

# The Mediating Role of Role Overload in the Effect of Role Conflict and Role Ambiguity on Work Harassment

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## ABSTRACT

**Purpose:** The purpose of this study is to determine the effects of role ambiguity and role conflict on workplace harassment and the intermediary role of role overload in this effect. The literature includes no research on the relationship between nurses' workplace role ambiguity, role overload, role conflict and workplace harassment. The study used role overload as a mediating variable, which adds to the originality of the study.

**Methods:** The study used a cross-sectional research design and surveyed 260 nurses working in a public hospital in Turkey. The data were analyzed using descriptive statistical methods, Pearson correlation analysis and Hayes Macro regression.

**Result:** Role ambiguity has no direct or indirect effect on workplace harassment. On the other hand, role conflict affects workplace harassment directly and indirectly through role overload.

**Conclusion:** In line with these results reveal that nurses who are harassed in the workplace should take precautions against role conflict and increased role load. The results of the research reveal that nurses who experience workplace harassment in particular need to take precautions against increased role conflict and role overload.

**Keywords:** Healthcare, Workplace Harassment, Health services, Violence

## Rol Çatışması ve Rol Belirsizliğinin İş Tacizi Üzerindeki Etkisinde Aşırı Rol Yükünün Aracı Rolü

### ÖZET

**Amaç:** Bu çalışmanın amacı, rol belirsizliği ve rol çatışmasının işyeri tacizi üzerindeki etkilerini ve bu etkide aşırı rol yükünün aracı rolünü belirlemektir. Literatürde hemşirelerin işyeri rol belirsizliği, rol aşırı yüklenmesi, rol çatışması ve işyeri tacizi arasındaki ilişkiye dair herhangi bir araştırma bulunmamaktadır. Çalışmada, aşırı rol yükü aracı değişken olarak kullanılmış ve bu da çalışmanın özgünlüğünü artırmıştır.

**Yöntem:** Kesitsel bir araştırma deseninde olan çalışmada Türkiye'de bir kamu hastanesinde çalışan 260 hemşire ile anket yapılmıştır. Veriler, tanımlayıcı istatistiksel yöntemler, Pearson korelasyon analizi ve Hayes Macro regresyon kullanılarak analiz edilmiştir.

**Bulgular:** Rol belirsizliğinin işyeri tacizi üzerinde doğrudan veya dolaylı bir etkisi yoktur. Öte yandan, rol çatışması, işyerinde tacizi doğrudan ve dolaylı olarak rol aşırı yüklenmesi yoluyla etkilemektedir.

**Sonuç:** Bu sonuçlar doğrultusunda işyerinde tacize uğrayan hemşirelerin rol çatışmasına ve artan rol yüküne karşı önlem alması gerektiği ortaya çıkmaktadır. Araştırma sonuçları, özellikle işyeri tacizi yaşayan hemşirelerin artan rol çatışması ve aşırı rol yüküne karşı önlem almaları gerektiğini ortaya koymaktadır.

**Anahtar Kelimeler:** Sağlık, İşyeri Taciz, Sağlık hizmetleri, Şiddet

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Nurses are directly and indirectly involved in providing health services in an effective, efficient and uninterrupted manner. For this reason, nurses are one of the valuable resources of the health sector. It is becoming even more valuable for countries with low numbers of active working nurses, such as Turkey (1). The low number of nurses increases the number of patients per nurse who need to be cared for and the quality of nurse care is deteriorating (120% missed care; 20% task-in-queue time) and the role overload is increasing due to the increasing number of patients (2). The increased role overload is associated with anxiety, depression, anger and job dissatisfaction (3). Apart from these negative consequences, role overload is among the precursors of workplace harassment (4). Recent studies have revealed that nurses are subjected to high rates of harassment at work (min. 38.6% – max. 86%) (5). Studies on workplace harassment experienced by nurses at work and the effects of workplace harassment show that there are individual and organizational negative effects of workplace harassment. Headache, insomnia, low motivation and depression symptoms are found in nurses exposed to this type of behavior at work (6). In organizational dimensions, however, nurses develop job dissatisfaction and intention to leave work (5) as well as displaying increased burnout levels (7) and decreased organizational commitment (8). In addition, the number of studies on variables causing workplace harassment is highly limited although there are studies on the consequences of exposure of nurses to workplace harassment, people inflicting violence, profiles of perpetrators and reactions of nurses to such behavior. Therefore, this study examines the intermediary role played by ambiguity, conflict and overload of nurses in terms of workplace harassment.

