Role Conflict and its effect on Burnout among Staff Nurses

Raghda Gamal Abd El-Hay*, Rabab Mahmoud Hassan**, Fawzia Mohamed Badran***
* B.SC. Nursing, Mansoura University, **Professor of Nursing Administration,
***Assistant professor of Nursing Administration
Department of Administration Nursing, Faculty of Nursing - Ain Shams University

Abstract

Background: Role conflict has stressful characteristics of the working role; it has a joint effect on job performance ratings. Unclear roles and incompatibility of the responsibilities affect employee performance. **Aim:** This study aims to measure the effect of role conflict on burnout among staff nurses through assessing role conflict among staff nurses, measuring burnout among staff nurses, finding out the effect of role conflict on burnout among staff nurses. **Research design:** A descriptive, correlational design was used. **Setting:** The study was conducted at Urology and Nephrology Center affiliated to Mansoura University Hospitals. **Subjects:** The study included 130 staff nurses. **Tools:** Data were collected by using the Role conflict scale and Maslach Burnout Inventory. **Results:** More than half (53%) of the studied nurses had a low perception of role conflict and only 16.2% of them had a high perception of role conflict. Moreover, more than three-quarters (77.7%) of the studied nurses had a low perception of burnout, and only 3.1% of them had a high level of burnout. **Conclusion:** There was a highly significant statistical correlation between staff nurses' role conflict perception and total burnout. **Recommendations:** Counseling of nurses with a high-role conflict is required to alter their behavior and increased their capabilities for coping with role conflict. Moreover, developing an effective positive work environment among nursing staff.

Keywords: Burnout, Role conflict, Staff nurses.

Introduction:

Nursing roles today constitute a vast and complex system. They reflect changes in society, as well as changes in the populations that require nursing care. They are also influenced by the recent trends of emphasis on health promotion as well as illness care. The roles of nurses have broadened in response to these changes. Thus, nurses are not only caregivers, but also managers of care, communicators, teachers, and researchers **(Maskery, 2016).**

Role conflict happens when there are contradictions between different roles that a person takes on or plays in their everyday life. In some cases, the conflict is a result of opposing obligations which results in a conflict of interest, in others, when a person has roles that have different statuses, and it also occurs when people disagree about what the responsibilities for a particular role should be, whether in the personal or professional realms *(Ashley, 2020).*

The common causes of role conflict in healthcare organizations are competition between professionals; disparities in economic and professional values among members of the healthcare team, change; lack of clearly defined roles and expectations; capacity to function as a team; interpersonal communication skills; and Role conflict in health care organizations appears in a variety of forms. Nurses and other frontline health care providers operate under stressful conditions that are prone to conflict. While it is viewed that some of this conflict may generate positive outcomes, much of these conflicts will have antagonistic effects *(Jiang, 2017).*

Role conflicts harm group dynamics. Every member of a group comes to expect certain behaviors from another member, asking that member essentially to perform his role *(Career Trend, 2021)*. When this role is disrupted by a contradictory role, other people can feel disappointed and even resentful. The higher the role conflict, the more disturbing the performance of employees, and their commitment to the organization also so that the greater the possibility of burnout and turnover *(Kirchhoff & Karlsson, 2018).*

Burnout is a critical problem among hospital medical staff, which requires clinical consideration. Burnout is a concept related to the perception of the work environment, often linked with decisions to leave the nursing workforce *(Khosravi et al., 2021).*

Burnout is a syndrome of emotional exhaustion and cynicism frequently seen in working individuals and can lead to incompetence and low productivity at work *(Kubicek et al., 2019).* Burnout can lead to many psychological and physical problems. The psychological problems include dissatisfaction, role conflict, role ambiguity, excessive demand, time pressure, overload, inability to do one's job, absenteeism, lack of motivation and support in addition to potential conflict with colleagues and supervisors. On the other hand, many studies have found that burnout may cause physical body complaints such as complaints, sleep disturbances, muscle pain, irritability, tiredness, hypertension, and myocardial infarction *(Havaei et al., 2020 & Jalili et al., 2021).*

The individuals who experienced role conflict had lower job satisfaction, higher job-related tension, and lower self-confidence. Burnout may be related to role conflict and role ambiguity. the emotional cost of role conflict and ambiguity is perceived as increased job tension, lower job satisfaction, and reduced confidence in the employing organization. Role conflict is also associated with poor interpersonal relations, and reduced trust and respect for close colleagues (*Aquino et al., 2018*).

Role conflict is a stressor that influences performance, job satisfaction, and turnover intention. Also, the role conflict seemed to result in lower productivity, dissatisfaction, tension, and ultimately withdrawal from the group. As such the role conflict exacted a price at both the worker and organization level. Role conflict serves to induce a negative emotional reaction which leads to both diminishing job

satisfaction and effectiveness .Role conflict also leads to psychological conflict for the employee. Moreover, It is the greatest predictor of burnout as it represents emotional exhaustion *(Kim et al., 2017)*.

Aim of the Study:

This study aimed to measure the effect of role conflict on burnout among staff nurses through:
1. Assessing staff nurses' perception regarding role conflict.
2. Measuring burnout level among staff nurses.
3. Finding out the effect of role conflict on burnout among staff nurses.

Research hypothesis:

There is an effect of role conflict on staff nurses' burnout .

