The Effects of Role Conflict on Nursing Faculty; A Systematic Review

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Abstract

Introduction: Nursing education in Iran is along with many other developing countries. Moving in advanced nursing education will rise to new challenges for nursing faculty. Role conflict is one of the challenges, which easily happen in nursing faculties. There are few studies with different results about the role conflict in nursing faculties around the world. This study has been done to determine the role conflict levels and effects.

Methods: this is a systematic review study, and it has been done purposeful form by focusing on research questions. A computerized search was performed systematically since January 1998 to May 2014, by using five key words: role conflict, nursing faculty, nursing instructor, nursing teacher, nursing lecturer in Science direct, EBSCO Host, PubMed, Pro Quest, SID databases. Full text of suitable articles were selected and analyzed after several steps of evaluation.

Results: According to search criteria, among 35622 articles, we finally selected 11. The results are expressed in two general categories including; levels of role conflict, and consequences of role conflict. Nursing faculty experienced different levels of role conflict in reviewed studies. This study showed that role conflict has personal and organizational effects.

Conclusion: Role Conflict is normal and inevitable phenomenon in educational organization. Therefore, nursing faculty members could experience role conflict frequently. Understanding the nature of the conflict and its effects on nursing faculty could be playing an important role in the prediction and prevention of adverse effects in universities. The results of this study provide valuable information about the role conflict levels and the consequences for educational managers.

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Introduction

Nursing education in Iran is along with many other developing countries. Nursing education is one of the missions of Ministry of Health and Medical Education in Iran(MHMEI) and nursing faculty have an important role in training nursing students [1].

In recent years, nursing students' admissions have increased without change in faculty members' number. Furthermore, nursing faculty shortages have been identified as a world spread challenge in nursing academies [2, 3]. Nevertheless, nursing colleges in Iran face to a shortage of faculty members at all levels, like many other countries, and this condition lead them to work more than required [4]. Many studies explained those nursing faculties are suffering from work overload [3, 5, 6].

Within the academy, nursing faculty perform a variety of roles to serve the knowledge base of the nursing profession. The main roles are conceptualized into three primary areas: teaching, research, and executive service [7]. In recent years, the cultural-educational and social activities were added to faculty members' roles [8]. The roles that people fulfill are never isolated nor do they operate independently; they are always linked to another role that complements the original role. Nursing faculty as a family members have also family roles. They have to perform their professional and family roles in the limited time concurrently [9].

Based on the role theory the role defined as the behaviors, characteristics, and expectations that society placed on the positions [10]. An individual have a variety of social roles. These roles may include occupation, gender, family, and social components; and thus, may lead to role conflict [11]. Nursing faculty members have multidimensional roles. However, they have not a clear job description and this condition can result in lack of role clarity [5].

Each role has its own characteristics and the expectations for one position could be in conflict with demands of the other roles. Therefore, when the expectations for one role create conflict with another, role conflict occurs [12]. On the other hand, role conflict is concerned with problems, which emerge as the result of role incompatibility [13]. Millslagle and Morley (2004) stated: "role conflict occurs when expectations are perceived as incompatible for multiple roles or positions in society" [14].

Role ambiguity is one of the antecedents for role conflict. Role ambiguity occurs when the authority to decide is not defined. In fact, role ambiguity will result in lack of the necessary information available for a given role position [15]. Where roles are not properly spelt out and responsibilities are not clarified, workers may experience role conflict [16].

Nowadays, the universities have placed emphasis on reputation, image, and the pursuit for research level status. Accordingly, nursing faculty members face with the unique challenges posed by organizational expectations

[17]. Faculty members are expected to be the best instructors, to perform qualified research, and to participate in academic service activities and these lead them to role conflict [5]. The findings of most studies suggest nursing faculty may experience role conflict frequently [17-20].

Role conflict has numerous personal and organizational effects. When the behaviors expected of a person are incompatible, he/she will experience tension, frustration, withdrawal from the group, dissatisfaction, and less productivity performance than if the expectations imposed on him/her did not have any conflict [21-24]. Role conflict has a qualitative nature. When a person experience high level of conflict, the other one could be handle this condition [25]. Therefore, role conflicts have different effects on each individual. If the conflict is managed poorly, the conflict issues frequently remain and may return later to cause more conflict as a vicious cycle [26].

Openly acknowledging that role conflict is a naturally and expected phenomenon in all complex organizations. The current sociological view is that conflict has a negative nature [24], while the results of some studies represent that conflict can also have positive results. Optimal level of conflict can lead to innovation and self-evaluation in staff [27-31].

