

## Identification of Role Ambiguity and Role Conflict Job Stress Among Nurses in Cardiac Surgical Intensive Care Units in Baghdad City

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### الخلاصة:

الهدف: تهدف الدراسة الى تحديد مصادر ومستوى الكرب الناتج عن عدم وضوح وضراخ الدور لدى الممرضات/الممرضين العاملين في وحدات العناية القلبية الجراحية المركزية، وكذلك ايجاد العلاقة بين الكرب الناتج من عدم وضوح وضراخ الدور وبعض المتغيرات مثل (العمر الجنس، المستوى الثقافي، الحالة الاجتماعية، عدد سنوات الخبرة في العناية القلبية الجراحية المركزية).  
المنهجية: دراسة وصفية تحليلية اجريت على الممرضات/الممرضين العاملين في وحدات العناية القلبية الجراحية المركزية في مستشفيات بغداد وقد اختيرت عينة الدراسة بصورة عمدية من 60 ممرضة / ممرض ومن ثلاث مستشفيات لجراحة القلب في بغداد وفشس (ابن البيطار لجراحة القلب، مستشفى ابن النفيس لأمراض القلب والأوعية الدموية، المركز العراقي لأمراض القلب) في الفترة من الأول من شباط 2006 ولغاية التاسع من نيسان 2006. الاستمارة الاستبائية صممت لتتكون من محورين، المحور الأول يتعلق بالمعلومات الديمغرافية للعينة، والمحور الثاني يتعلق بالكرب الناتج من عدم وضوح وضراخ الدور، و يحتوي على 20 فقرة تصف الكرب النفسي الناتج عن عدم وضوح وضراخ الدور في محيط العمل.  
النتائج: اشارة نتائج الدراسة بلن معظم الممرضات من النساء و اعمارهن تتراوح ما بين (30-39) سنة ومعظمهم من خريجي الدراسة الجامعية، ومن غير المتزوجين، ومدة عملهم في وحدات العناية القلبية الجراحية المركزية تتراوح (6-10) سنة، و اشارت النتائج ايضا بان جميع الممرضات والممرضين العاملين في وحدات العناية القلبية الجراحية المركزية يعانون من مستوى متوسط للكرب الناتج من عدم وضوح وضراخ الدور (RS) %44,44.  
التوصيات: اوصت الدراسة باستخدام برامج تدريبية لمساعدة الممرضات/الممرضين على كيفية التعامل مع الكرب النفسي الناتج من عدم وضوح وضراخ الدور في محيط عمل، و ايجاد سبل لتحديد وتوضيح دور الممرضة في العمل، وكذلك اعطائهم فرصة للتدريب لمواجهة التحديات الجديدة.

### Abstract:

Objectthe: The study aimed to determine the level and sources of stress related to the role ambiguity and role conflict which stress experienced by the nurses, who were in intensive care units, and to find out relationship between role ambiguity and role conflict stress and some variables such as (age, gender, educational level, marital status, and years of experience in cardiac surgical intensive care unit).

Methodology: A descriptive-analytic Study was conducted on cardiac surgical intensive care units nurses in Baghdad hospitals. The sample of the study were selected purposively and consisted of 60 nurses who were working in cardiac surgical intensive care units in Baghdad city (Ibn Al- Bitar Hospital for Cardiac Surgery, Ibn Al-Nafis Hospital for Cardiovascular Diseases, and the Iraqi Center for Heart Diseases) in the period of 1st February 2006 to the 9th April 2006.

A Questionnaire was designed to consisted of two parts, first part concerned with the demographic characteristics of sample and the second part concerned with the role ambiguity and role conflict environmental stressors, and it contain 20 items describing the Role ambiguity and role conflict stressors.

Results: The results of the study revealed that the most of sample were females, their age ranged from (30-39) years, most of them were university graduation, single, with (6-10) years duration working in cardiac surgical intensive care units. Also the results revealed that nurses in cardiac surgical intensive care units suffers from moderate level of stress related to the role ambiguity and role conflict related to environmental stressors RS: (64.44).

Recommendations: It is recommended that stress management programs should be employed to assist cardiac surgical intensive care units nurses to deal with job stress which resulting from role ambiguity and role conflict, and found out the ways to limitation, and clarification her roles at work and give them opportunity for training to deal with new challenge.

Key words: stress, job stress, intensive care unit.

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## Introduction:

Stress is defined as a response to situations and circumstances that place special demands on the individual with negative result (1)

A little bit of stress can be good for people, and stress is an unavoidable consequence of life without stress, there would be no life. However, just as distress can cause disease, so stress is not always necessary harmful (2).

Stress at work is now a major occupational health problem and working on an intensive care unit is perceived as stressful and nurses appear to suffer particular strain from occupational stress, related to clinical duties and death and dying (3).

There is evidence of the role ambiguity as nurses increase their scope of professional practice, a development which increases the level of skill and workload increased their level of responsibility, clinical roles have been extended. Nurses accepted a high degree of responsibility with little control over work enters (4).

Stressors that have relatively high with occupational stress included job complexity, lack of career prospect, responsibility and lack of job control, and lack of role confidence. Therefore, it is important to understand how work-associated effects nurses stress. As evident from the literature; the nursing profession is increasingly characterized by stress, frequent job turnover and job dissatisfaction: because of unresolved problems especially to their role. Thus the demands of these roles make nurses vulnerable to stress (5).

So the aim of this study is to identify the existence of the role ambiguity and role conflict among nurses in the cardiac surgical intensive care units as stressors present in their work setting.

## Methodology:

A descriptive-analytic study was conducted among nurses in cardiac surgical intensive care units in Baghdad hospitals. The sample of the study were selected purposively and consisted of 60 nurses who were working in cardiac surgical intensive care units in Baghdad city (Ibn Al-Bitar Hospital for Cardiac Surgery, Ibn Al-Nafis Hospital for Cardiovascular Diseases, and the Iraqi Center for Heart Diseases) in the period of 1<sup>st</sup> February 2006 to the 31<sup>st</sup> April 2006, and each interview took approximately 20-30 minutes for the nurse to fill the questionnaire.

A questionnaire was constructed by the investigators based upon the extensive review of the related literature and the nursing stress scales (6,7) it consisted of two parts, the first part concerned with the demographic characteristics of the sample and the second part concerned with the role ambiguity and role conflict, and it contains 20 items describing the work environmental ambiguity and role conflict stressors. These items were rated according to three levels of Likert rating scale, (never 1, some time 2, and always 3) the severity of stress is measured by relative sufficiency (RS) distributed as follows:

### Level of score

Scores (Never = 1, Some time = 2, and Always = 3)

Non severity: (< 1- 33.33) %

Mild : (33.33-49.99)%

Moderate: (50.00-66.66).

Severe: (66.67 – 100.00) %.

The validity of the questionnaire was determined by forwarding it to 21 experts in the field of psychiatry ; a pilot study was carried out on 10 nurses working in cardiac surgical intensive care units for measuring the reliability of the questionnaire, test and retest technique reliability of two weeks interval were used to find out the correlation between two tests. Alpha correlation coefficient was ( $r = 0.87$ ) for the role ambiguity and role conflict related to environmental stressors. Data was collected from nurses in charge room by using the interview process. Appropriate statistical measures were employed such as (frequency, percentage, and mean, mean of score, standard deviation, and relative sufficiency).

## Results:

**Table (1) Demographic characteristics of the sample.**

Nurses characteristics	Frequency	O/
<b>1.Gender</b>		
Female	32	53.3
Male	28	46.7
<b>Total</b>	60	100.0
<b>2-Age</b>		
<b>20-29</b>	9	15.0
30-39	40	66.7
40-49	11	18.3
<b>Total</b>	60	100.0
<b>3- Marital status</b>		
Single	38	63.3
Married	22	36.7
<b>Total</b>	60	100.0
<b>4 Education levels</b>		
Secondary	11	18.3
Diploma	21	35.0
Bachelor	28	46.7
<b>Total</b>	60	100.0
<b>Years of experience in ICU</b>		
<b>1-5</b>	17	28.3
<b>6-10</b>	22	36.7
11-15	13	21.7
16-20	5	8.3
21-25	2	3.3
26-30	1	1.7
<b>Total</b>	<b>60</b>	100.0

This table shows the sociodemographic characteristic of the ICU nurses, this it indicate that 53.3% of the sample were female, and (46.7%) were male, the highest frequent age group were of age (30-39) years (66.7%), and most of sample were single (63.3%) , with regard to their educational level, most of the sample (46.7%) were of Bachelor level. Also the table shows that (36.7%) of the sample has (6-10) years of experience in ICU.