Significance of the Study:

Previous studies found that role conflict and job satisfaction of nurses are significantly related **(Mi-Hae Sung & Myungo.ok. oh, 2011)**. Also, Role conflict and Professional identity are correlated **(Sung-In Choi & Mi-HaeSung, 2014)**. Another comparative study in Turkey by **Tunc & Kutains (2009)** concluded that nurses showed significantly higher levels of role conflict, role ambiguity, and burnout compared to the physicians. Multiple regression analysis showed that role conflict and role ambiguity might help to explain the higher level of burnout experienced by the nurses compared to the physicians. Moreover, it is noticed that there are few studies conducted about the effect of role conflict on burnout among staff nurses. The researcher observed at urology and nephrology center which is affiliated to Mansoura university hospitals a lack in role delineation, expectations, unclear job description among nurses, and role requirements don't explain clearly which leading to role conflict and lead to stress, poor performance, and frustration. So, the present study aims to assess the relationship between role conflict and burnout among staff nurses.

Subjects and Methods:
Research design

A descriptive correlational design was used to carry out this study.

Setting

This study was carried out in Urology and Nephrology centers affiliated to Mansoura university hospitals. This center is located in Mansoura City, the center consists of (224) beds, classified as internal departments, intensive care unit, and hemodialysis unit . Urology and Nephrology center provides health services to patients from Mansoura &surrounding areas at Dakahlia governorate and its neighborhood. It provides urology and nephrology surgeries, endoscopic procedures, and kidney transplantation services.

Study Subjects:

A convenience sample, including the staff nurses working in the pre-mentioned setting with a total number of 130 nurses were included in the study.

Tools of Data Collection:

Data are collected by using two tools:

Tool-I: Role Conflict Scale

It was composed of two parts as the following:

Part 1: This part collected data about the personal characteristics of nurses as age, gender, marital status, work department, qualifications and years of experience, unit experiences, children, shift options, and attended training courses.

Part 2: This part was aimed to assess staff nurses' perception regarding role conflict. It was developed by **(Rizzo, 1970)**, and modified by **(Elsayed, 1997)** then adopted from **(Abdelrahim, 2018)**. It consisted of (31) questions categorized into two domains:

• Role conflict perception includes (9) items.
• Role conflict causes include (22) items.

❖ **Scoring system**

The scale is divided into two subscales: role conflict perception and role conflict causes included . It consists of 31 items; nine items for

the role conflict perception subscale and 22 for the role conflict causes subscale.

Responses of participants have measured on 5 points Likert scale ranged from *strongly agree, to strongly disagree. Strongly agree* was scored as "5", while *strongly disagree* was scored as "1". Role conflict causes were rated on a two-point scale (*1 = yes; 2 = No*).These scores were summed and were converted into a percept score.

The perception level of study subjects is considered low level if the total score was less than 60%. While it is considered moderate level if the score was ranged from 60-75% and it is considered high level if the total score was more than 75% (**Abd Elrahim, 2018**).

Tool-II: Maslach Burnout Inventory (MBI) It was aimed to assess burnout among nurses. It was developed by(**Maslach, Jackson, & Leiter,1996**) and adopted from(**El Sisy, 2016**). It consisted of (22) items divided into three dimensions include:

- Emotional exhaustion included (9) items.
- Depersonalization included (5) items.
- Personal accomplishment included (8) items.

❖ **Scoring system**

The subject's responses in this part were scored on a seven-point Likert scale from zero to six; every day (6), few times a week(5), once a week(4), few times a month(3), once a month (2), few times a year(1)and never(Zero). While personal accomplishment was scored in opposite direction. These scores were summed and were converted into a percent score.

II - Operational Design

The operational design for this study involves three phases namely: the preparatory phase, pilot study, and fieldwork phase.

1.Preparatory phase

In this phase, the researcher prepared the study design and tools of data collection based on reviewing national, international current, and past related literature, and using textbooks, articles, journals, and thesis concerning the topic of the study.

Administrative stage

An official letter was issued from the faculty of Nursing, Ain Shams University to the appropriate authorities in the selected setting (urology and nephrology center- Mansoura university) to take permission for carrying out the study.

Oral permissions to conduct the study were obtained from head nurses of every unit of the previously mentioned setting. The study aimed to discuss with them and time of data collection to gain their approval and cooperation.

Ethical considerations

Ethical approval was obtained from the Research Ethics Committee of the Faculty of Nursing, Ain Shams University. Oral approval was obtained from every nurse after an explanation of the aim of the study. Nurses were informed that their participation in the study is voluntary, and they have the right to withdraw from the study at any time. Anonymity and confidentiality of subject data were assured. The study procedures do not entail any harmful effects on study subjects.

2.Pilot study:

A pilot study was carried out with a sample of 13 nurses. It is carried out before data collection to evaluate the feasibility, time, cost, adverse events,. The necessary modifications were accordingly done. Participants in the pilot study were excluded in the sample.

3.Fieldwork:

Data collection extended throughout three months period from the 1st of November 2020 to the end of January 2021.The researcher was available in the morning and afternoon and nights shifts five days per week for data collection. The researcher started by introducing herself to nurses' staff and explainthe purpose and nature of the study. An oral approval was obtained from each nurse after explaining the aim of the study. Then, each nurse received a copy of the questionnaire sheets and took about 15 minutes to answer the questionnaires after the researcher explain how to answer them. Finally, the filled questionnaires were handed

back to the researcher to check them for its completeness.

III   Statistical Design

The collected data was revised, coded, and entered into the statistical package of social sciences (SPSS) version 25. After complete entry, data were explored for detecting any error, then, it was analyzed by the same program for presenting frequency tables with percentages. Qualitative data were presented as numbers and percentages. Besides, Quantitative data were described as mean / SD as appropriate. Pearson's correlation was used to assess the correlation between burnout and role conflict, simple Linear regression was used to assess the effect of role conflict on burnout. Independent test and one-way ANOVA test were used to assess the relationship between burnout, role conflict, and participants' data. Statistical significance was depending on probability (p-value) which was defined as follows:

$P \leq 0.05$ was considered the significance

$P \leq 0.001$ was considered as high significance

$P > 0.05$ was considered insignificance.

