

Role Stress In Nurses: Review Of Related Factors And Strategies For Moving Forward

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Abstract

1. Introduction

Role stress in nurses and its influence on medical services have attracted attention in recent years and have been studied as a major and important issue. Studies conducted using various terminologies such as burnout, job-related stress, job dissatisfaction, and depression all referred to the concept of role stress. In particular, the fact that the caregiving role of medical professionals, including nurses, has been increasing as medical technology develops and life span lengthens has caused their role stress to increase, and the physical and mental pain incurred has adverse effects on the quality of medical treatment services provided. The nature of the working conditions, role limitations, and inappropriate environment often act as violent stressors causing distress in nurses' work. Thus, this paper examines the theoretical aspects of role stress experienced by nurses, delineates personal and situational factors contributing to role stress from a review of previous research, and offers strategies to alleviate role stress.

Methods

In support of multiple and diverse sources of information, existing reviews of stress related to nursing are being used to define the nurses' specific occupation. Where there is consensus or where debate has developed, the aim is to clarify their basis. In addition to searching bibliographic databases, journal and conference papers, and books, further details were gathered from actual and prospective study references, manuals, discussion papers, threads on specialized electronic discussion groups, research proposals, and articulation of emerging consensus or ruminations currently under debate. Besides the universal availability of information, the use of specialized tools and ongoing documentation is also becoming the norm. Certain

obvious deficiencies in literature were noted. For example, with regard to uniformity of terminology, several authors lament the inconsistent use of different terms and the absence of differentiated and specific definitions that make it difficult to distinguish between the stressors and the strains of the profession.

Conclusion

Continued nursing practice hinges upon recognition, prevention, and management of the significant role of stressors in nursing. Implementation of workplace strategies may buffer the negative impact of role stress suffered by practicing nurses. The present review has summarized the contributing role stress factors in nurses, as well as several workplace strategies that have been shown to reduce the detriment to nurse wellbeing. Practice recommendations for nurse managers and nurse scientists are provided, employing a generational model to frame workplace strategies. A 10-step model for reducing role stress in nurses is presented for ease of application.

Role stress has been shown to be a prevalent problem in the nursing profession and is associated with significant emotional exhaustion, depersonalization, and reduced personal accomplishment. Such negative consequences are likely to result in organizational absenteeism, turnover, and burnout, all of which have implications for the present and future workforce. Given that migration of the workforce is anticipated in the next five years, it is important to recognize the role stressors faced by nurses and implement workplace strategies to reduce these stressors. In the present review, related factors of role stress in nursing are examined. In addition, workplace strategies employed by nurse managers and nurse scientists to buffer the effect of role stress and subsequently reduce the experienced stressors are also reviewed. The paper is concluded with a 10-step model for moving forward.

Introduction Introduction

Nursing is physically, emotionally, and mentally draining. In the current environment of urban China, nurses are facing increasing role stress, which affects job performance and their personal well-being, resulting in high rates of job burnout and turnover. Workplace studies of nurses find that role stress is strongly associated with job dissatisfaction, absenteeism, and illness. However, in dramatic contrast to those for psychological strains such as burnout, almost all nursing role stress researchers rely on questionnaires, with responses from participants at one time only.

Unlike physical stress that can be relieved through medicinal treatments or physical relaxation, psychological strains such as feeling overworked, worried, and tense are more difficult to alleviate. Medical advances have decreased morbidity and death rates and increased the public's expectation of a high standard of care that all nurses provide. However, the unfortunate consequence of these advances has been not only that nurses are facing an increasingly serious shortage in many places but also that they are working under greater role stress. A high level of role stress causes not only job dissatisfaction, turnover, absenteeism, and inadequacy among registered nurses but also harm to their personal well-being and health. The most frequently reported ailments among nursing staff include chronic spinal pain, skin infections and lesions, upper limb pain or dysfunction, and hand and wrist pain. These occupational diseases frequently lead to nurses leaving their jobs due to physical or psychological problems caused by role stress.

1.1. Background and Significance

Following Florence Nightingale, nurses of the Crimean War have found a special place in society for their humanitarian services. Their caring role often places them at the forefront of dealing with suffering, growing anxieties, and troubled emotions. They often need to use strong interpersonal skills to communicate with individuals, and they also use complex administrative skills at the same time. Nursing activities impose a range of unique stressors that make them suffer losses in a number of areas. Stress is an external force acting on the individual; it adversely affects the nurse who perceives the loss of the individual or group.

