

ORIGINAL ARTICLE

Assessment of Organizational Role Stress among Health Care Workers working in Sub Health Centres of Raipur District Chhattisgarh

Sanjeev Kumar Meshram¹, Nirmal Verma², Aditi Chandrakar³, Monika Dengani⁴, Shubhra A Agrawal⁵, Mini Sharma⁶

^{1,2,4,5,6}Department of Community Medicine, Pt. Jawahar Lal Nehru Memorial Medical College, Raipur, Chhattisgarh;

³Department of Community & Family Medicine, All India Institute of Medical Science Raipur, Chhattisgarh;

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Corresponding Author

Dr Nirmal Verma; Professor & Head, 3rd floor, Department of Community Medicine, Pt. Jawahar Lal Nehru Memorial Medical College, Raipur 492001

E Mail ID: drnirmalverma@gmail.com



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Abstract

Background: Organizational-related stress is a global issue. Organizational Role Stress (ORS) is described as “The emotional, cognitive, behavioural, and physiological reaction to aversive and noxious aspects of work, work environments, and work organizations.” Studies have indicated that when compared to other professions, Health Care Workers (HCWs) are at higher risk of organizational stress with rising job expectations. **Aim & Objective:** To determine the Organizational Role of Stress among Health Care Workers working in Sub Health Centres of Raipur District Chhattisgarh and its association with sociodemographic characteristics. **Methods and Material:** A descriptive cross-sectional study among 113 HCWs was done by using a self-administered questionnaire, using Pareek’s ORS Scale to determine 10 dimensions of Role Stress such as Inter-Role Distance, Role Stagnation, Role Expectation Conflict, Role Erosion, Role Overload, Role Isolation, Personal Inadequacy, Self-Role Distance, Role Ambiguity, and Resource Inadequacy. HCWs were selected by simple random sampling. **Results:** Role overload was the cause of the greatest role stress level among HCWs. Levels of ORS were observed to have a statistically significant association with higher among female HCWs, among unmarried, among nuclear families, those who were educated below 10th standard, and among the upper class. **Conclusions:** This study's findings need administrators and policymakers to establish an attractive working environment to reduce the side effects and effects of role stress and boost the HCWs' productivity.

Keywords

Health Care Workers; Organizational Role Stress; Stress

Introduction

The last half-century has undergone a vast change within the nature of society and of the place of work particularly.

(1) “The progressive World, absolutely a world of accomplishment, is additionally a world of stress.” (2)

Stress is described as “The non-specific response of the body to any demand for change”. (1) As per WHO (“World Health Organization”), stress is the health pandemic of the twenty-first century. (3) Organizational Role Stress is described as “The emotional, cognitive, behavioural and reflex to aversive and noxious aspects of work, work environments, and work organizations. it's a state

characterized by high levels of arousal and distress and often by feelings of not coping.” (4) Organizational stress or work stress may be a long-standing concern of healthcare organizations. (5)

Workplace stress experienced by HCWs was connected to lower job satisfaction, increased turnover intentions, decreased organizational commitment, and elevated physical as well as psychological state indications. (6) The 20th century is the era of science & technology with the thrill of novel discoveries being tempered by the accelerating speed of life. (7)

The nature of society and the workplace have undergone an enormous transformation in this century. People are

required to deal with the fast evolution of both technology and nature. They experience stressors both at their jobs and outside of them. (8) The word "role" comes from the French word "rolle," which denotes a role one must perform. (9) Role stress is typically characterized as a condition of tension as well as anxiety when an individual finds it challenging to perform a given role. (8) In an organizational context, organizations are closely related to workplace environments that contain a variety of systems, including administration, marketing, finance, and production. (3) There are numerous categories in which sources of organizational stress can be categorized, including intrinsic job-related factors, roles in organizations, career development, organizational structure, organizational interface, relationships with organizations, and stressors resulting from individual variations. (10) At Individual level numerous factors are related to work related stress, in the context of demographic characteristics like age, gender, educational qualifications, marital status, type of family often consider as integral factors in conveying important sociocultural and economic information. Thus, this research study was done for the assessment of ORS among Health Care Workers working in Sub-Health Centres and its association with socio-demographic features.