Results:

Table (1): shows that more than one third (41.5%) of the studied nurses age were from 20-< 30 years old, more than three quarters (81.5%) of them were female, near one third (29.2%) had 1-< 5 years of experience in nursing, also, more than one third (36.9%) of them had 10-< 15 years of experience in the current work department, more than two thirds (68.5%) had children, more than half (51.5%) usually work at the morning shift, and more than two thirds (68.5%) had attended training programs.

Table (2): illustrates that near two thirds (62.3%) of the studied nurses had low perception regarding the item (I work on unnecessary things), while the majority (86.2%) of them had high perception regarding the item (I receive an assignment without the manpower to complete it).

Table (3): illustrates that about two thirds (66.2%) of the studied nurses disagreed that nurse's values differ from those of the profession, while more than three quarters

(79.2%) of them agreed that left a sick child home alone in order to go to works is a cause for role conflict.

Figure (1): shows that more than half (53%) of the studied nurses had a low perception of role conflict. Moreover.;, only 16.2% of them had a high perception of role conflict.

Table (4): illustrates that more than half (58.5%) of the studied nurses disagreed that nurses are not prepared for change, they are threatened, while the great majority (90.8%) of them agreed that shortage of staff is a cause of role conflict.

Table (5): concluded that the majority (93.8%) of staff nurses had a low level of burnout regarding depersonalization. While near to three quarter (74%) of staff nurses had a high level of burnout regarding personal accomplishment.

Figure (2): shows that more than three-quarters (77.7%) of the studied nurses had a low level of burnout. Furthermore, only 3.1% of them had a high level of burnout.

Table (6): concluded that there were highly significant statistical positive correlations between staff nurses'perception regarding role conflict and total burnout with (r= .353, p=.00), causes of role conflict related to nurses as reported by the staff nurses(r= .352, p=.00),while causes of role conflict related to work environment as reported by the staff nurses were (r= .348, p=.00), and total role conflict was (r= .454, p=.00).

Table (7): shows that there was a significant statistical relationship between burnout, department with (f=3.102, p=.029), age group with (f= 4.276, p=.007), and gender (t=2.53, p=.06).

Table (8): shows that there was a significant statistical relation between role conflict according to department with (f=3.076, p=.03), and experience with (f=4.061, p=.009).

Table (1): Frequency distribution of the staff nurses' characteristics (n=130).

Personal characteristics	No.	%
Age group		
20-< 30 years	54	41.5
30-<40 years	43	33.1
40-<50 years	25	19.2
50-<60 years	8	6.2
Mean± SD	34.64± 9.10	
Gender		
Male	24	18.5
Female	106	81.5
Experience		
1-< 5 years	38	29.2
5-< 10 years	28	21.5
10-< 15 years	37	28.5
≥ 15 years	27	20.8
Unit experience		
1-< 5 years	12	9.2
5-< 10 years	43	33.1
10-< 15 years	48	36.9
≥ 15 years	27	20.8
Children		
Present	89	68.5
Not present	41	31.5
Shift option		
Morning	67	51.5
Afternoon	6	4.6
Night	23	17.7
All shifts	34	26.2
Training		
Yes	89	68.5
No	41	31.5

Table (2): Staff nurses' perception regarding role conflict (n=130).

Role conflict perception	Low		Moderate		High	
	No.	%	No.	%	No.	%
I have to do things that should be done differently	12	9.2	14	10.8	104	80.0
I receive an assignment without the manpower to complete it	12	9.2	6	4.6	112	86.2
I have to struggle for a rule or policy to carry out an assignment	17	13.1	35	26.9	78	60.0
I work with two or more groups who operate quite differently	28	21.5	41	31.5	61	46.9
I receive incompatible requests from two or more people	45	34.6	40	30.8	45	34.6
I do things that are apt to be accepted by one person and not accepted by others	39	30.0	40	30.8	51	39.2
I receive an assignment without adequate resources and materials to execute it	43	33.1	11	8.5	76	58.5
I work on unnecessary things	81	62.3	37	28.5	12	9.2
I often have too many things to do at one time	40	30.8	32	24.6	58	44.6
Total perception	63	48.5	48	36.9	19	14.6

Table (3): Causes of role conflict regarding the nurses as reported by staff nurses (n=130).

Causes of role conflict related to the nurse	No		Yes	
	No.	%	No.	%
1- I receive incompatible activities or perception	35	26.9	95	73.1
2- Differing views concerning what nursing is and what it should be about	29	22.3	101	77.7
3- The disagreement between the medical and nursing views of what the nurse's role should be	29	22.3	101	77.7
4- perceived public expectations,self-expectations, and self-image are frequently in conflict	43	33.1	87	66.9
5- most nurses are women, their caring work is viewed as a natural attribute and not valued	71	54.6	59	45.4
6- nurse's values differ from those of the profession	86	66.2	44	33.8
7- physicians ignore nurse's suggestions indicating they don't want feedback	38	29.2	92	70.8
8- personal goals conflict with organizational goals	49	37.7	81	62.3
9- nurses want to be more independent, have professional responsibilities and accountability for patient care	32	24.6	98	75.4
10- Leaving a sick child home alone to go to works	27	20.8	103	79.2

Table (4): Causes of role conflict regarding work environment as reported by staff nurses(n=130).

