National Research Journal of Social Sciences
Volume-11, Issue-2, July-December, 2026
PP: 219-226

ISSN: 2348-473X
Peer Reviewed & Refereed Journal (IF: 6.95)
Journal Website: www.nrjss.in

ROLE CONFLICT AND STRESS MANAGEMENT AMONG URBAN WORKING WOMEN IN THE HEALTHCARE SECTOR WITH REFERENCE TO BENGALURU: A THEORETICAL PERSPECTIVE

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ABSTRACT

The healthcare sector demands continuous professional commitment, emotional labour, and long working hours, making work–life integration particularly challenging for women healthcare professionals. Urban working women in Bengaluru frequently experience multiple role expectations arising from professional, familial, and societal responsibilities. This paper develops a theoretical framework integrating Role Conflict Theory with Stress and Coping Theory, Job Demand–Resources Theory, and Conservation of Resources Theory to explain how multiple role demands influence occupational stress and well-being among women employed in hospitals and healthcare institutions. The study proposes a conceptual model identifying organizational support, emotional intelligence, coping strategies, and work–life balance as mediating and moderating mechanisms. The paper contributes to organizational behaviour and healthcare management literature by contextualizing role conflict within India's rapidly expanding urban healthcare ecosystem and offers implications for policy, organizational interventions, and future empirical research.

Keywords: Role conflict, Stress management, Healthcare sector, Urban working women, Bengaluru, Work–life balance, Organizational behaviour.

INTRODUCTION

Healthcare is one of the fastest-growing sectors in India, with Bengaluru emerging as a leading centre for corporate hospitals, multispecialty healthcare institutions, medical education, and healthcare technology. The expansion of this sector has substantially increased employment opportunities for women, who now constitute a significant proportion of doctors, nurses, allied healthcare professionals, administrators, pharmacists, laboratory technicians, and therapists. Although this increased participation has strengthened the healthcare workforce, it has simultaneously intensified the challenges associated with balancing professional and personal responsibilities.

Women employed in healthcare organizations often work under demanding conditions characterized by long working hours, rotating shifts, emergency duties, emotional involvement with patients, and high-performance expectations. These occupational demands frequently overlap with traditional family responsibilities such as childcare, elder care, household management, and caregiving. Despite increasing workforce participation, Indian society continues to assign primary domestic responsibilities to women, thereby creating multiple and often conflicting role expectations.

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Role conflict occurs when expectations associated with one role interfere with the fulfilment of another. In healthcare settings, women may experience conflict between patient care responsibilities and family obligations, professional development and caregiving duties, or organizational expectations and personal well-being. These conflicting expectations often generate occupational stress, emotional exhaustion, burnout, reduced job satisfaction, absenteeism, and lower organizational commitment. Such outcomes not only affect individual employees but also influence healthcare quality, patient safety, organizational productivity, and employee retention.

Bengaluru presents a unique context for studying these issues because of its rapid urbanization, growing healthcare infrastructure, increasing female workforce participation, and changing family structures. Long commuting hours, nuclear families, limited domestic support, and competitive work environments further intensify work–family conflict among women healthcare professionals.

This paper develops an integrated theoretical framework explaining how role conflict contributes to occupational stress among urban working women in Bengaluru's healthcare sector. By integrating four established theories—Role Conflict Theory, Stress and Coping Theory, Job Demand–Resources Theory, and Conservation of Resources Theory—the paper offers a comprehensive understanding of stress generation and stress management within contemporary healthcare organizations.

REVIEW OF LITERATURE

Kaur, J., & Sharma, S. (2021). Work-life interference: A perpetual struggle for women employees. International Journal of Organizational Analysis, 30(2), 181–196. https://doi.org/10.1108/IJOA-04-2020-2133: Examines work–life interference among women in India's healthcare sector and highlights employer and family support as protective factors.

Zhang, Y., et al. (2024). Work–family conflict categories and support strategies for married female nurses: A latent profile analysis. Frontiers in Public Health, 12. https://doi.org/10.3389/fpubh.2024.1324147 : Identifies different types of work–family conflict among married nurses and discusses targeted organizational support strategies.

Chandrasekaran, S., Guduru, R., & Loganathan, S. L. (2025). Factors causing work-related stress and strategies for stress management: A study of working women in private and public sectors in the Indian context. Frontiers in Global Women's Health, 6: Investigates workplace stressors and coping strategies among Indian working women, providing insights applicable to healthcare professionals.

Tokas, M., & Tiwary, A. (2025). Work–family conflict on female doctors during COVID-19 pandemic. Journal of Informatics Education and Research, 5(2).: Focuses specifically on female doctors in India, examining how work–family conflict contributes to occupational stress.

Li, X., et al. (2025). Work-family behaviour role conflict affect the health outcomes of emergency department nurses: Gender difference study by propensity score matching. Frontiers in Public Health, 13: Explores gender differences in work–family conflict and their effects on nurses' physical and mental health.

