficacy of nurses with respect to exp72erience

		Sum of Squares	Mean Square	F Value	P Value
Overall Role	Between Groups	2.498	2.492	0.981	<0.001**

ISSN:0971-1260
Vol-22- Issue-14-December-2019

Efficacy Versus Experience	(Combined)				
	Within Groups	872.345	3.225		
Total					

Since P value is less than 0.01, it shows that there is statistically significant difference between experience and overall role efficacy of nurses in hospitals.

FINDINGS & CONCLUSION

The study which has been conducted to know the construct of role efficacy influencing opinion of nurses based on their experience has brought about interesting insights. This research has proved that there is significant difference between experience of nurses and all the constructs influencing role efficacy. This is in conformance with the results of the study conducted by Rastogi, Rangnekar&Bamel (2012) on employees of banks. Thus it can be concluded that there are difference between role efficacies of nurses which can be attributed to experience of the nurses.

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