Aims & Objectives

To assess Organizational Role Stress among Health Care Workers working in Sub-Health Centres and its association with socio-demographic features.

Material & Methods

The Department of Community Medicine, Pt Jawaharlal Nehru Memorial Medical College, Raipur, Chhattisgarh conducted the study. The survey was undertaken in selected Sub Health Centers of Raipur District Chhattisgarh from November 2020 to October 2022.

Study Design: Observational Cross-sectional study

Study Subjects: Health Worker Female and Health Worker Male working in Subhealth Centers of Raipur District.

Inclusion Criteria: Health care workers (HCWs) both male and female working in the Sub health centers.

Exclusion Criteria: 1. Those who are not willing to participate in the study.

2. Those HCWs who are not available at the time of study, posted elsewhere or may not have been working there.

Sample size: The sample size calculated by using standard deviation with known population

$$n = \frac{(Z\alpha)^2 (\sigma)^2}{(ME)^2 (\text{mean})^2}$$

Where $Z\alpha$ is 95% confidence interval (1.96)

ME is 5% of margin of error (0.05)

σ is 2.44 S.D. of overall role stress

Mean is 9.86 (mean of overall role stress)

Taking 20 % as non-response rate, total sample size came out to be 113.

Sampling method: Simple random sampling. The list of HCWs working in the Subhealth centres of Raipur district was obtained from Chief Medical and Health Office of Raipur District. As per the procured list total 275 HCWs are working in Subhealth Centres Raipur District, out of which 113 was selected by Simple random sampling.

Study tool: Predesigned, pretested self-administered questionnaire consisting of 2 parts-

1. Questionnaire related to socio-demographic characteristics of study subjects.
2. Questionnaire related to Organizational Role Stress [ORS] Scale: for assessing the level of ORS.

Assessment of ORS:

ORS assess by **ORS Scale** established by **Pareek**.

ORS Scale was applied to determine 10 role stressors among HCWs. It consists of the 10 role stressors listed below.

- (1) **IRD (Inter Role Distance):** Conflict between organizational and non-organizational roles.
- (2) **RS (Role Stagnation):** A feeling of job stagnation and lack of advancement or feeling of being stuck in the same role.
- (3) **REC (Role Expectation Conflict):** Conflicting needs made on one by other organization members like seniors, subordinates or peers.
- (4) **RE (Role Erosion):** A feeling of poor self-esteem, worthlessness, mood swings, a lack of desire at work, and other stress indicators have been linked to RE. when a role occupant feels that others are performing certain function which should have been a part of his role.
- (5) **RO (Role Overloads):** When the person of the post feels that too much is expected of them beyond what they can handle. Too many obligations to do anything correctly.
- (6) **RI (Role Isolation):** When a role of a person is not properly connected to other roles inside the organization. Feeling cut off from communication channels or isolated from main stream.
- (7) **PI (Personal Inadequacy):** When a person is ineffective in a certain function due to a lack of skills, knowledge, or proper preparation.
- (8) **SRD (Self-Role Distance):** When one's values as well as self-concept conflict with the demands of the organizational role. A conflict between an individual's ideals or interests and the requirements of their job.
- (9) **RA (Role Ambiguity):** This type of stress occurs when there is a lack of understanding about the role's demands, which might result from a lack of knowledge or comprehension.
- (10) **RIN (Resource Inadequacy):** When the resources necessary for a role's successful performance are not available.

ORS is a 5-point likert scale ranging from 0 to 4, 0 being "if you never or rarely feel this way", and '4' being "if you very frequently or always feel this way", containing five items

for each role stress and a total of 50 statements. Thus, the total scores on each role stress range from 0 to 20.

Data Collection: Informed written consent was taken from the study subjects and they were ensured that their identity would be kept confidential during and after the study. For this, all the study subjects were given unique ID and their names were not mentioned in questionnaire to ensure confidentiality. Data was collected in sector meeting and on one-to-one basis. Study subjects were selected on the basis of the inclusion criteria. Data was collected from each of the selected study participants using self-administered questionnaire. If selected study participants not available at sub health centre due maternity leave, long duration leave, in their place, those HCWs are included in the study who have taken charge of that SHC or preferably whosoever (HCWs) is available in sector meeting from same SHC or from nearest SHC.