The nursing profession includes various roles that are often associated with a certain amount of stress that, in the case of exceeded stress dosage, could end in higher susceptibility to illness. A nurse can be an advisor, communicator, manager, teacher, counselor, or case manager at particular times. Then, a nurse deals with relatives and sometimes with the close social circle of the patient, which may add a significant burden to the usual daily list of duties. Nurses often need to provide information and give support, resolve obstacles, and interact with multiple disciplines to realize care protocols, which adds another potential source of occupational stress to the list. In particular, it is suggested that nurses are prone to developing work stress. The nature of the nursing profession has enhanced these conditions among its personnel. Indeed, detracting from the gratifying component of the nursing role are extensive and distorting role characteristics that are associated with stress, burnout, dissatisfaction, and ill health.

2. Understanding Role Stress in Nurses

A large body of studies has focused on different sources and influences of role-related stress experienced by nurses in various work settings. Nurses experience role-related stress when faced with competing demands, lack of resources or support, or when the environment, both internal and external to the organization, is experienced as excessively stressful or out of one's control. Role stress has previously been linked with quality of work life, job satisfaction, nurse retention and turnover intent, as well as psychological morbidity including compassion fatigue, burnout, and mental health issues. This paper will

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critically review the literature regarding role stress in nurses and discuss potential strategies for moving forward for both nurses and institutions that employ them.

Keywords: Role stress, stress, nurses, nursing.

2.1. Definition and Conceptualization

Stress is a multi-dimensional construct comprising cognitive, emotional, and somatic symptoms. Research typically distinguishes between negative stress reactions and, within the realm of the nursing profession, positive stress reactions. The experience of negative stress reactions is apparent in the research examining work-related stress in nurses. Nurses typically struggle with persistently high workloads, unending demands on their time, and a constant need to provide emotional care and support to people facing challenging life situations. Working long hours under such conditions can take a psychological and physical toll on nurses; for some nurses, ongoing and unresolved negative stress reactions may eventually spill over into their personal lives, complicating relationships and impairing their ability to function. Public healthcare services are continuously expanding a demand for nursing care, which takes a toll on the health of the healthcare staff. Nursing is both a physically and emotionally challenging profession. It is a demanding profession with many staffing and retention issues often requiring large amounts of manual lifting and heavy physical work. Irrespective of the specific tasks assigned to an individual – be they contending with physical or mental demands – nursing can be both physically and emotionally exhausting, a situation closely correlated with decreased job satisfaction and decreased general mental health. There are concerns about high job requirements, while high job requirements and low job control and social support are core determinants of work-related stress. Patient care work is both exhausting and frustrating, although genuinely caring for patients also provides considerable fulfillment. Stress is when the demands made on a person tax or exceed that person's resources. If a person has great emotional investment in his or her job and feels compelled to endure psychological and physical strain to hold onto the position, many resources become involved, and that the sudden loss of a job or the end of a training course or higher education can be accompanied by a structural decrease in that person's resource base. A variety of instruments are applied in studies examining work-related stress in nurses, not all of which are specifically directed towards nursing. It is common practice for all such instruments to include a variety of items that are believed to be particularly relevant to nursing-related activities. These items reflect both the characteristics of a given nursing unit and the core tasks that staff working on that unit are expected to perform.

2.2. Factors Contributing to Role Stress

Role stress is commonly viewed by researchers as comprising a number of different kinds of stress. For example, one of the most cited attempts to analyze the sources of role stress delineated three different kinds of stress: menial stress, role overload, and role ambiguity. Interestingly, research on role stress in nurses has more typically focused on clarifying the antecedent conditions under which the consequences of role stress occur rather than the sources of the stress. However, the empirical bases for our knowledge about those consequences are based largely on findings from other professions and organizations. Moreover, contemporary and increasing evidence about the effectiveness of role stress moderators emphasizes the importance of examining the genesis of role stress in nurses. This chapter focuses attention on three sets of factors that may contribute to role stress among nurses: the occupational conditions of nurses, nurses' attitudes and individual characteristics, and the practices of managers. Data is reviewed to illustrate role stress experiences among nurses and to provide a stimulus for a more theory-based and rigorous examination of the antecedents of role stress among nurses. Developing insight into the origins of role stress is important because, for example, where negative role stress consequences exist, role conflict and role ambiguity antecedents must be reduced, and where members of this segment of the workforce are underutilized,