| Causes of role conflict related to the work environment	No		Yes	
	No.	%	No.	%
1- supervisors can't tolerate ideas that are different from their own	18	13.8	112	86.2
2- Doctor's underestimate nurses through their perception of nurses as handmaidens	33	25.4	97	74.6
3- Lack of cooperation between nurses	55	42.3	75	57.7
4- shortage of staff	12	9.2	118	90.8
5- organizations don't provide nurses with adequate educational opportunities	46	35.4	84	64.6
6- Different managers set conflicting rules	68	52.3	62	47.7
7- crowded space	53	40.8	77	59.2
8- Nurses are not prepared for change, they are threatened	76	58.5	54	41.5
9- Nurses are not recognized or respected and unable to control the situation	68	52.3	62	47.7
10- physicians are trained to be in authority over nurses	29	22.3	101	77.7
11- Individuals educated with professional values are in opposition to bureaucratic values and expectations	47	36.2	83	63.8
12- Double line off authority inherent in the hospital organization system	47	36.2	83	63.8
Total causes	46	35.4	84	64.6
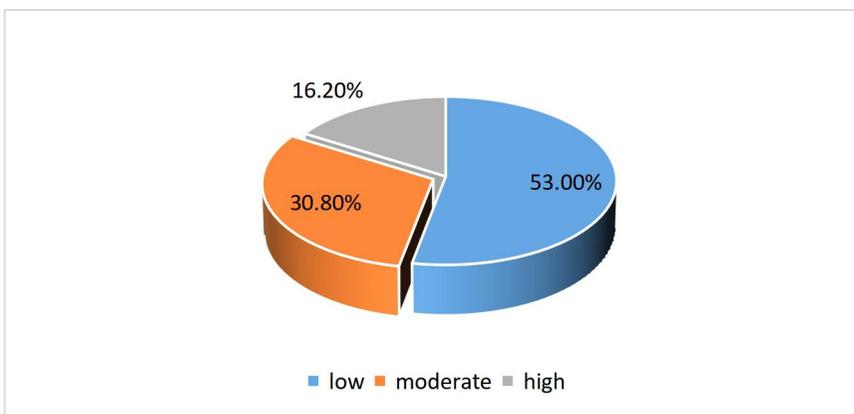
Figure (1): Staff nurses' total perception of role conflict (n=130).

Table (5): Total level of burnout dimensions among staff nurses (n=130).

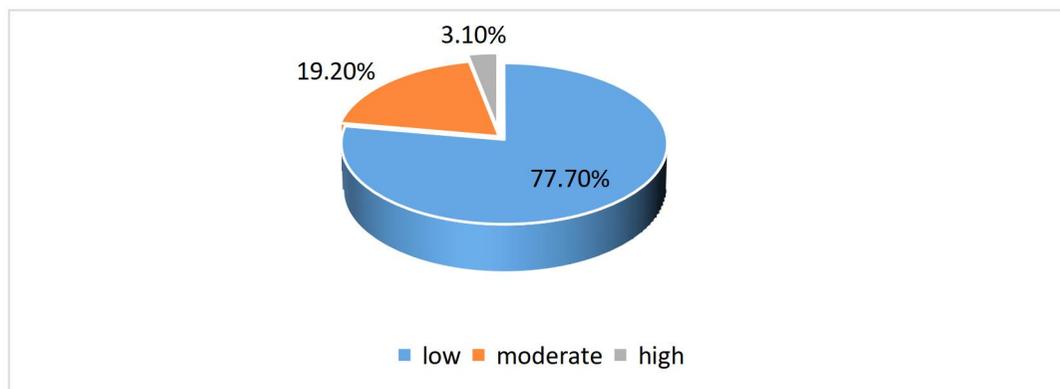| Dimensions	low		Moderate		High	
	No	%	No	%	No	%
Emotional exhaustion	83	63.8	28	21.5	19	14.6
Depersonalization	122	93.8	2	1.5	6	4.6
Personal accomplishment	26	20.0	30	23.1	74	56.9

Figure (2): Staff nurses' total level of burnout (n=130).

Table (5): Correlation between the staff nurses' total level of burnout and total role conflict perception dimensions (n=130).

Variables	Pearson Correlation	Emotional exhaustion	Depersonalization	Personal accomplishment	Total burnout
Role conflict perception	R	.301**	.145	.156	.353**
	P	.000	.099	.077	.000
Causes of Role conflict related to the nurse	R	.305**	.236**	.069	.352**
	P	.000	.007	.434	.000
Causes of Role conflict related to the work environment	R	.229**	.277**	.137	.348**
	P	.009	.001	.121	.000
Total role conflict	R	.368**	.247**	.175*	.454**
	P	.000	.005	.046	.000

Table (7): Relation between the staff nurses 'characteristics and total level of burnout(n=130).

Personal data with burnout		Mean	SD	F/T	P
Department	OPD	51.62	8.87	3.102	.029
	Critical area	49.78	8.51		
	Inpatient	45.61	8.72		
	Dialysis	44.24	13.53		
Age group	20-< 30 years	47.74	8.53	4.276	.007
	30-< 40 years	46.84	10.29		
	40-< 50 years	49.04	13.82		
	50-< 60 years	34.50	9.99		
Gender	Male	51.79	7.32	2.53	.06
	Female	45.76	11.14		
Qualification	Bachelor	47.05	11.44	.097	.907
	Institute	47.35	8.67		
	Diploma	46.44	12.14		
Marital status	Married	46.54	11.43	.238	.870
	Single	48.07	9.14		
	Divorce	45.00	5.35		
	Widow	50.00	11.31		
Experience	1-< 5 years	48.00	8.89	.780	.507
	5-< 10 years	48.64	8.86		
	10-< 15 years	45.68	10.44		
	≥ 15 years	45.11	14.83		
Unit experience	1-< 5 years	47.50	8.39	1.323	.270
	5-< 10 years	47.51	10.30		
	10-< 15 years	47.37	15.02		
	≥ 15 years	41.00	8.94		
Children	Present	46.27	11.70	.858	.465
	Not present	47.84	8.41		
Shift option	Morning	46.64	10.21	1.625	.172
	Afternoon	38.50	13.65		
	Night	47.96	5.75		
	All shifts	48.75	13.53		
Training	Yes	46.51	11.56	.86	.11
	No	48.30	8.23		

Table (8): Relation between the staff nurses 'characteristics and total staff nurses' perception regarding role conflict (n=130).

