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Research Article

The Relationship between Role Conflict and Stress in Intensive Care Unit Nurses in Hafr Albatin: The Mediating Role of Emotional Intelligence

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ABSTRACT

Background *Nursing in the intensive care unit (ICU) is fulfilled with stressors that have a profound impact on the physical and mental health of nurses. A primary source of role stress is role conflict, resulting from ambiguous instructions and conflicting demands. Conflict situations directly affect the emotional intelligence of those involved, with outcomes ranging from positive to negative impacts.*

Objective *This study aims to investigate the influence of role conflict on stress levels among ICU nurses, with emotional intelligence as a potential mediator.*

Methods *Data were collected from two major hospitals in Hafr Albatin, Saudi Arabia, using a quantitative, descriptive, correlational design. The sample consisted of 69 ICU registered nurses meeting specific inclusion criteria. Instruments included demographic questions, the (PSS-10) for stress assessment, House and Rizzo's Role Conflict Scale, and (WLEIS). Data collection utilized an online questionnaire platform, ensuring anonymity and voluntary participation. Analysis involved descriptive statistics, Pearson correlation, linear regression, and mediation analysis using SPSS 26.0 software. Ethical considerations were addressed, with approval obtained from the NCBE.*

Results *The study revealed a significant relationship between role conflict and stress among ICU nurses. Higher role conflict, as indicated by the mean score of 24.86 (SD = 8.856), was associated with elevated stress levels (mean score: 22.14, SD = 8.919). Positive correlation between role conflict and emotional intelligence ($r = 0.333$, $p < 0.01$) suggests that nurses with higher emotional intelligence scores were better able to manage role conflict. Modrate positive correlation between emotional intelligence and stress ($r = 0.307$, $p < 0.01$).*

Conclusion *These findings revealed a significant correlation between emotional intelligence, role conflict, and stress, indicating a strong moderate level of influence. Particularly noteworthy was the strong relationship observed between emotional intelligence and both stress and role conflict. This relationship was found to strengthen as stress or role conflict decreased.*

Keywords: *ICU nurses, stress, role conflict and emotional intelligence.*

Introduction

Nursing profession is filled with stress, and nurses face numerous stressors in their day- to-day work settings (Tehrani et al., 2013). Specifically, Nurses in the intensive care unit (ICU) have a significant responsibility for their critically ill patients. