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Coping Strategies Influencing Role Conflicts among Clinical Nurses

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ABSTRACT

Background/Objectives: This study was conducted to describe the level of role conflicts and coping strategies as well as the types of coping strategies influencing role conflicts among clinical nurses.

Method/Statistical Analysis: In this descriptive study, we enrolled 98 nurses in two hospitals in Korea. Role conflicts and coping strategies were assessed using a structured questionnaire. Data were analyzed using descriptive statistical analysis, independent t-tests, one-way ANOVA, Pearson's correlation, and multiple linear regression.

Findings: The overall mean score reflecting role conflicts was 3.41 ± 0.51. The mean scores for four subcategories of role conflicts (lack of ability, role ambiguity, disturbance of environment, and lack of help) were 3.32 ± 0.61, 3.36 ± 0.55, 3.59 ± 0.65, and 3.41 ± 0.77, respectively. The overall mean score for coping strategies was 3.02 ± 0.38. Among subcategories of coping strategies, the highest mean score was for tension reduction (3.29 ± 0.64), and the lowest mean score was for problem-focused coping (2.73 ± 0.53). Among subcategories of coping strategies, lack of ability was significantly correlated with wishful thinking (r=.219, p<.05), detachment (r=.224, p<.05), and seeking social support (r=.263, p<.01). Role ambiguity was significantly correlated with wishful thinking (r=.236, p<.05), seeking social support (r=.305, p<.01), and tension reduction (r=.294, p<.01). Both disturbance of environment and lack of help were significantly correlated with wishful thinking (r=.306, p<.01; r=.365, p<.01), seeking social support (r=.328, p<.01;r=.316, p<.01), and tension reduction (r=.275, p<.01; r=.247, p<.05). Multiple linear regression showed that role conflicts among nurses were coping strategies for seeking social support (t=2.726, p=.008).

Improvements/Applications: Nurses have been influenced by the help of people around them in reducing role conflicts. Therefore, it is necessary to build support infrastructure inside and outside the hospital.

Keywords: *Role conflict, Coping strategy, Hospital, Nurse, Marital status*

Introduction

In the hospital setting, nurses occupy the largest numbers and are directly responsible for providing health services to the clients. Thus, quality assurance of nursing largely determines the overall quality of health services provided by hospitals [1]. In a rapidly changing medical environment, nurses are constantly being asked to perform high-quality nursing services and friendly care by patients or hospital organizations [2, 3]. However, nurses inevitably experience conflicts while coordinating and communicating their work between various professional responsibilities and patients.

Clinical nurses experience role conflicts due to inconsistencies between role expectations and role performance [4]. If role conflicts are not properly controlled, they can affect the quality of patient care by lowering job satisfaction and job performance [5]. It is important that nurses are satisfied with their jobs if the ultimate goal of nursing is to provide high-quality patient care. This is because quality nursing is influenced by job satisfaction, which allows the nurse to perform efficiently and positively the tasks given to nurses [6].

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Role conflicts need to be reduced in order to increase job satisfaction and nursing performance. In order to minimize the dysfunction caused by these role conflicts, clinical nurses are required to maintain a psychological, cognitive, and behavioral balance [5]. According to previous research, nurses in Korea have chosen to make concessions or compromises among various problem-solving methods to minimize the impact of role conflict situations [7]. However, it is not considered desirable for nurses to choose concessions or compromises to resolve conflicts, as problem-solving is a behavioral approach that seeks to find solutions that meet the interests of both the self and the other. Therefore, this study was conducted to describe the extent of role conflicts and coping strategies and examine correlations between role conflicts and coping strategies among clinical nurses.

Materials and Method

Design and Sample: This descriptive study was conducted to identify the levels of role conflicts and coping strategies as well as the types of coping strategies influencing role conflicts among clinical nurses in Korea. A total of 98 nurses participated in this study from two hospitals. Two nurses who had insufficient responses were excluded from the analysis. The minimum sample size was calculated using G* Power version 3. 1. 2, with an effect size of .15, significance level (α) of .05, statistical power (1-β) of .8, and the number of predictors set to 6 [8]. These settings generated a minimum sample size of 98 participants.

Ethical Considerations and Procedure: Fundamentally, the ethical implications of this study and the potential risks to the participants' human rights were minimal. Nonetheless, a research assistant provided a full explanation of the purpose, content, and methods of the study before the distribution of written consent forms to all participants. All subjects participated voluntarily. Data collection was carried out in May 2014.

Measures

Role Conflicts: Role conflicts were measured using the Korean Role Conflicts (KRC) tool, developed by Kim and Park [4], which consists of 40 items with four subcategories. The components of the KRC are lack of ability, role ambiguity, disturbance of environment, and lack of help, all of which are assessed using a 5-point Likert-type scale, ranging from 1 ('no conflict') to 5('very severe conflict'). Cronbach's α of the original scale was .93, while the corresponding Cronbach's α for this study was .91.