Personal characteristics with role conflict		Mean	SD	F/T	P
Department	OPD	69.14	9.97	3.076	.030
	Critical area	68.17	8.24		
	Inpatient	67.25	7.10		
	Dialysis	63.64	7.40		
Age group	20-< 30 years	67.48	8.17	.889	.449
	30-< 40 years	66.21	8.41		
	40-< 50 years	66.40	7.92		
	50-< 60 years	62.63	6.39		
Gender	Male	69.21	8.36	1.79	.51
	Female	65.95	7.97		
Qualification	Bachelor	66.30	9.06	1.417	.246
	Institute	68.04	7.33		
	Diploma	65.44	8.32		
Marital status	Married	65.58	8.10	1.793	.152
	Single	69.36	8.20		
	Divorce	68.75	4.57		
	Widow	69.50	4.95		
Experience	1-< 5 years	67.95	8.31	4.061	.009
	5-< 10 years	69.32	7.78		
	10-< 15 years	66.00	8.47		
	≥ 15 years	62.48	6.06		
Unit experience	1-< 5 years	67.42	8.23	1.280	.284
	5-< 10 years	67.33	9.62		
	10-< 15 years	65.37	6.08		
	≥ 15 years	63.00	4.22		
Children	Present	66.28	7.98	1.132	.339
	Not present	67.58	8.46		
Shift option	Morning	68.33	8.12	.280	.891
	Afternoon	66.70	3.83		
	Night	65.69	8.32		
	All shifts	63.00	8.90		
Training	Yes	66.06	8.44	1.23	.28
	No	68.03	7.50		

Discussion:

Role conflict is one prevalent job-related stressors leading to burnout. Stress is a perceived dynamic state involving uncertainty about something important. The potential for stress exists when an individual perceives a situation in the environment as present demands which threaten to exceed the individual's capabilities and resources for meeting those demands **(Wu et al., 2019)**.

Regarding staff nurses' perception to role conflict, the result of this current study revealed that near two-thirds of the studied nurses had low perception regarding to the item (I work on unnecessary things), while the majority of them had high perception regarding the item (I receive an assignment without the manpower to complete it). This might be due to some nurses had confused about role of the manpower and other of them had no some of responsibilities.

This current study results agreed with **Bakar, (2015)** were reported that the majority of the studied sample had low perception regarding the item (I work on unnecessary things), Also, this study finding on the same line with **Ebbers & Wijnberg, (2017)** who reported that more than half of nurses had high perception regarding the item (I receive an assignment without the manpower to complete it).On the other hand, this current study results contradict with **Harijanto et al., (2013) and Kuo et al., (2018)** who reported that more than half of nurses had a high perception regarding the item (I receive an assignment without adequate resources and materials to execute it).

Regarding the causes of role conflict about two-thirds of the studied nurses disagreed with those of the profession, while more than three-quarters of them agreed that left a sick child at home alone in order to go to works is a major cause for role conflict this might be due to some nurses couldn't separate the role of them as a worker and as a parent and have not a clear job description.

These current study results are congruent with **Khattak, (2013)** findings who reported that the majority of the studied nurses agreed that left a sick child home alone to go to work is one of the causes of role conflict . Also, this study finding agreed with **Ram et al., (2011)** and **Jerg-Bretzke et al., (2020)** who reported that more than half of nurses disagreed that staff nurse's values differ from those of the profession

But this current study results on the contradict **Schmidt et al., (2014) and Widyani, (2015)** who reported that a minority of study sample agree that the personal goals conflict with organizational goals.

Regarding the causes of role conflict due to work environment as reported by the staff nurses, the present study result illustrated that more than half of the studied nurses disagreed that nurses are not prepared for change; they are threatened, while the great majority of them agreed that shortage of staff is a cause of role conflict.

On the contrary, the current study result disagreed with the result reported by **Kuoetal, (2018)** who study about the causes of conflict in a medical setting: The view of nursing staff in the study reported that the most important for conflict between nursing staff was perceived inequality in workload distribution, insufficient understanding of nursing work conditions and unreasonable differences in salaries and other benefits.

Furthermore, the present study was incongruent with the result reported by **Tosanloo, Adham, and Pourreza (2019**) who mentioned that the most important causes of conflict in the viewpoint of clinical staff were organizational policies, job characteristics, poor management, and inefficient communication system between administrative staff, on the other hand, poor management, inefficient communication system, attitudes and perceptions of the staff were shown to be paramount factors.

Regarding staff nurses' total perception about role conflict, revealed that more than half

of the studied nurses had a low perception of role conflict, and a minority of them had a high perception of role conflict. This might due to role conflict occurs when someone with conflicting demands performs a different role and some nurses had difficulties in facing two or more pressures and difficulties that occur simultaneously in their role as workers.

This current study results in the same line with **Simone et al., (2018)** who reported that the study subject had a high perception of role conflict. Also, the present study results agreed with **Fellows et al., (2016)** who reported that more than half of the studied nurses had low perceptions Regarding role conflict.

Moreover, the current study results agreed with **Heras Recuero & Osca Segovia, (2021)** who reported that more than half of the studied nurses had a low perception of role conflict, and a minority of them had a high perception of role conflict

Regarding the total level of burnout dimensions among staff nurses, concluded that the majority of staff nurses had a low level of burnout regarding depersonalization. While near to three-quarters of staff nurses had a high level of burnout regarding personal accomplishment. This might be due to over non-responsibility for a job description, and greater difficulty to people who are just commencing their job.