potential stress-reducing facilities can be rechanneled. Moreover, increased understanding about the origins of role stress in nurses is important for the design of more effective stress management interventions and programs in healthcare institutions. The negative impact of role stress on the quantity and quality of care that patients receive is acknowledged. Recommendations are outlined for the expansion of nursing management research in the area of role stress to enhance understanding of the concept.

3. Impact of Role Stress on Nurses

Dissecting or identifying role stress in nursing is generally a matter of semantics. Much of the literature does not establish an adequate theoretical framework for the development of a conceptual contribution to role stress, nor even describe it. Role stress is defined in the professional nursing literature as the stress brought on by the multiple stressful demands of the role of the nurse, which cause occupational burnout symptoms in clients or their nurses, or cause high levels of distress among these health professionals, or result in care quality disorders. As the terminology already shows, not all aspects of professional nurse responsibility are translated into role stress. Therefore, as the terms are quite broad, the same holds true for their related concepts. There are complex relations between the concepts of role, role making, role stress, role conflict, role ambiguity, and burnout that have not been clearly specified.

Despite its emotional or social nature, symptoms of burnout can have physiological consequences, which are precursors of burnout itself, representing the link between role and symptom. It is recognized as a factor of illness and is often manifested by somatic and ocular symptoms. Its consequences include physical and emotional exhaustion, lessened job satisfaction, decreased organizational commitment, and decreased job performance.

3.1. Individual Well-being and Job Satisfaction

Chronic stress can have detrimental effects on individual well-being. Stress has often been described as the individual's nonspecific response to both the internal and external environmental demands faced. Related to this, role stress is a subjective or psychological condition that exists when employees are uncertain about what is expected of them, have conflicting expectations placed upon them, or feel that they do not have the adequate resources to fully satisfy the desired expectations. There is an association between work-related factors such as work overload, role ambiguity, role conflict, and job stress. This, in turn, has been related to employee well-being, particularly their mental health. The most commonly reported stressor, role conflict, emanates from ambiguous role expectations, has difficulty in setting priorities, and experiences interpersonal conflicts. Symptoms of poor mental health, such as anxiety, stress, and burnout, could be viewed as warning signs that inform the individual that they are overwhelmed and that they need to take some form of job-related or personal action in the short term.

3.2. Quality of Patient Care

Quality of patient care is adversely affected by role stress in nurses. The nurse's role in direct patient care and monitoring patient care is compromised when they are stressed. The nurse-patient ratio is significantly and positively related to nurse-reported poor quality of care. Patients assigned to nurses dissatisfied with their jobs reported receiving poorer quality of care. Dissatisfied nurses reported managing issues such as pain and end-of-life care inadequately. When stress levels are high, performance on complex tasks also suffers. A high level of indirect importance attributed to patient care work activities relative to patient care was positively related to overall job satisfaction and satisfaction with patient care but negatively associated with perceived quality of patient care. Higher levels of direct importance attributions were significantly and inversely associated with perceived quality of care. It was found that unit organizational and patient-level outcomes and staffing inadequacies predicted nurse-assessed patient care quality.

4. Strategies for Addressing Role Stress

A number of strategies can be implemented to mitigate the impact of a role stressor on nurses at individual, organizational, and policy levels. The individual can play an active role in managing their own reactions rather than expecting the role stressor to go away. For example, enhancing personal coping strategies for role overload may attenuate the negative effect of overload on the outcome of stress. This can be accomplished through relaxation training, problem-solving workshops, and cognitive intervention. Cognitive intervention can help the employee restructure their perspective on the role stressor and effectively address the problem, such as a reassessment of work goals or analyzing past successes in facing previous adversities, and nurturing motivation where negative reinforcement may create a dependent rather than active employee. Organizational measures may be more effective, especially since a stimulus approach of preventing the stressor may prove to be more efficacious in targeting a source in a work unit rather than an individual. In poorly designed or complex rules and regulations, work overload, job insecurity, role ambiguity and conflict, or interpersonal