Several studies have examined a variety of professional roles and role conflict in nursing faculty members. But different and sometimes contradictory results in role conflict level and positive or negative impact of role conflict has been reported. Therefore, this study attempted to investigate the studies using systematic review to identify the effects and levels of role conflict in nursing faculty members.

Methods

A systematic review was used in this study to integrate and provide scientific knowledge from previous studies about role conflict in nursing faculty. The main questions of this study were:

What is the level of nursing faculty's role conflict reports in the literatures?

What are the main findings of the studies reviewed about role conflict effects on nursing faculty?

A computerized search was performed systematically to identify relevant studies from five electronic databases: Science direct, EBSCO Host, PubMed, Pro Quest and SID. Furthermore, data were also searched from the Cochrane Library, but no results focusing on role conflict in nursing faculty were obtained. Data collection was carried out using four inclusion criteria. 1) Literature during 16 years (January 1998– May 2014). 2) Literature in English and Persian languages. 3) Published research articles in valid peer-reviewed scientific journals 4) Existence the keywords or equivalent keywords in title or abstract.

The following words had been used separately and then a combination of them for doing free search in databases and electronic journals: role conflict, nursing faculty, nursing instructor, nursing teacher, nursing lecturer. According to search criteria 35622 articles were found.
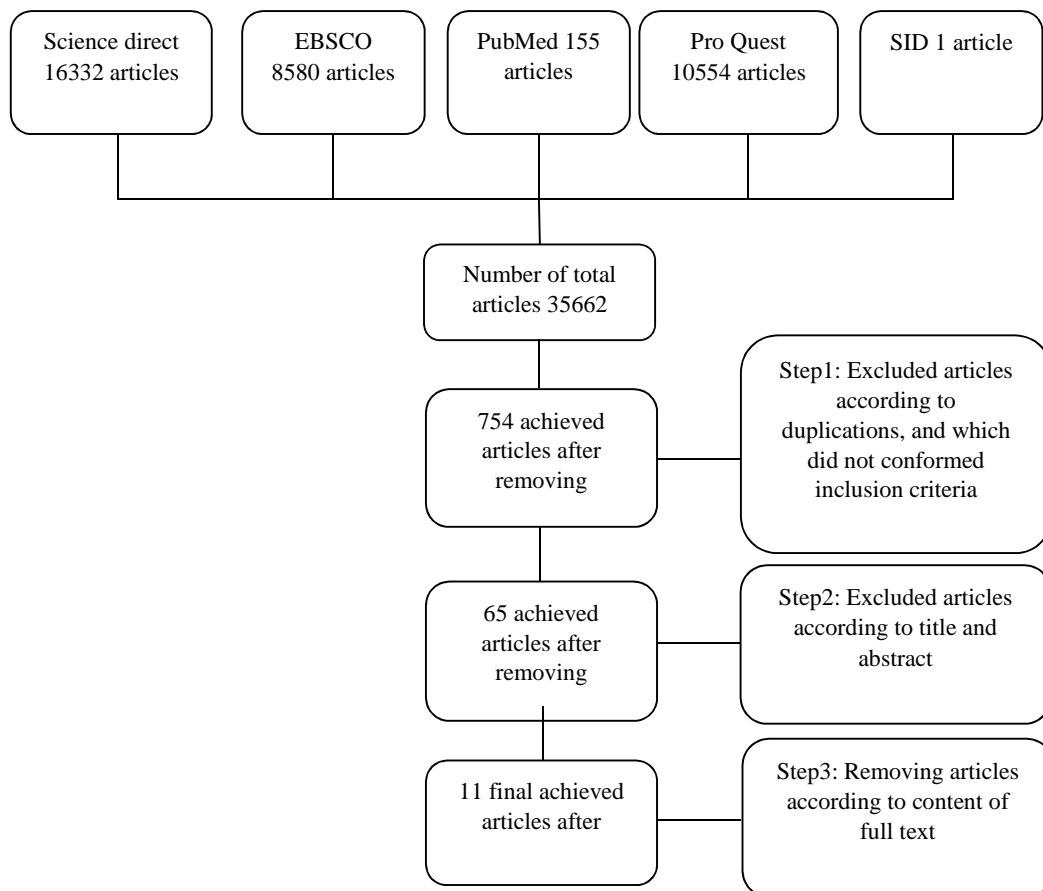

Fig 1. Process of selecting articles of the study

Each steps of this process was performed by two scholars. First, the articles which did not conformed to inclusion criteria or duplicated was excluded (n = 34868). Second, the articles was excluded based on title and abstract (n = 689). In the third step, full texts of the remaining 65 articles were read completely and 54 articles were excluded according to content of articles. Finally, 10 English and One Persian articles were selected and full text of these articles were analyzed and reviewed. Information collected from each of the studies included the author(s), year and country of publication, the sampling method, the methodology, and the main results (Table 1). The process of selecting articles of the study was conducted systematically in three steps (Fig. 1).