Statistical Analysis: Analytical statistics applied in the form of mean and SD (“Standard Deviation”), ANOVA, and t-test. Mean, and SD was calculated for each stressor of ORS and the association was done by using a t-test and ANOVA. Rank orders for all stressors were given according to the mean ratings, with higher scores showing higher Role Stress & vice versa. The statistical significance level was considered at the value of p less than 0.05.

Ethical Permission: The research was permitted by the Institutional Ethical Committee of “Pt. J.N.M. Medical College, Raipur, Chhattisgarh”.

Results

ORS Scale employed in the research has a Cronbach's Alpha value of 0.831, showing the scale's good reliability. [Table 1](#) shows a total of 113 HCWs participated in the work, the mean age of study participants was 40.9 years with $SD \pm 8.56$.

[Table 2](#) depicted that overall organizational role stress levels among 10 dimensions of stressors, RO was observed as the highest rank stressor with mean \pm SD (12.32 \pm 4.180) and RE emerged as the lowest potent stressor mean \pm SD score 4.10 \pm 3.193 among all 10 dimensions.

Table 3 reveals that mean score of total organizational role stress among the HCWs was highest in the 41 to 50 years of age group and no significant difference was observed between total ORS among the HCWs of different age groups. The mean score of total ORS was higher among females than males. Independent sample t-test was employed to determine the effect of gender on their stress level, and a highly significant difference has been observed with $p < .01$). A significant difference in the ORS among healthcare workers w.r.t. marital status has been observed, and further study was done to find which group of healthcare workers had a more stressful role with respect to marital status. [Table 3](#) reveals that unmarried HCWs experience higher ORS as compared to married, divorced/ separated, and widows/widowers. Mean of total organizational role stress among HCWs who belong

to joint families was lower than those with the nuclear family. Independent sample t-test displays a statistically significant difference with $p < 0.05$ between total ORS and type of family. The mean score of total organizational role stress was higher when HCWs were educated up to a higher secondary level, further analysis was done which reveals a highly significant difference was observed in the overall ORS and education status of HCWs.

Discussion

Stress due to occupation/ organization is getting importance more nowadays. Stress is a serious concern among HCWs, not only because it does not affect their health but it also effects the quality of care, they provide in their work place. It was seen from various studies performed in different services, sectors that have direct interaction with the public or clients are more likely to experience greater levels of stress. This current work was carried out to assess the ORS among healthcare workers working in sub-health centers. Among 10 dimensions of role stressors of organization role stressors, Role overload was observed highest rank stressor and Role erosion is the least potent stressor. A similar study done by Das Gupta et al (11) to determine the source of role stress among HCWs shows RO to be the most important element producing role stress among HCWs working in the hospital. Another study done by Kejriwal A (12) showed that IRD is a leading role stressor experience by bank officers escorted by RO & RS. The least common stressor turns out to be RA. Role overload is the term used to describe a scenario when workers feel that are expected to do too many tasks or duties compared to their time and ability. Reason may be due to the work profile of health care workers at subcenter level is even more demanding as it balances the provision of preventive services, referral services, subcenter work as well as field work. These workers are backbone of public health system as they carry out all the national health programs in the field. They have high chance of developing stress due many numbers of health programs in India which they implement at field level.

The present study observed no significant difference between total ORS and different age groups of HCWs. Higher aged HCWs faced more ORS may be due to gap related to new technology, due to their health concerns and sometimes when they are near to the age of retirement, they plan to disengage themselves from work. A similar study done by Sinha D et al. (13) among the employees of the banking sector found that there is no significant ($p > 0.05$) correlation between ORS and the age of respondents. The current study supports the previous analyses of Bano B et al. (14) Kejriwal A (12) and K. Saravanan et al (15) which revealed no significant difference in the prevalence of ORS and age of study participants. This indicates that the age of the respondent does not affect the level of role stress.