Coping Strategies: Coping strategies that nurses applied to stressful situations were measured using the Korean Way of Coping (KWC) tool, developed by Han and Oh [9], which consists of 32 items with six subcategories. The KWC sections are problem-focused strategy, wishful thinking, detachment, seeking social support, focusing on the positive, and tension reduction, which are assessed using a 5-point Likert-type scale, ranging from 1('never used coping strategies') to 5('used coping strategies a lot'). Cronbach's α of the original scale was .82, while the corresponding Cronbach's α for this study was .80.

Statistical Analyses: Using IBM SPSS Statistics, version 23.0 (IBM Corp., Armonk, NY, USA), general characteristics of subjects were analyzed by descriptive statistics. To analyze the differences in role conflicts and coping strategies among participants, independent t-tests and one-way ANOVA were applied, and Pearson's correlation coefficient was applied to assess the linear relationships among variables. Finally, multiple regression analysis was applied to explain the types of coping strategies influencing role conflicts among clinical nurses. The significance level for testing statistical significance was estimated lower than .05.

Results and Discussion

Table 1 shows the general characteristics of the 98 participants. Half of the respondents were 20-29 years old, and all respondents were female. In terms of marital status, 66.3% of the participants were single. Forty-four percent of the participants had less than 5 years of work experience as a nurse.

Table 1: General Characteristics of Subjects

Variables		N	%
Age	20-29 years	49	50.0
	30-39 years	33	33.7
	40 years and over	16	16.3
Marital status	Married	33	33.7
	Single	65	66.3
Duration of work	<5 years	43	43.9
	<10, and ≥5 years	37	37.8
	≥10 years	18	18.3
Education	4-year course	39	39.8
	3-year course	59	60.2

Table 2 shows the mean scores reflecting role conflicts and coping strategies among study participants. The overall mean score for role conflicts was 3.41 ±

0.51. The mean scores for the four subcategories of role conflicts (lack of ability, role ambiguity, disturbance of environment, and lack of help) were 3.32 ± 0.61, 3.36 ± 0.55, 3.59 ± 0.65, and 3.41 ± 0.77. The clinical nurses reported the highest level of role conflict in the environment category, including lack of time and nursing facilities, excessive workload, and atmosphere of the nursing unit.

The overall mean score reflecting coping strategies was 3.02 ± 0.38. Among subcategories of coping strategies, the highest mean score was that representing tension reduction (329 ± 0.64) and the lowest mean score was for problem-focused coping strategy (2.73 ± 0.53). The clinical nurses were generally unable to use the most recommended problem-focused coping strategy.

Table 2: Role Conflicts and Coping Strategies of Clinical Nurses

Variables	M ± SD	Range
Total role conflicts	3.41 ± 0.51	1.78-4.50
Lack of ability	3.32 ± 0.61	1.90-4.50
Role ambiguity	3.36 ± 0.55	1.60-4.67
Disturbance of environment	3.59 ± 0.65	1.80-5.00
Lack of help	3.41 ± 0.77	1.60-4.80
Total coping strategies	3.02 ± 0.38	1.88-3.81
Problem-focused	2.73 ± 0.53	1.63-4.13
Wishful thinking	3.25 ± 0.63	1.60-4.80
Detachment	3.00 ± 0.51	2.00-5.00
Seeking social support	3.05 ± 0.51	1.86-4.43
Focusing on the positive	3.06 ± 0.63	1.33-4.33
Tension reduction	3.29 ± 0.64	1.33-5.00

Table 3 shows differences in role conflicts and coping strategies according to general characteristics. Marital status had a statistically significant effect on role conflicts (t=-2.224, p=.030), but no other general characteristic was associated with significant differences in coping strategies.

Table 3: The difference of role conflicts and coping strategies of clinical nurses by general characteristics

Variables		Role conflicts			Coping strategies		
		M ± SD	t/F	p	M ± SD	t/F	p
Age	20-29 years	3.45 ± 0.48	0.219	.804	3.01 ± 0.42	0.896	.411
	30-39 years	3.37 ± 0.53			2.98 ± 0.34		
	40 years and over	3.40 ± 0.59			3.13 ± 0.33		
Marital status	Married	3.25 ± 0.54	-2.224	.030	3.03 ± 0.37	0.081	.935
	Single	3.49 ± 0.06			3.02 ± 0.39		
Duration of work	<5 years	3.47 ± 0.47	0.602	.550	3.08 ± 0.34	1.863	.161
	<10, and ≥5 years	3.40 ± 0.54			2.93 ± 0.41		
	≥10 years	3.31 ± 0.51			3.07 ± 0.39		
Education	4-year course	3.45 ± 0.51	-0.324	.746	3.06 ± 0.37	-0.808	.421
	3-year course	3.42 ± 0.48			3.00 ± 0.37		