conflict and a lack of social support, organizational measures can be directed at reducing these stressors. Regulatory features might include a systematic approach to monitor workload, paced workload, or job-relevant training to minimize role ambiguity or interpersonal skills training for supervisors and communication skills training. Increased status and the provision of opportunities for participation and decision-making in the job may be beneficial in reducing stress from job insecurity. As such, workload training or on-the-job aids to help nurses prioritize may be useful. (Lorente et al., 2021)(Riedel et al.2021)(Chaabane et al.2021)(Blake et al.2020)(Ten et al.2020)(Rose et al., 2021)(Penconek et al.2021)

4.1. Individual-level Strategies

Individual-level strategies for addressing some of the persistent and more pervasive sources of role stress in nurses, such as excessive and prolonged workloads, have been the focus of less attention. This is disappointing, given the increasing recognition that individuals are not passive recipients of stress, but rather very active in coping and in seeing and molding the environment to fit their needs. Behavioral and

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cognitive change strategies have enormous potential in promoting less stressful work environments and may often cost little to implement, either by nursing management or by the individual nurse. For the terms role conflict and ambiguity, the more widespread use of consultative, mediation, and negotiation options can offer both parties the best possible way to solve workplace disputes and create less conflictual relationships and environments, at almost no additional cost. For other far-reaching structural workplace factors, such as skill mix issues and inconsistencies in the types of services that nurses believe fall within their role but are not recognized at both the organizational and societal levels, a long-term advocacy agenda clearly exists.

4.2. Organizational-level Strategies

Organizations play an important role in the management of stress. The way that organizations design work can impact employees' job satisfaction and stress. A better job fit, for example, by giving nurses more time to attend to patient needs, would help nurses cope better with stress and thus help to prevent absenteeism and burnout. Stress may also be reduced by gaining an understanding of the strategies that front-line staff use to cope with or manage stress. Indeed, interestingly, some organizational changes may reduce employees' capacities to manage stress and increase symptoms of stress.

One way an organization can reduce stress is to give staff control over the work methods or the place of work, while decreasing uncertainty for employees by developing clear job descriptions and communication procedures. These ideas are echoed in other studies that suggest increasing job control and the ability to use different strategies can act as a protective factor against stress. However, these strategies do not operate equally well in all circumstances. Many of the strategies identified by this study will involve organizational change and may be expensive for the organization to implement if the strategies require extra resources such as enabling nurses to work together, change or reduce their workloads, acquire personal control, and make useful suggestions. Furthermore, knowledge that identifies the complex relationship of these factors of different role stress in different occupational stress of different occupational groups is crucial due to the perception of stress as a myth by employers. Knowing the predisposing and protective factors of stress at the individual and collective levels in different groups using validated instruments can lead to the creation of efficient preventive strategies adapted to the characteristics of these groups.

5. Conclusion and Future Directions

The nursing profession is no exception when it comes to role stress. Role stress in nurses is a result of unique and systematic stressors in their chosen profession. New related role stressors and outcomes continue to emerge due to the growing need for nursing services and its rapid expansion. However, for the same reason, nurses and role stress in nurses are not fully explored. Recommendations for further research, as well as implications for education and practice, can be synthesized from existing literature. The emphasis of the paper has been strictly on the factor of role stress in nurses, but potentials could also be extended to explore the relationship between those variables. A review of the literature on studies directed toward role stress in nurses was the main method used to derive meaningful conclusions from the research of others.

The need for further inquiry is not in question. There were many areas only touched upon in this review, and the generalizability of many of the studies was limited. It is suggested that a conceptual framework be developed and empirically tested across cultures and health care systems. As a step in this direction, similar study designs and past research limitations could be considered when planning future investigations of role

stress in nurses. The dearth of qualitative research investigating the nuanced perspectives of nurses' experiences of role stress could be resolved. It is becoming increasingly common for the goals of a study to be established relative to a theoretical framework in order to respond to this need. Furthermore, large-scale, longitudinal research is necessary to adequately address methodological problems associated with alternative models and gain a clearer understanding of the etiology and outcomes of role stress in nurses.

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