## THEORETICAL FRAMEWORK

### *Role Overload*

There are structures among role theories that are considered to be alternative structures for role overload and used synonymously with role stress factors. Role overload is considered to be one of them (9). Increased role overload is regarded as the degree to which someone perceives the number of commitments and responsibilities under time pressure. Precursors of role overload include organizational elements (mergers, downsizing, high performance standards, long working hours, night shifts etc.), cultural norms, technology, and information overload (10).

The number of patients, the need for care of patients, the characteristics of units or services, existing/used

technologies, the knowledge and skills of nursing personnel are among the factors affecting the role overload of nurses (11). Insufficient number of nurses in meeting patient needs increases the role overload of nurses and negatively affects the actual level and quality of care provided for the patient (falling patients, decubitus, drug administration errors) (12).

### *Role Conflict*

Role conflict occurs when an individual has two or more role requirements that overlap with each other. Role conflict increases when the works the employee needs to do are very different and unrelated, the employee has relations with different groups in the workplace, he or she receives incompatible demands, and when there are not enough personnel in the workplace. Especially in matrix organizations (hospital etc.), the breakdown of the chain of command and accountability to multiple authorities affect role conflict (13). Therefore, it is common to experience role conflict in health workers, especially nurses (14). The studies performed in Turkey suggested that nurses had a higher role conflict than other health workers.

### *Role Ambiguity*

Role ambiguity refers to uncertainty about what needs to be achieved at work (15). Role ambiguity can be defined as a situation in which an individual has no clear knowledge of the requirements/methods of completing their work in relation to the job or role expectations in the organization. It occurs when the individual's duty or authority is not clearly defined or he or she refrains from taking responsibility for anything. According to the literature, role ambiguity of nurses are affected by age groups, educational status, professional experience, service periods at the hospitals where they work, units where they work, whether they choose their professions themselves, whether they find their profession suitable for them, vocational training and their perception of vocational competence (16).

### *The Intermediary Effect of Work Overload on Workplace Harassment Resulting from Role Conflict and Role Ambiguity*

In the literature, role conflict is often treated as a workplace stress factor along with role uncertainty. However, research suggests that these variables have different origins and therefore require different management interventions. For this reason, these variables are not discussed together in the study. This topic was chosen because role conflict and role ambiguity variables are important in workplace harassment and there has been an increase in role overload in recent periods (17). Even if the literature

does not include a sample of nurses, it is possible to find a relationship between role ambiguity and workplace harassment (18). Role ambiguity experienced by nurses who are expected to work as members of a team in hospital organization could increase workplace harassment. The fact that nurses who experience role ambiguity become uncertain about what they need to achieve and do not know their role expectations will prevent them from developing a positive relationship with other nurses and their superiors.

The following hypothesis has been developed in line with this information:

**H1:** *Role ambiguity has a positive correlation with workplace harassment.*

Increased role conflict damages workplace relationships of nurses who need to work as a team. Nurses whose workplace relationships are damaged are expected to suffer from workplace harassment. In their study on health care workers, Balducci et al. (17) found that role conflict affects workplace harassment.

In the light of this expectation and information, the following hypothesis has been formed.

**H2:** *Role conflict has a positive correlation with workplace harassment.*

The role overload variable was used as the intermediary variable in the research. This is because Van den Brande et al. (19) identified role conflict, role overload, and role ambiguity as precursors of workplace harassment in their systematic review. Furthermore, high and increasing role overload is recognized as both the trigger and moderator of the work harassment process in the workplace (20).