Table 4 shows there was a significantly positive correlation between role conflicts and coping strategies. Specifically, lack of ability had significantly positive correlations with wishful thinking (r=.219, p<.05), detachment (r=.224, p<.05), and seeking social support (r=.263, p<.01). Role ambiguity had significantly positive correlations with wishful thinking (r=.236, p<.05), seeking social support (r=.305, p<.01), and tension reduction (r=.294, p<.01). Disturbance of environment had significantly positive correlations with wishful thinking (r=.306, p<.05), seeking social support (r=.328, p<.01), and tension reduction (r=.275, p<.01). Finally, lack of help had significantly positive correlations with wishful thinking (r=.365, p<.01), seeking social support (r=.316, p<.01), and tension reduction (r=.247, p<.05).

Table 4: Pearson's correlation coefficients between role conflicts and coping strategies of clinical nurses

	Lack of ability	Role ambiguity	Disturbance of environment	Lack of help
Problem-focused	.176	0.87	.018	.102
Wishful thinking	.219*	.236*	.306**	.365**
Detachment	.224*	.047	.148	.168
Seeking social support	.263**	.305**	.328**	.316**
Focusing on the positive	.089	.064	.103	.090
Tension reduction	.127	.294**	.275**	.247*

Table 5 shows the result of the multiple linear regression analysis to identify coping strategies influencing role conflicts among study participants. Categorical data (marital status) were converted into dummy variable. The variances inflation factors were estimated from 1.17 to 1.72, which were lower than the criterion value of 10. The tolerance limits among predictive variables were calculated from 0.58 to 0.86, which were over 0.1 of the criterion value. There was neither multicollinearity nor high autocorrelations among predictor variables because the value of the Durbin-Watson test for autocorrelations among residuals was 2.007.

The multiple linear regression analysis revealed that role conflicts of clinical nurses were influenced by marital status (t=-2.487, p=.015) and coping strategies (especially seeking social support; t=-2.726, p=.008).

Table 5: Coping strategies influencing role conflicts of clinical nurses

Variables	Role conflicts		
	β	t	p
Problem-focused	-.001	-0.008	.994
Wishful thinking	.059	0.494	.623
Detachment	-.022	-0.198	.843
Seeking social support	-.326	-2.726	.008
Focusing on the positive	-.037	-0.313	.755
Tension reduction	.194	1.889	.062
Marital status (married nurse)	-.245	-2.487	.015
F(p)	4.463 (<.001)		
Adj. R^2	.260		
Tolerance	.58-.86		
VIF	1.17-1.72		
Durbin-Watson	2.007		

Clinical nurses were experiencing more than moderate levels of role conflicts at a score of 3.41 out of 5. Particularly, scores for disturbance of environment and lack of help were higher than for other subcategories. In other words, clinical nurses found that their working environments were not only unfriendly, but they also needed help and support from nearby people. The coping strategies used by nurses who experienced role conflicts were tension reduction and wishful thinking. Both methods are passive ways to make people feel less conflicted by modifying their thoughts rather than actively solving problems. Therefore, clinical nurses are likely to experience repeated role conflicts because the above strategies cannot solve fundamental problems [10].

After controlling general characteristics, the coping strategy of seeking social support influenced role conflicts among participants. Specifically, clinical nurses receiving support or help from nearby people experienced less role conflict than nurses who did not. However, the problem-focused strategy proposed to be the most effective in previous studies was not influenced by the role conflicts experienced by clinical nurses in this study [11, 12]. This was because most of the role conflicts experienced by the nurses were complicated organizational problems that were difficult to solve. Instead, the diverse support of the people who understand the conflict situation experienced by the nurses was considered to reduce the level of role conflicts among the nurses.

Conclusion

The purpose of this study was to identify the extent of role conflicts and coping strategies and examine how coping strategies influence role conflicts among clinical nurses. Participants showed the highest level of role conflict in the environment category, including lack of time and nursing facilities, excessive workload, and atmosphere of the nursing unit. Additionally, clinical nurses used wishful thinking and tension reduction—passive methods—to solve the role conflicts. Therefore, nurses need to learn more active problem-solving strategies.

Nursing administrators need to identify and improve the causes of nurses' the organizational problems that cause the strongest role conflicts. Moreover, nursing managers should be able to provide planned interventions in new nursing education initiatives, for example, to use effective coping strategies to overcome stressful situations.

Ethical Clearance: Not required

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Conflict of Interest: Nil

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