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BOOK REVIEWS

Jerri M.D. Laube. *Response of the Health Care Worker to Family-Community Role Conflict and the Psychological Consequences of Resolution*. University of Texas Ph. D. Dissertation (Nursing), 1974, 91 pp.

Role conflict has been recognized as an important disaster-related phenomenon by several authors (e.g., Prince; Killian; Moore, Form and Nosow; White). Although some researchers have expressed an interest in the psychological effects of role conflict, their assertions concerning the relationship between psychological stress and role conflict have been largely speculative. This dissertation, therefore, makes a noteworthy contribution to the disaster literature by attempting to systematically examine the relationship between role conflict, type of conflict resolution and psychological stress among health professionals in the disaster context.

Interview data was collected on medical and Red Cross personnel working in Xenia, Ohio, during a two-week period following the tornado of April 1974. Disaster experience, role conflict and type of conflict resolution are employed as the explanatory variables in attempting to explain why health care workers experience "an exceptional amount of stress". Psychological stress is measured by the scores obtained on the Psychiatric Status Schedule developed by Spitzer and his associates. Four subgroups of health professionals were derived by dichotomizing and measuring the explanatory variables in the following way: a) victim – non-victim, measured by place of residence (i.e., live inside or outside Xenia); b) role conflict – no role conflict, measured by family setting (i.e., live with family or live alone); and c) family role – community role resolution, for which the measurement procedure is unclear. Stress scores for each of the subgroups are then compared.

If the assumptions are correct and if, as Laube concludes, disaster experience, role conflict and type of conflict resolution explain the differences in psychological stress we would expect the non-victim subgroup to have the lowest score. Moreover, we would expect the scores of the victim subgroups to be ranked from low to high (one to three) as follows: 1) no role conflict; 2) role conflict resolved in favor of the family role; and 3) role conflict resolved in favor of the community role. Since the non-victim subgroup does not have the lowest score and since the observed rank for the victim subgroup is two, one, three, respectively, I must disagree with the author's conclusions.

The discrepancy between expected and observed scores may be partially explained by two major sources of error. First, two uncontrolled factors in the data suggest an alternative and competing explanation. The observed ranking of the victim subgroups on psychological stress is identical to their rankings on 1) continuous number of hours worked and 2) percentage who incurred damage. It seems reasonable to conclude, therefore, that continuous hours worked and damage incurred together may provide a more plausible explanation of the findings. Second, the discrepancy between expected and observed stress scores may be, in part, the result of an inadequate operationalization of role conflict. The use of an objective measure, family setting, ignores the subjective aspects of role conflict. As the well-known studies of Gross and Kahn and

their associates have demonstrated, objective conditions merely provide the potential for the subjective experience of role conflict. Had the study measured both aspects of role conflict the effects of this variable on psychological stress would have been more adequately assessed.

There is, however, a more serious problem. It remains very doubtful whether the data presented actually demonstrates psychological stress. The observed scores for every subgroup of the population studied are *lower* than the standard scores of a normal community sample used for comparison. This means that following the disaster, psychological stress among health professionals is lower than that found in a normal urban population in a non-disaster context. In addition, the largest observed differences between the subgroups represents a range of 1.86 score points on a scale that has a theoretical range of 30.00 score points. In my opinion, this data does not provide a convincing demonstration of psychological stress among the population studied.

The more interesting question to be asked of this data is why health professionals, with or without family responsibilities, appear to experience so little psychological stress. It seems necessary to at least question the nature of the assumptions on which the hypotheses are based. The notion that role conflict produced psychological stress in a disaster must be viewed as a problem for empirical investigation. It may be that disaster-relevant roles enhance one's feelings of well-being because they provide the individual with the opportunity to engage in helping activities during a period of urgent need.

This dissertation raises a very important issue which should appeal to a wide reading audience including practitioners as well as researchers. Unfortunately, practitioners will find the style of presentation tedious because of the preponderance of statistical jargon and researchers will find the work theoretically

barren and methodologically weak.

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