Results

The methodology of 11 reviewed articles included: nine descriptive, one literature review, and one meta-analysis. The results are expressed in two general categories regarding to main research questions.

Table 1. Methodological characteristics of the reviewed studies

No.	Author	Methodology	Samples	Country	Results
1	Gui L. et al. 2014	Cross-sectional	113 nursing faculty (China=61, England=60)	China and England	Role conflict was a negative relationship with job satisfaction. Role conflict levels were lower between Chinese faculty members.
2	Gui L. et al. 2011	Cross-sectional	227 nursing faculty in 18 nursing school	China	The mean score of role conflict was lower than mid-point. Role conflict was a negative relationship with job satisfaction.
3	Gui L. et al. 2009	Literature review	26 article and 4 PhD thesis	China	Role conflict was a negative relationship with job satisfaction.
4	Oermann MH. 1998	Descriptive exploratory	226 full-and part-time clinical nursing faculty in 20 nursing school	USA	The mean score of role conflict was high than mid-point. The doctoral degrees and full-time faculty members have more score.
5	Zakari NMA. 2011	Cross-sectional correlation	216 nursing faculty from 3 universities	Saudi Arabia	The mean score of role conflict was high than mid-point. There was statistically significant correlation between organizational commitment domains and role conflict. Role conflict levels were higher among nursing faculty expatriates.
6	Gormley DK. 2003	Meta-analysis	Six study from 1976 to 1996	USA	Role conflict was a significant negative relationship with job satisfaction.
7	Specht JA. 2013	Descriptive comparative	224 nursing faculty (192 mentored, 32 not mentored)	USA	The novice nursing faculty who experience mentoring had lower role conflict score and higher quality.
8	Kolagari S. et al. 2013	Cross-sectional	302 nursing teachers	Iran	Role overload, role incongruity and role conflict were three important factors for role strain.
9	Adams L. 2007	Descriptive	47 nursing academic administrators and 240 nursing faculty	USA	Respondents identified workload and role conflict issues as factors likely to discourage their pursuit of administration.
10	Gormley DK. et al. 2010	Descriptive	360 nursing faculty from 81 nursing schools	USA	There were statistically significant correlations between role ambiguity, role conflict, affective commitment, continuance commitment, and the subscales of the organizational climate (consideration, intimacy, disengagement, and production emphasis).
11	Gormley DK. et al. 2011	Descriptive	300 full-time nursing faculty	USA	The authors found that perceived work role balance, role ambiguity, and role conflict significantly influenced perceptions of organizational climate and commitment, and they suggested that work role expectations were a concern for nurse faculty and may played an important role in retention.

Levels of role conflict in nursing faculty

Levels of role conflict were measured in six articles. Role Ambiguity and Role Conflict Questionnaire (Rizzo et al., 1970) was used in five studies for determining level of role conflict in nursing faculty [17, 32-35]. But Kolagari (2013) used Persian version of Role Strain Scale as a self- report questionnaire (Mobily, 1991) [5]. Results showed that role conflict levels associated with several factors. Role conflict levels were high in persons how had multiple roles, role overload, baccalaureate degree, and doctorate degree [32]. The similar results reported for full-time faculty members, American nursing faculty, English nursing faculty [33] and expatriates faculty members [17]. Despite the heavy workload in all cases, some studies were reported a low level of role conflict in nursing faculty [33-35]. While one study expressed moderate levels [5] and the other studies explained high levels of role conflict in this population [17, 32].

Consequences of role conflict on nursing faculty

Role conflict has many different effects on the work-life of an individual as well as their family-life. In many studies, it was found that those suffering from role conflict also suffered greatly in their work performance, mainly in the form of lack of job satisfaction. The results of these studies pointed a negative relationship between role conflict levels and job satisfaction [33, 36]. Role conflict and role ambiguity were identified as a predictor variable for job satisfaction of nursing faculty [36]. Overall, levels of role conflict and role ambiguity are most consistently reported as affecting faculty members' job satisfaction [35].

Role conflict in the work environment is inevitable and faculty members have many reasons for experiencing role stress. Review of literatures showed that nursing faculty work under role stress, and they suffered from role strain, job dissatisfaction and burnout [32, 35].

Most nursing instructors were not familiar enough with their duties [5, 17, 19]. In this condition, role conflict increased and, consequently, the quality of work decreased [19]. We found that role conflict and role ambiguity were the important antecedents for role strain in nursing faculty [5]. The findings revealed that the faculty members would not consider moving into a position with greater responsibility. They explained workload and role conflict as factors likely to discourage their pursuit of administration [37].