The present study shows a total mean score of total ORS is more among females than males. This may be due to women experienced higher level of stress due to added responsibility of balancing their work life and family. Females have multiple obligations of career, household, spouse and children. A study was done by Pia muriel Cardoso (16) among healthcare workers to focus on testing the correlation between personal as well as organizational/job factors on ORS. The findings show that male doctors experience less role stress than female doctors. The present study supports the previous studies of Vidya Patwardhan (17) and Bhatt S et al. (18)

This study shows that unmarried HCWs experience higher total ORS as compared with married, divorced or separated and widow/widower HCWs with statistically significant difference with $p < 0.05$. A similar study done by Fernandes C.F.V. et al. (19) among officers' cadre at the branches of selected nationalized and private banks located in Goa, India shows that marital status was significantly associated with Organizational Stress, married couples experience less stress than unmarried study participants. A study done by Godifay G. et al. (20) among health care workers in North Ethiopia found that marital status was significantly associated with Organizational Stress. Another study done by Gunawardane et al. (21) among doctors working in a teaching hospital found that there is significant ($p = 0.03 < 0.05$) relationship between marital status of the respondents and with regard to various dimensions and overall level of role stress.

The result of the present study reveals that there is significant difference on overall stress and education status of HCWS. A similar study done by Sanjeev M.A. et al. (22) among Indian IT sector revealed that there is significant difference ($p < 0.05$) between the organizational role stress levels of study subjects and educational status. The present study supports the previous studies of Bano B et al. (14) that shows there is significant difference ($p = 0.002$) between the organizational role stress levels of study subjects and educational status. While a study done by Sinha D et al. (13) found that that there was no significant ($P > 0.05$) relationship between qualification of the respondents and organizational role stress among study subjects. A study done by Kejriwal A (12) observed no significant difference in Organizational Role Stress between educational status of study participants.

The present study shows that the level of organizational role stress for joint family is less, compared to nuclear families. HCWs living in joint family with good family support can cope up with stress easily as they can share their worries with their family which act as shock absorber to them which encourage them to work. A similar study done by Seema Munaf et al (23) results indicate women of nuclear families seem to be more depress than women of joint families. Another study done Noh J-W (24) reported that number of family members, were found to have a

significant association with stress level in the study subjects ($p < 0.05$).

This study shows that total organizational role stress among upper class was higher than upper middle class followed by middle class. This difference was statistically significant.

A similar study done by Aryal S et al. (25) among community health workers of Mangalore Taluk, Karnataka shows significant ($p < 0.05$) association between organizational stress and socio-economic status of study participants. Another study was done by Arunmozhi et al. (26) among health care workers, revealed there was no significant ($p = 0.18$) difference in the prevalence of Organizational Stress and socio-economic status of study participants. Another study done by Kejriwal A (12) observed there was no significant ($p > 0.05$) difference in Organizational Role Stress and socio-economic status of study participants.

This study shows that the mean scores of total organizational role stress was higher among those more years of service. This may be due to difficulty in adaptation to new schemes, changes done in existing health programs and many new health management information reporting. This study is also associated with the study done by Khalid S et al. (27) among bank employees showed there was no significant difference among work experience of bank employees regarding role stress. In contrast, whereas a study was done by Gunawardane et al. (21) among doctors working in a teaching hospital found that there is significant ($P < 0.05$) relationship between experience (in years) of the respondents and with regard to various dimensions and overall level of role stress. The present study not supports the previous studies of Bano B et al. (14) that shows there is significant difference ($p = 0.005 < 0.05$) between the organizational role stress levels of study subjects and work experience.

Conclusion

From the above analysis and discussion, the highest contribution to ORS is RO, followed by Resource Inadequacy and Role Expectation Conflict successively. Role Erosion (RE) was found to be the least common stressor. Further, study analysis of the effect of different socio-demographic variables on stress levels shows that gender, marital status, family type, and Socioeconomic status have a significant impact on HCWs' stress levels.

Recommendation

The health organization should initially recruit the sanctioned number of posts to reduce Role Overload. Health Care workers experience high work overload probably because of long working hours and shortage of manpower. For long-term measures, the number of sanctioned posts should be increased as per Indian Public Health Standards norms.