**Table (2) Distribution of the sample according to their role ambiguity and role conflict environmental stressors.**

No	Response Role ambiguity and conflict stressors	Mild		Moderate		Severe		MS	SD	RS%	Severity
		F	O/	F	O/	F	O				
1	Feeling inadequate trained for what I have to do.	6	10.0	28	46.7	26	43.3	2.33	.66	77.67	Severe
2	Lack of authority to carry out my job responsibilities.	15	25.0	34	56.7	11	18.3	1.93	.66	64.34	Moderate
3	Disagreement over treatment protocol.	21	35.0	27	55.0	12	20.0	1.85	.73	61.67	Moderate
4	Tasks are getting more difficult and complex.	31	51.7	20	33.3	9	15.0	1.63	.74	54.34	Moderate
5	Making a decision concerning a patient when physician is unavailable.	18	30.0	17	28.3	25	41.7	2.12	.85	70.67	Severe
6	Conflicts with my supervisor.	35	58.3	16	26.7	9	15.0	1.57	.74	52.34	Moderate
7	Job duties and objectives are unclear to me.	21	35.0	29	48.3	10	16.7	1.82	.70	60.67	Moderate
8	I feel that job was just hand made.	16	26.7	11	18.3	33	55.0	2.28	.87	76.00	Severe
9	Having few opportunities to grow and learn new knowledge and skills in my job.	34	56.7	19	31.7	7	11.7	1.55	.70	51.67	Moderate
10	Perform appropriate measures in emergency situation.	18	33.3	15	25.0	25	41.7	2.08	.87	69.34	Severe
11	Difficulty dealing with advancement.	14	23.3	8	13.3	38	63.3	2.40	.53	80.00	Severe
12	Skills needed to deal with cooperative patient.	24	40.0	17	28.3	19	31.7	1.92	.85	64.00	Moderate
13	Too many non-nursing tasks required.	18	30.0	9	15.0	33	55.0	2.25	.89	75.00	Severe
14	Recognize and meet emotional needs of a dying patient.	14	23.3	32	53.3	14	23.3	2.00	.69	66.67	Severe
15	I do not fully understand what is expected of me.	32	53.3	17	28.3	11	18.3	1.65	.78	61.67	Moderate
16	Conflict with personal in administration.	29	48.3	24	40.0	7	11.7	1.63	.69	54.34	Moderate
17	Floating to other units that are short-staffed.	10	16.7	29	48.3	21	35.0	2.18	.70	72.67	Severe
18	Accept and use constructive criticism.	19	31.7	25	41.7	16	26.7	1.95	.77	65	Moderate
19	Being asked a question by a patient for whom I do not have a satisfying answer.	10	16.7	30	50.0	20	33.3	2.17	.69	72.34	Severe
20	Interruption, as requiring change of plan of work and hampering task performance.	41	68.3	15	25.0	4	6.7	1.57	.74	52.0	Moderate
<b>Total</b>								1.93	.196	64.5	Moderate

This table shows the mean of score (MS), and the relative sufficiency (RS) of the sample in the area of role ambiguity and role conflict .They ranged from sever level of stress including (8) items NO. (1, 5,8,10, 13, 14, 17, and 19) to moderate level of stress including (11) items NO. (2, 3, 4, 6, 7, 9,12,15,16, 18, and 20). The result of this area reached the moderate level of stress RS: (64, 44 %) and item NO. (11) (Difficulty dealing with advancement) had the more severity level RS: (80.0%)

**Table (3) the relationship between the demographic characteristic of the sample with role ambiguity and role conflict environmental stressors.**

Stressors Variables	Role ambiguity and role conflict stressor						Total
	Mild		Moderate		Severe		
	F	%	F	%	F	%	
<u>Gender</u>							
Female	0	0	32	53.3	0	0.0	32
Male	0	0	28	46.7	0	0.0	28
Total	0	0	60	100	0	0.0	60
<b>09-</b>							<b>OC</b>
<u>Age</u>							
20-29	0	0	9	15.0	0	0.0	9
30-39	0	0	40	66.7	0	0.0	40
40-49	0	0	11	18.3	0	0.0	11
Total	0	0	60	100	0	0.0	60
<b>CS</b>							<b>OC</b>
<u>Marital status</u>							
Single	0	0	38	63.3	0	0.0	38
Married	0	0	22	36.7	0	0.0	22
Total	0	0	60	100	0	0.0	60
<b>05</b>							<b>OC</b>
<u>Educational level</u>							
Secondary	0	0	11	16.3	0	0.0	11
Diploma	0	0	21	35.0	0	0.0	21
Bachelor	0	0	28	46.7	0	0.0	28
Total	0	0	60	100	0	0.0	60
<b>CS</b>							<b>OC</b>
<u>Yearsof experience in ICU</u>							
1-5	0	0	17	28.3	0	0.0	17
6-10	0	0	22	35.0	0	0.0	22
11-15	0	0	13	21.7	0	0.0	13
16-20	0	0	5	8.3	0	0.0	5
21-25	0	0	2	3.3	0	0.0	2
26-30	0	0	1	1.7	0	0.0	1
Total	0	0	60	100	0	0.0	60
<b>CS</b>							<b>OC</b>

[\*OCout of comparisons]

Table (3) indicates that there was no any relationship between role ambiguities and role conflict environmental stressors with all other variables. .