The present study result disagree with the results done by **Shahin et al., (2019)** who demonstrated that more than one-third of participants had high emotional exhaustion and depersonalization and the majority of them had low personal accomplishment. From the researcher's point of view, this difference may be related to differences in a work environment, and differences in personality traits of the participants.

In the same respect, the result demonstrated by **Bursch et al., (2018)** who found that pediatric nurses who worked straight day shifts had higher depersonalization than those who worked mixed shifts or just night shifts. Moreover, **De la Fuente et al., (2017**) who concluded that these results have been

supported in other nurse and physician populations, along with conscientiousness, extraversion, and openness contributing to lower levels of burnout.

Moreover, **Giusti et al., (2020)** who reported moderate to severe levels of emotional exhaustion and reduced personal accomplishment in less than two-thirds of health professionals, and moderate to severe levels of depersonalization in more than one-quarter of health professionals.

Regarding the staff nurses' total level of burnout, the finding of the present study revealed that more than three-quarters of the studied nurses had low levels of burnout and only a few of them had high levels of burnout. From the researcher's point of view, this may be due to flexibility and relaxed work environment, adequate supervisor support and an adequate number of staff, feeling of job security, being valued as a workplace. So, they may feel more successful in their work and that lower-level of burnout and increase adaptation among them.

The present study results disagreed with the results done by **Baddar et al., (2016)** who demonstrated that more than two-thirds of the study participants had a moderate level of burnout. This current finding disagreed with the result of **Ratnakaran, Prabhakaran & Karunakaran, (2016)** who mentioned that more than half of respondents reported burnout.

In the same context, while **DallOra, et al., (2015)** mentioned that burnout is associated with excessive workload, the number of assigned patients, admissions, understaffing, and long shifts. The manager should reduce higher work-related burnout because associated with mental health conditions such as anxiety and depression, which they have a great impact on the performance of the employees and their level of satisfaction.

Furthermore, a systematic review of studies, prevalence among healthcare professionals (HCP) in the Arab countries, according to the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. Also, **Elbarazi et al.,**

(2017) who reported high levels of burnout, among resident doctors. This may be explained by the high workload placed upon them, long working hours, and low salaries.

Regarding the relation between the studied nurses' personal characteristics and role conflict, there was a significant statistical relation between role conflict, department, and experience. This might be due to many factors that can affect role conflict, such as years of experience.

This current study results in the same line with **Zhou, Marchand, & Guay, (2018) and Wang & Wang, (2012**) who reported that there was a highly significant statistical relation between role conflict, department, and experience. Also, the present study result agreed on with **Tziner, & Sharoni, (2014) and Terry, & Woo, (2020)** who reported that there was a significant statistical relation between role conflict and experience.

But the current study results disagreed with **Sousa et al., (2018), and Sun et al., (2020)** who reported that there wasn't a statistical relation between role conflict, gender, and experience.

Also, the relationship between the studied nurses' personal characteristics and burnout, the current study result demonstrated that there was a significant statistical relation between burnout, department ,age group, and gender. This might be due to job, work overload, and over responsibilities.

Meanwhile, contrary to present study findings a study conducted by **Wu et al., (2013)** where they found that the prevalence of burnout was similar among women and men. Age and marital status are also determined as variables that do not affect the burnout levels of physicians.

These findings are being inconsistent with the findings of **Gunasingamet al., (2015),** where they found no association between burnout and the demographic variables of age and marital status, respectively. While, The finding of the present study is supported by

Peckham, (2018) who reported that a survey of 15,000 physicians from 29 specialties found that burnout was self-reported by less than half of women physicians and more than one-third of men physicians.

On the same line with the present study finding the result found by **Shenoi et al., (2018**) who reported that smaller specialty-specific studies have also found that women are more likely to exhibit burnout symptoms than are men. Moreover, **Shanafelt et al., (2014**) concluded that trainees ,as a large national sample of internal medicine residents found that women physicians were more likely than men physicians reported being burned out and dissatisfied with work-life integration.

Regarding the correlation between the studied nurses' perception of role conflict and total burnout, this current study results concluded that there were highly significant statistical positive correlations between to perception of role conflict and total burnout. this might be due to it is clear that role conflict is related to burnout and its components (emotional exhaustion, personal accomplishment, and depersonalization),Also, the current study found differences Among role conflict and burnout levels. Managing the role conflict is positive to the levels of burnout for nursing staff. Nonetheless, when partners share the levels of role conflict and coping strategies, they turn effective and reduce emotional exhaustion. Also, the study results contribute to highlighting the important role of conflict, coping, and Burnout.

This present result agreed with **Sousa et al., (2018) and Sun et al., (2020)** who reported that there were highly significant statistical positive correlations between the perception of role conflict and total burnout. Also, the current study results in the same line with **Giusti et al., (2020)** who reported that there were highly significant statistical positive correlations between perception of role conflict and total burnout.

Moreover, this study finding congruent with **Gunasingam, et al., (2015)** who

concluded that there were significant statistical positive correlations between the perception of role conflict and total burnout .This study's results agreed with (**Jerg-Bretzke et al. 2020; Medrano &Trógolo, 2018, Terry & Woo, 2020)** who reported that there were highly statistical significance between the perception of role conflict and total burnout among nurses.

Conclusion:

The study findings concluded that there were highly significant statistical positive correlations between staff nurses' perception regarding role conflict and total burnout, causes of role conflict related to nurses, causes of role conflict related to the work environment, and total role conflict.There was an effect of staff nurses' perception regarding role conflict and staff nurses' burnout. This confirmed the research hypothesis.