Lesmanto, R. T., & Wijono, S. (2025). Balancing Act: Dual-role conflict and job stress in female healthcare workers. Jurnal Bimbingan dan Konseling Terapan, 8(2): Examines the relationship between dual-role conflict and job stress among married female nurses.

Masruroh, R., Prayudi, D., Budiman, A., Oktaviani, W., & Alviani, D. (2025). Double burden of professional and domestic roles: Work-family conflict, workload, and job stress as predictors of performance among female healthcare workers in hospitals**. Inkubis: Jurnal Ekonomi dan Bisnis,**

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Peer Reviewed & Refereed Journal (IF: 6.95)
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8(3): Investigates how work–family conflict, workload, and stress influence the performance of female hospital employees using JD–R and COR theories.

Sharma, P., & Colleagues. (2025/2026 online). Impact of job stress and work-life balance on turnover intention among Indian healthcare workers. Discover Public Health: Examines job stress, work–life balance, and turnover intentions among Indian healthcare professionals, with implications for retention and organizational support.

RESEARCH GAP

Although occupational stress among healthcare professionals has been widely examined, several research gaps remain.

First, most existing studies focus on burnout, job satisfaction, or work–life balance independently rather than examining how role conflict serves as a precursor to these outcomes.

Second, studies conducted in the Indian healthcare sector often emphasize nurses or physicians separately, with limited attention to women across multiple healthcare professions.

Third, theoretical integration remains limited. Most previous research employs a single theoretical perspective, whereas workplace stress is multidimensional and influenced by organizational, psychological, and social factors simultaneously.

Fourth, Bengaluru's healthcare ecosystem has expanded rapidly because of corporate healthcare investments, medical tourism, and technological innovation. However, relatively few conceptual studies examine how urban work environments influence women's role conflict and stress experiences.

Finally, limited research has explored organizational support, emotional intelligence, coping strategies, and work–life balance as interacting mechanisms that influence stress outcomes. This paper addresses these gaps by integrating multiple organizational behaviour theories into a unified conceptual framework.

OBJECTIVES OF THE STUDY

The study aims to:

a. Examine the concept of role conflict among urban working women in Bengaluru's healthcare sector.

b. Explain occupational stress using established organizational behaviour theories.

c. Integrate Role Conflict Theory, Stress and Coping Theory, Job Demand–Resources Theory, and Conservation of Resources Theory into a comprehensive conceptual framework.

d. Identify organizational support, emotional intelligence, coping strategies, and work–life balance as mediating and moderating variables.

e. Provide theoretical implications for healthcare management and directions for future empirical research.

THEORETICAL FOUNDATION

1. Role Conflict Theory (Kahn et al., 1964)

Role Conflict Theory explains that individuals occupy multiple social roles, each associated with different expectations. Conflict arises when expectations from different roles become incompatible or mutually exclusive.

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Women healthcare professionals simultaneously perform professional roles, family roles, and community roles. Emergency duties, night shifts, overtime work, and patient responsibilities often interfere with family commitments. Similarly, family responsibilities may reduce the time and energy available for professional advancement.

The theory identifies several forms of role conflict:

a. Inter-role conflict
b. Intra-role conflict
c. Person-role conflict
d. Role overload

Within healthcare organizations, these conflicts frequently produce psychological strain, emotional exhaustion, decreased job satisfaction, and reduced organizational commitment.

2. Stress and Coping Theory (Lazarus & Folkman, 1984)

Lazarus and Folkman conceptualized stress as a dynamic relationship between individuals and their environment. Stress occurs when individuals perceive environmental demands as exceeding their coping resources.

The theory distinguishes two appraisal processes:

Primary appraisal: Individuals evaluate whether a situation is threatening.

Secondary appraisal: Individuals assess their ability to cope with the situation.

Healthcare professionals experience stress differently depending on available coping mechanisms.

Two major coping strategies include:

Problem-focused coping, involving planning, time management, seeking organizational support, and workload prioritization.

Emotion-focused coping, including emotional regulation, mindfulness, counselling, relaxation techniques, and social support.

Effective coping reduces occupational stress, whereas ineffective coping increases burnout and emotional exhaustion.

3. Job Demand–Resources Theory (Bakker & Demerouti, 2007)

The Job Demand–Resources (JD–R) Theory argues that every occupation consists of job demands and job resources.

Job Demands

Job demands include:

a. Heavy workload
b. duties
c. Emotional labour
d. Time pressure
e. Patient care responsibilities

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f. Administrative responsibilities

g. Excessive job demands contribute to stress and burnout.

Job Resources

Job resources include:

a. Supervisor support

b. Organizational flexibility

c. Career development

d. Autonomy

e. Team collaboration

f. Employee wellness programs

g. Psychological support

According to JD–R Theory, adequate organizational resources reduce the negative effects of high job demands while promoting employee engagement and motivation.