Health organizations should assess the gap in resources in the terms of manpower, money, and material and ensure

the fulfilment of the scarcity of essential resources. The health organization should develop a system to monitor the inadequacy of the resources in a timely manner and fulfil the gap when needed. Health organizations should have a clear depiction of their job responsibilities, work objectives, and expectations to overcome Role Expectation Conflicts. Health organizations should provide psychological counselling, meditation, and physical interventions in the form of yoga and other exercises to HCWs to cope with their stress effectively. Training of HCWs of all ages to use new methods will potentially benefit the HCWs.

Limitation of the study

This study has been done only on healthcare workers who work at the sub-health centers so findings cannot be generalized from other HCWs.

Relevance of the study

Even if there are a lot of studies on different aspects of HCWs, there is hardly any study focused on the organization role stress, particularly in the context of Chhattisgarh in general and in District Raipur C.G. in particular.

Authors Contribution

All authors have contributed equally.

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Tables

TABLE 1: SOCIO-DEMOGRAPHIC PROFILE OF STUDY PARTICIPANTS. (N=113)

Socio-demographic variables	Frequency	Percentage	
Age groups (in years)	up to 30 years	10	08.8%
	31 to 40	49	43.0%
	41 to 50	30	26.3%
	51 to 60	24	21.1%
Gender	Male	50	44.2%
	Female	63	55.8%

Socio-demographic variables		Frequency	Percentage
Marital status	“Married	95	84.1%
	Unmarried	5	4.4%
	Divorced/Separated	4	3.5%
	Widow/Widower”	9	8.0%
Education Status	Higher Secondary	41	36.3%
	Graduate	30	26.5%
	Postgraduate	42	37.2%
Family Type	Joint	63	55.8%
	Nuclear	50	44.2%
Socio-Economic Status	Upper Class	72	63.7%
	Upper Middle Class	28	24.8%
	Middle Class	13	11.5%
Duration of Service Group (in years)	Below ≤ 5	06	5.3%
	06 to 10	53	46.9%
	11 to 15	20	17.7%
	16 to 20	07	6.2%
	Above 20	27	23.9%

TABLE 2: RANK ORDER OF ROLE STRESSORS

Stressors	Mean	SD	Rank
IRD	9.34	4.808	4
RS	6.10	4.547	6
REC	9.39	4.674	3
RE	4.10	3.193	10
RO	12.32	4.180	1
RI	5.75	3.821	7
PI	4.47	3.808	9
SRD	6.99	3.460	5
RA	4.54	3.576	8
RIN	11.58	3.838	2
Total ORS	74.57	27.907	

TABLE 3: EFFECT OF SOCIO-DEMOGRAPHIC VARIABLES ON THE TOTAL ORS

Socio-demographic variables		Mean	S.D.	Significant value (p-value)	Remarks
Age (in years)	≤30	70.60	26.467	.154	Not Significant
	31 to 40	68.55	29.038		
	41 to 50	81.90	20.944		
	51 to 60	79.33	32.058		
Gender	Male	66.14	28.089	.004**	Highly significant**
	Female	81.25	26.089		
Marital Status	“Married	73.51	26.453	.014*	Significant*
	Unmarried	96.20	40.795		
	Divorced/Separated	42.75	15.218		
	Widow/Widower”	87.89	27.397		
Family type	Joint	68.57	23.76	.010*	Significant*
	Nuclear	82.12	31.00		
Educational Status	Higher Secondary	81.73	28.763	.004**	Highly significant**
	Graduation	80.50	22.827		
	Post-graduation	63.33	27.302		
Socio-economic status	Upper Class	78.51	25.834	.037	Significant*
	Upper Middle Class	72.39	28.970		
	Middle Class	57.38	31.740		
Duration of service (in years)	≤ 5	62.17	28.82	.291	Not Significant
	6-10	70.4	28.315		
	11-15	76.10	21.803		
	16-20	82.71	18.812		
	≥ 20	82.15	31.831		

*Significant at 0.05 level of significance (p<.05), **highly significant at 0.01 level of significance (p<.01)