Recommendations:

Based on the current study finding the following recommendation were proposed:

- Review of working conditions , working environment , number of working hours and job satisfaction of nurses by head nurse .
- Develop effective strategies to decrease staffs' experience of conflict need to be developed.
- Allowing staff nurses participation in decision making to be able to control and predict out comes .
- A comprehensive approach directed toward managing role conflict among nurses is required including the review of the working conditions, working environment, number of working hours, and Job satisfaction of nurses.

Further studies:

- Assess the relationship between role conflict and organizational Cynicism.
- Assess the relationship between role conflict and nurses' performance.

References:

Abdelrahim, A.M. (2018): Role ambiguity and Role conflict among staff Nurses .un published master thesis Faculty of Nursing Ain shams university, P141-144.

Aquino E., Lee Y.-M., Spawn N., & Bishop-Royse J. (2018): The impact of burnout on doctorate nursing faculty's intent to leave their academic position: A descriptive survey research design. Nurse Education Today, 69, 35-40. https://doi.org/10.1016/j.nedt.2018.06.027

Baddar, F., Salem, O., &Villagracia, H. (2016): Conflict Resolution Strategies of Nurses in a Selected Government Tertiary Hospital in the Kingdom of Saudi Arabia. Journal of Nursing Education and Practice, 6(5): 91-99. DOI: 10.5430/jnep.v6n5p91.

Bakar, Z. A. (2015): Role Demands, Work-Family Conflict and Motivation: A Proposed Framework, 7(2): 78–87.

Bursch B, Emerson ND, Arevian AC, Aralis H, Galuska L, Bushman J, et al. (2018): Feasibility of online mental wellness self-assessment and feedback forpediatric and neonatal critical care nurses. J Pediatr Nurs.; 43:62–8.

CareerTrend.What Is "Role Conflict" in Organizations? (2021): Retrieved 25 May 2021, from https:// careertrend.com/about-6304551--role-conflict--organizations-.html.

Crossman, Ashley. (2020, August 27): What Is Role Conflict in Sociology? Retrieved May 25, 2021, from https://www.thoughtco.com/role-conflict-3026528

De la Fuente-Solana EI, Gomez-Urquiza JL, Canadas GR, Albendin-Garcia L,Ortega-Campos E, Cañadas-De la Fuente GA (2017): Burnout and its relationship with personality factors in oncology nurses. Eur J Oncol Nurs.;30:9

Ebbers, J. J.,& Wijnberg, N. M. (2017): Betwixt and between: Role conflict, role ambiguity and role definition in project-based dual-leadership structures. https://doi. org/10.1177/0018726717692852

El Sisy, A.A. (2016): Relationship between staff nurses'burnout and patient level of satisfaction, un published master thesis

degree, faculty of nursing, Ain shams university, P 41-43

Elbarazi, I., Loney, T., Yousef, S., Elias, A (2017): Prevalence of and factors associated with burnout among health care professionals in Arab countries: A systematic review. BMC Health Serv. Res., 17, 1–10.

Elsayed. K (1997): Relationship between perceived role conflict and role ambiguity with stress level among new baccalaureate nursing student and interns, Faculty of Nursing, Tanta University. un published master thesis.

Fellows, K. J., Chiu, H.-Y., Hill, E. J., & Hawkins, A. J. (2016): Work-family conflict and couple relationship quality: A meta-analytic study. Journal of Family and Economic Issues, 37(4): 509-518. https://doi.org/10.1007/ s10834-015-9450-7

Giusti EM, Pedroli E, D'Aniello GE, et al. (2020): The psychological impact of the COVID-19 outbreak on health professionals: a cross-sectional study. *Front Psychol*.;11.

Gunasingam N, Burns K, Edwards J, Dinh M, Walton M. (2015): Reducing stress and burnout in junior doctors: the impact of debriefing sessions. *Postgrad Med J*.;91(1074): 182–187. doi:10.1136/postgradmedj-2014-132847

Harijanto, D., Nimran, U., Sudiro, A., & Rahayu, M. (2013): The Influence of Role Conflict and Role Ambiguity on The Employee's Performance Through Commitment and Self- Efficacy (Study on the Nurses at Public Health Service Center of. IOSR Journal of Business and Management, 8(1): 98–105.

Havaei, F., Astivia, O. L. O., & MacPhee, M. (2020): The impact of workplace violence on medical-surgical nurses' health outcome: A moderated mediation model of work environment conditions and burnout using secondary data. *International journal of nursing studies,* 109, 103666.

HerasRecuero, L., &Osca Segovia, A. (2021): Work-family conflict, coping strategies and burnout: A gender and couple analysis. Journal of Work and Organizational Psychology, 37(1): 21-28. https://doi. org/10. 5093/ jwop2021a5

Jalili, M., Niroomand, M., Hadavand, F., Zeinali, K., & Fotouhi, A. (2021): Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study. *International Archives of Occupational and Environmental Health*, 1-8.

Jerg-Bretzke, L., Limbrecht-Ecklundt, K., Walter, S., Spohrs, J., &Beschoner, P. (2020): Correlations of the "work-family conflict" with occupational stress—A cross-sectional study among university employees. Frontiers in Psychiatry, 11, 1-10. https://doi.org/10.3389/fpsyt.2020.00134

Jiang Z.**(2017)** Social support and career psychological states: An integrative model of person-environment fit. *J. Career Assess.* 2017;*25*:219–237.

Khattak, A. M. (2013): Impact of Role Conflict on Job Satisfaction, Mediating Role of Job Stress in Private Banking Sector. Interdisciplinary Journal Of Contemporary Research Business, 4(12): 711–722.

Khosravi, M., Ghiasi, Z., & Ganjali, A. (2021): Burnout in hospital medical staff during the COVID-19 pandemic: Diagnosis, treatment, and prevention. *Journal of Natural Remedies*, *21*(12 (1)): 36-44.