As a result of this information, the following hypothesis has been developed:

**H3:** *Role overload plays an intermediary role in the effect of role conflict and role ambiguity on workplace harassment.*

## METHODS

### *Design and Sample*

A cross-sectional study was designed using a survey. The stratified sampling method was used based on the number of nurses working in hospitals when selecting samples from hospitals. A total of 790 nurses are employed at

the three hospitals. A total of 260 nurses, including 181 from Sakarya University Education and Research Hospital, 57 from Yenikent State Hospital and 22 from Toyotasa Emergency hospital, participated in the study. 74.6% of the sample consisted of women and the average age was  $33.11 \pm 7.05$ . 56% of the participants were undergraduates, 32.4% had associate degrees and 11.6% were high school graduates.

### *Instruments*

**Role Ambiguity and Role Conflict Scales:** The Role Conflict Scale and the Role Ambiguity Scale that were developed by Rizzo et al. (13) and whose Turkish validity and reliability works were carried out by Ertam Eray (21) consist of 8 and 6 statements respectively. Low role ambiguity scores in the role ambiguity scale refer to high role ambiguity. The Cronbach Alpha coefficients of the role conflict and role ambiguity scales were 0.82 and 0.81 in the original 0.75 and 0.85 in the Turkish adaptation while these values were 0.85 and 0.84 for this study.

**Role Overload Scale:** The scale was developed by Beehr et al., (22) and its Turkish validity and reliability works were carried out by Akbolat et al. (23). The scale consists of three items. Two statements in the scale are negative (I have to work a lot harder so that I can fulfill my duties properly, and I never had enough time to do everything about my job.) while one statement is positive (The amount of work I am asked to do is fair). Higher scores in the scale mean higher role overload and lower scores mean lower role overload. The Cronbach-Alpha coefficient of the scale was 0.56 in the original, 0.75 in the Turkish version, and 0.71 in this study.

**Work Harassment Scale-WHS:** Developed by Bjorkqvist et al. (24), the Work Harassment Scale (WHS) consists of 24 statements aimed at questioning whether an individual has received personally humiliating or oppressive behavior from co-workers over the past 6 months. Validity and reliability analyses were conducted by adding two more items to the scale in the study carried out by Baguena et al. (25). According to this study, the scale consists of four factors. The first factor of the scale (social isolation) is called "attack on the victim's relationships"; the second factor is "verbal assault"; the third factor is "attack on the victim's private life" and the last factor is "attack on the victim using organizational tools". The Cronbach-Alpha coefficient of the scale is 0.95 in the original, 0.92 in the Turkish adaptation and 0.94 in this study.

**Data Collection**

The data were collected by the researchers using surveys in the three Hospital in Sakarya Turkey between November and October 2019. Moreover, the participants were given sufficient time to fill in the questionnaire (average 12 ± 2 min.). Finally, the questionnaire forms were collected by researchers in sealed envelopes to provide participants.

**Ethical Considerations**

Before the data was collected, permission was obtained from the General Secretariat of Sakarya Public Hospitals Association and a report on the compliance of the study with the ethical rules was obtained from Sakarya University Ethics Committee (Document no. 6192333/050.99/ ).

**RESULTS**

**Descriptives and Correlations**

Table 1 shows means, standard deviations and correlation values of the variables. Role ambiguity (2.52±0.703) and work harassment (0.64±0.645) have low means while role conflict (3.35±0.732) and role overload (3.48±0.747) have higher means. According to the results of the correlation analysis, role ambiguity has a negative correlation with role conflict (r = 0.226) and role overload (r = 0.234). Role conflict has a positive correlation with role overload (r = 0.646) and workplace harassment (r = 0.305). Workplace harassment does not have a significant correlation with role ambiguity while it has a positive correlation with role overload (r = 0.314).

Variables	1	2	3	4	Mean	S.S.
Role Ambiguity (1)	1				2,52	0,703
Role Conflict (2)	,226**	1			3,35	0,732
Role Overload (3)	,234**	,646**	1		3,48	0,747
Work Harassment (4)	,007	,305**	,314**	1	0,64	0,645

\*\*p≤0,05

**Mediation Analysis**

The SPSS PROCESS macro 4 model was used to demonstrate the effects of role ambiguity and role conflict on workplace harassment and the intermediary role of role overload in this effect. The details of the analysis results seen in Figure 1 are presented in Table 2.