### **Discussion:**

The result of table (2) revealed that this area of stressors reached the moderate level of stressors, 9 items out of (20) items reached the severe level and item NO. (11) Had the severity level (Difficulty dealing with advancement) RS: (80.0%), 11 items out of 20 have moderate level of stress.

That result of this study was supported by a study which stated that opportunities for promotion and advancement of professional development and training were important for nurse's occupational well-being (8).

Suggested that perusing advanced education or training are more creative and confident to the nurse to take responsibilities and this lead to decrease stress(^).

Result of the present study agrees with a study which stated that stress induced by advanced technology is conceptualizes as a nursing stress in the ICU (9).

Critical care nursing is a complex task in a complex environment. This concept was emphasized by a study which stated that nurses suffered from the difficulties of handling their role, and they also complained of lacking the specialized training that would enable them to feel more able in their roles (10).

^ study which believes that; due to lack of ancillary support nurses are performing secretarial duties, making beds, and picking up meal trays (11).

^ study which reported that 68% of nurses coordinating or performing ancillary services(^).

^ study which stated that support and criticism by supervisor lead to develop more interpersonal relationships with the patient. Also the advantages of the positive interaction with the supervisor and other administrative persons are closely related to decrease work stress(^).

^ study which reported that nurses saw their main function as assisting and supporting the doctors; internalization of an exclusively subordinate image of nursing could result in reduced self-esteem and acceptance of the handmaiden role, which could in turn produce stress

The American Nursing Association (2001) stated that floating to unfamiliar units where nurses are unfamiliar with equipment, procedures and medication protocols further increases the likelihood of error and unable to provide professional Standards of quality of care that nurses believe their patient deserve, results in feeling of incompetence and risk of errors is increased significantly for ICT and lead to stress (15).

The result of this study in line a study which focused on the role of the managers or administrators in rewarding nurses and found that nurses who experienced an imbalance of effort and reward had higher level of stress (16).

Also o study which stated that intensive care nurses and hospital administrators in the work setting play an important role in burnout and job related stress(^).

^ study which found that nurses, who felt unable to discuss difficulties with supervisor, were more likely to experience stress. They also found that the attitude of managers was perceived to be less supportive by a higher proportion of those experiencing distress(^).

In regard to the recognized and meet the emotional need of a dying patient items, it revealed from table (5) that this was a stressful issue (because the role that patients death plays in creating stress for critical care nurses is poorly understood) and this result confirms Gardner (1980) who suggested that high mortality rate in ICU made them mourn the loss of a former patient to whom they have become attached

emotionally; and his influence nurse's level of satisfaction with their work which lead to stress (8).

Concerning the item (making decision concerning a patient, when physician is unavailable), it was in contrast with the result of a study which stated that nurses who are less involved in decision making consider their work as less challenging and they express a higher degree of stress and this lead to burnout (13) .

^ study which stated that stress related to ethical decision making is a serious consequence of frequent encounters with ethical dilemmas for nurses (19).

Nurses are concerned that many of patients are suffering needlessly from meaningless and painful treatments while nurses believe they should participate in ethical decision making but research has shown that their actual participation is limited (4).

Major occupational sources of stress affecting critical care nurses is resuscitating a patient whose chance for survival are small, but existent, would not be considered futile care, so emotional demands of patients and their families, sealing with the ethical aspects of life-sustaining technology, are difficult with exposure to death and dying, this issues has no easy or correct answer (20).

^ study which indicated that 40% of the nurses working in 10J often encounter patients who are terminally ill, so nurses are in a position to meet these patient's needs, and practices overwhelming seems of responsibility for patients to relieve patient suffering, a sense of frustration due to lack of physicians was developed, and this lead to moral distress and ethical dilemmas of critical care (\*1)

The finding of this area of work stressors may be due to job complexity and in fact favorable or even satisfying in some cases, as they give nurses an opportunity to be stimulated and utilize more complex skill.

Relationship between demographic data and role ambiguity and role conflict stressors table (3) shows that all the demographic variables have out of comparison with this area of stressors.

This result is consistent with the finding of a study which stated that there was no significant change in role of the nurse over time in relation to sociodemographical variable (22)

Overall the findings of this study provide some support for the nurses for use a coping strategy to alleviate this stress.

## **Recommendations:**

According to the findings of the present study, the researcher recommends the following ...

1. Supportive services from hospital administration should be created to those groups at risk to relieve stress and special rewarded for them should be encouraged.
2. Organizational strategies should provide training opportunities for those nurses to meet the new challenges and use problem solving approach.
3. Improve the quality of communication with supervisor to reduce the conflict.
4. Future research should be conducted to examine the factors which contribute to the development of stress and its relationship to job satisfaction, turnover and burn-out for nurses.

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