One of the strategies to deal with role conflict was the migration. The findings suggested that incompatible expectations, poor working relationships, and difference in beliefs could be increase turnover intention in nursing faculty [38].

Some studies assessed the relationship between role conflict and organizational commitment. Affective, continuance, and normative commitment are three components of organizational commitment. Examine the impact of work role on nursing faculty organizational commitment showed a moderately strong negative, inverse relationship was present between role conflicts and affective and continuance organizational commitment [39]. Contrary to these results, Zakari (2011) asserts, however, the mean score of role conflict was high in the nursing faculty, they had a sense of responsibility toward their academic organization [17].

Finally, we found results about relationship between role conflict and dimensions of organizational climate. Gromely *et al.* (2010 and 2011) stated that, the mean score of role conflict are negatively correlated with the organizational climate subscales of consideration, intimacy, and production in nursing faculty members [38, 39].

Discussion

The results, achieved from 11 selected studies, were referred to faculty nursing frequently involved in role conflict. The findings suggest that role conflict can be experience by nursing faculty in different forms, different levels and different effects depending on organizational climate, organizational commitment, and cultural characteristics. The results of these reviewed studies explored the important information for a better understanding of role conflict in nursing faculty who work in the nursing colleges. In order to encourage and help educational managers to keep conflict levels in optimum levels, it is useful to identify both the levels of role conflict and the role conflict effects, as presented above.

Role conflict is usually the consequence of emotional tensions that become chronic. Role conflict classified as intrapersonal conflict. Many authors suggest that the unfavorable balance of roles, ambiguity on job description, decision-making uncertainty, roles concurrency, decision-making uncertainty, and contradictory expectations may contribute towards its development [10, 12, 16].

We encountered varying levels of role conflict in reviewed literature. A number of studies claimed that due to the work overload and diversity of roles, nursing faculty experienced high levels of role conflict [17, 32]. In the same condition, some studies have reported lower levels of role conflict [5, 34]. With regard to culture context and individual characteristics can influence the perception of conflict [21]; it seems that the difference in results could be due to differences in research locations. Results of a study showed meaningful significant between role conflict levels in English and Chinese nursing faculty [33].

In related to second main question, the results of this study explored a number of personal and organizational effects of role conflict. A negative relationship between conflict and job satisfaction was expressed in the articles. Similar to the study, this negative relationship has also been reported in studies on non-nursing staff [40] and nursing staff [10, 21, 25]. Burnout and frustration were the other effects of role conflict on nursing faculty. The similar results have been stated in other studies on physicians, nurses [41], and staff [23].

Review of literatures revealed that role ambiguity and role conflict could be relate to quality of work and performance in faculty members. Kelly (2006) explained that, role conflict is a potential source of organizational problems such as absenteeism, mistakes, and poor quality assurance [42]. Similar findings reported in other studies [10].

Conflicting expectations of each person's role gradually increased stress on the individual. Long-term involvement

with conflict can lead to role strain or role stress [5]. Likewise, other studies have reported similar results in other professional groups [43-45]

Role conflict is more likely in certain job positions with complex expectations. It seems that faculty members do not like to accept the administrative responsibility. Presumably, factors like workload and conflict-related issues discourage their pursuit of administration. Results of a study in Nigeria showed the academic managers had more potentially to experience role conflict [16].

One of the strategies used in dealing with role conflict, is avoiding from exposure. In this case, the person is trying every way to distance itself from the conflict situation [46]. This is one reason for the high mobility of nursing faculty in the studies reviewed. The similar findings reported on clinical nursing studies [21, 22].

In conjunction with low levels of organizational commitment among nursing faculty, a number of studies have reported, organizational commitment can be decrease when a person faced with ambiguous and contradictory expectations [17, 40].

Finally, results of the reviewed articles represented role conflict can affect all organizational climate dimensions. Organizational climate is the set of characteristics that perceived directly or indirectly by the employees, which is assumed to be a major force in influencing employee behavior. Our findings are similar to other studies that role conflict had a negative relationship with all component of organizational climate [12, 22].

Conclusion

Role Conflict is normal and inevitable phenomenon in educational organization. Therefore, nursing faculty members can be experience role conflict frequently. Role conflict may occur in different levels and with different consequences depending on the individual and cultural features.

Understanding the nature of the conflict and its effects on nursing faculty can play an important role in the prediction and prevention of adverse effects in universities. Therefore, according to the influence of cultural backgrounds and lack of role conflict associated studies in nursing faculty, more research on causes, consequences and impact of management strategies are conducted in this area in Iran. The results of this study provide valuable information about the role conflict levels and the consequences for educational managers.

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