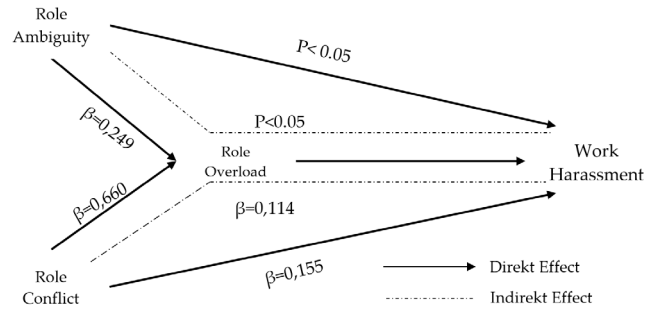


Figure 1: Research Model

According to the analysis results, role ambiguity has no direct or indirect effect on workplace harassment. On the other hand, role conflict affects workplace harassment directly (β= 0.155) and indirectly through role overload (β= 0.114). In line with these findings, the H1 hypothesis is rejected while the H2 hypothesis is accepted.

Variables	Direct Effect	Indirect Effect	Total Effect	LLCI	ULCI	t	p
Role Ambiguity	-	-	-	-	-	-	-
Role Conflict	0,155	0,114	0,269	0,166	0,372	5,148	0,000

Workplace harassment is the dependent variable.

**DISCUSSION**

Low levels of role overload were found in certain studies conducted in Turkey (26) while in some studies it was found to be at moderate and high levels (27). High role overload of nurses is among the expected results. That is because fewer nurses need to take on more roles in order to meet the current and ever-increasing demand for health. The other expected outcome of the study was that nurses experienced more intense role conflict versus less role ambiguity. Similar studies have revealed findings that nurses experience more intense role conflict and less role ambiguity (27). This may be due to the fact that nurses know and perform the roles assigned to them well within the matrix organizational structure, but they have to perform more than one role at the same time under intense work pressure.

As a result of the study findings, role conflict and role ambiguity were found to have a positive correlation with role overload. There are similar studies in the literature (28).

Although not mediated by role overload, Ekici & Beder (29) found in their study that workload had a significant effect (38%) on predicting exposure to harassment at work, while Yildirim (4) found that 45% of nurses who faced harassment behavior were affected by workload.

The final finding of the study is that role overload does not play an intermediary role in workplace harassment caused by role ambiguity, but it has an enhancing role in workplace harassment caused by role conflict. Baillien & Witte (30) determined that the relationship between organizational change and bullying is precisely mediated by role conflict and job insecurity, while other stress factors have no mediating effects.

## CONCLUSION

Nursing services play a very important role in providing effective, timely and efficient services without any interruptions in health systems. Research results confirm that nurses experience role conflict and role overload. Furthermore, role conflict and role overload experienced by nurses proved to have a positive correlation with their harassment at work. The results of the research reveal that nurses who experience workplace harassment in particular need to take precautions against increased role conflict and role overload. Executive nurses are primarily required to identify nurses who experience workplace harassment within the hospital and reduce their role overload as well as role conflicts they experience with their team-mates. Training nurses to cope with workplace harassment can be suggested as a possible precaution. Training may include necessary information about the possible effects of works carried out by nurses and ways of coping with workplace harassment. In addition, good communication and executive support between nurses and other health workers can reduce the negative incidents experienced by nurses such as role conflict and harassment at work. It is thought that participation of nurses in decision-making processes and the organizational structure can be increased if employees work as a team thanks to precautions and support networks

## LIMITATIONS OF THE STUDY

The main limitation of the study is that it was carried out only in public hospitals in Sakarya, Turkey. In order to increase the generality of the study, it is recommended that the study be repeated with larger samples in public and private hospitals.

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## Informed Consent

Informed consent was obtained from all participants.

## Data Availability

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

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