4. Conservation of Resources Theory (Hobfoll, 1989)

Conservation of Resources (COR) Theory proposes that individuals strive to obtain, preserve, and protect valuable resources.

Resources include:

a. Time

b. Energy

c. Emotional stability

d. Social support

e. Financial security

f. Professional competence

Stress occurs when these resources are threatened, lost, or insufficient to meet environmental demands.

Women healthcare professionals often experience continuous resource depletion because of simultaneous professional and family responsibilities. Chronic loss of energy, time, emotional capacity, and social support increases vulnerability to occupational stress.

Conversely, organizations that provide supportive leadership, flexible scheduling, childcare assistance, and employee assistance programs help employees preserve critical personal resources, thereby reducing stress.

INTEGRATED CONCEPTUAL FRAMEWORK

The proposed conceptual framework integrates all four theories into a comprehensive explanation of occupational stress among urban working women in Bengaluru's healthcare sector.

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Independent Variable

Role Conflict

Mediating Variables

a. Occupational Stress
b. Coping Strategies
c. Intelligence

Moderating Variables

a. Organizational Support
b. Work–Life Balance
c. Family Support

Dependent Variables

a. Employee Well-being
b. Job Satisfaction
c. Organizational Commitment
d. Burnout
e. Quality of Patient Care

Role Conflict Theory explains how incompatible role expectations create stress. Stress and Coping Theory explains individual psychological responses. JD–R Theory emphasizes the importance of organizational resources in reducing job demands, while COR Theory explains how preserving personal resources protects employees against stress and burnout.

Together, these theories provide a holistic understanding of employee well-being by integrating organizational, psychological, and social perspectives.

DISCUSSION

The integrated framework demonstrates that occupational stress among women healthcare professionals is not merely an individual psychological issue but an outcome of interactions between organizational demands, family responsibilities, and personal coping resources.

Healthcare organizations increasingly expect employees to provide high-quality patient care, maintain professional competence, adopt new technologies, and work flexible schedules. Simultaneously, many women continue to bear primary responsibility for domestic work and caregiving. These overlapping expectations create persistent role conflict that can negatively affect mental health and work performance.

The framework highlights the importance of emotional intelligence as a protective psychological resource. Employees capable of recognizing and regulating emotions are better able to manage patient interactions, workplace conflicts, and family pressures. Likewise, adaptive coping strategies such as planning, social support, resilience training, and mindfulness improve psychological well-being.

Organizational support also plays a critical role. Flexible work arrangements, supervisor support, wellness initiatives, mentoring, childcare facilities, and counselling services can substantially reduce

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occupational stress. Such interventions align with JD–R Theory by increasing job resources while minimizing the impact of excessive job demands.

COR Theory further suggests that organizations should actively protect employees' personal resources. Programs promoting work–life balance, adequate staffing, leave flexibility, mental health services, and supportive leadership help prevent resource depletion and reduce burnout.

For Bengaluru's healthcare institutions, implementing gender-sensitive human resource policies is particularly important because rapid urbanization, increased commuting times, and changing family structures continue to intensify work–family conflict. Organizational investment in employee well-being is therefore not only a social responsibility but also a strategic necessity for improving workforce retention, organizational commitment, and patient outcomes.

Future empirical studies may validate this conceptual framework using Structural Equation Modeling (SEM), mediation analysis, and longitudinal research designs. Comparative studies between public and private hospitals and across different healthcare professions would further strengthen theoretical understanding.

CONCLUSION

Urban working women in Bengaluru's healthcare sector experience considerable challenges arising from the simultaneous demands of professional, familial, and societal roles. These competing expectations frequently generate role conflict, leading to occupational stress, emotional exhaustion, reduced job satisfaction, and burnout. Understanding these complex relationships requires a multidimensional theoretical perspective rather than relying on a single explanatory model.

This paper integrates Role Conflict Theory, Stress and Coping Theory, Job Demand–Resources Theory, and Conservation of Resources Theory to provide a comprehensive conceptual framework explaining how role conflict influences stress and employee well-being. The framework identifies organizational support, emotional intelligence, coping strategies, work–life balance, and family support as key mechanisms that influence stress outcomes.

The study contributes to organizational behaviour literature by extending theoretical understanding of role conflict within India's rapidly expanding urban healthcare environment. It also offers practical implications for healthcare administrators, policymakers, and human resource professionals seeking to develop employee-centered workplaces.

Healthcare organizations should prioritize flexible scheduling, supportive leadership, wellness initiatives, mental health services, family-friendly policies, resilience training, and employee assistance programs. Such interventions can reduce occupational stress, enhance employee well-being, improve organizational commitment, and ultimately contribute to higher-quality patient care. Future empirical research should validate the proposed framework across diverse healthcare settings to strengthen evidence-based organizational practices.

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