Kim, W.H., Ra, Y-A, Park, J. G., and Kwon, B. (2017): Role of burnout on job level, job satisfaction, and task performance. Leadership & Org Development J., 38(5): 630- 645.

Kirchhoff, JW., & Karlsson, JC. (2018): Alternative careers at the first level of management: first-line nurse managers' responses to role conflict. *Leadersh Health Serv.32*(3):405-418.

Kubicek, A., Bhanugopan, R., & O'Neill, G. (2019): How does cultural intelligence affect organizational culture: the mediating role of cross-cultural role conflict, ambiguity, and overload.*The International Journal of Human Resource Management, 30*(7): 1059-1083.

Kuo, P. X., Volling, B. L., & Gonzalez, R. (2018): Gender role beliefs, work family conflict, and father involvement after the birth of a second child. Psychology of Men & Masculinity, 19(2): 243-256. https://doi. org/10.1037/men0000101

Maskery, Lesley. (2016): Role of the Nurse. Available from https://www.pharmac.govt.nz/assets/ss-dementia-2-role-of-the nurse-lesley-maskery.pdf..

Maslach, C., Jackson, SE.,andLeiter, MP. (1996): Maslach Burnout Inventory Manual(3rded): .Palo Alto, consulting psychologistPP(22-26) .

Mi-Hae, Sung, M. & Myung- ok, oh. (2011): Journal of Korean Academy of Fundamentals of Nursing 18(1):107-115.

Peckham, C. (2018): Medscape national physician burnout and depression report 2018. Available at: https://www. medscape.com/ slideshow/2018-lifestyle-burnoutdepression-6009235):

Ratnakaran B, Prabhakaran A, Karunakaran V (2016): Prevalence of burnout and its correlates among residents in a tertiary medical center in Kerala, India: a cross-sectional study. *J Postgrad Med*; 62(3):157–161. doi: 10.4103/0022-3859.184274. DOI:

Rizzo, J. R., House, R. J.,Lirtzman, S. (1970): Role conflict and ambiguity in complex organization Administrative science Quarterly, 15(2):150-163.

Schmidt, S., Roesler, U., Kusserow, T., & Rau, R. (2014): Uncertainty in the workplace: Examining role ambiguity and role conflict, and their link to depression-a

metaanalysis. European Journal of Work and Organizational Psychology, 23(1): 91–106. https://doi.org/ 10.1080/1359432X.2012.711523

Shahin, A. N., M. Kalyanaraman, A. Pillai, P. S. Raghava, & S. Day. (2019): Burnout and psychological distress among pediatric critical care physicians in the United States. *Critical Care Medicine* 46(1):116-122. https://doi.org/ 10.1097/CCM.0000000000002751

Shenoi, A. N., M. Kalyanaraman, A. Pillai, P. S. Raghava, and S. Day. (2018): Burnout and psychological distress among pediatric critical care physicians in the United States *Critical Care Medicine* 46(1):116-122. https://doi.org/10.1097/ CCM.0000000000002751

Simone, S., Agus, M., Lasio, D., &Serri, F. (2018): Development and validation of a measure of work-family interface. Journal of Work and Organizational Psychology, 34(3): 169-179. https:// doi.org/10.5093/ jwop2018a19

Sousa, C., Kuschel, K., Brito, A., & Gonçalves, G. (2018): Work-oriented men and women: Similar levels of work-family conflict and guilt yet different coping strategies. Psychological Thought, 11(2): 195-211. https://doi.org/10.5964/ psyct.v11i2.291

Sun, F., Li, W., Jiang, L., & Lee, J. (2020): Depressive symptoms in three Chinese older workforce groups: The interplay of work stress with family and community factors. International Psychogeriatrics, 32(2): 217-227. https://doi.org/10.1017/ s1041610219000528

Sung-Ichoi & Mi-Hae Sung. (2014): Relationship among Professional identity, role conflict and job satisfaction of nurses in emergency department . journal of the korea Acdemic – industrial cooperation society 15(6):3725-3733.

Terry, D. L., & Woo, M. J. (2020): Burnout, job satisfaction, and work family conflict

among rural medical providers. Psychology, Health & Medicine, 1-8. https://doi.org/10.1080/13548506.2020.1750663

Tosanloo, M, B Adham, D and Pourreza, A (2019): Causes of conflict between clinical and administrative staff in hospitals, Journal of Education and Health Promotion, **8: 191.**

Tunc & Kutains. (2009): Role conflict, role ambiguity and burnout in nurses and Physicians at a university hospital in Turkey . Nursing and health sciences 11(4):410-416.

Tziner, A., & Sharoni, G. (2014): Organizational citizenship behavior, organizational justice, job stress, and work-family conflict: Examination of their interrelationships with respondents from a non-Western culture. Journal of Work and Organizational Psychology, 30(1): 35-42. https://doi.org/10.5093/tr2014a5

Wang, Y., Chang, Y., Fu, J., & Wang, L. (2012): Work-family conflict and burnout among Chinese female nurses: The mediating effect of psychological capital. BMC Public Health, 12, 915. https://doi.org/10.1186/1471-2458-12-915

Widyani, A.. D. (2015): Effect Of Multiple Role Conflict On Job Satisfaction With The Mediation Role Of Stress. International Journal of Economics, Commerce and Management, 3(5): 862–872

Wu G., Zhao X., Zuo J., & Zillante G (2019): Effects of team diversity on project performance in construction projects. *Eng. Constr. Archit. Manag.* ;**26**:408–423. doi: 10.1108/ECAM-05-2018-0220

Zhou, B., Marchand, A., &Guay, S. (2018): Gender differences on mental health, work-family conflicts and alcohol use in response to abusive supervision. Journal of Work and Organizational Psychology, 34(3): 157-167. https://doi.org/10.5093/jwop2018a18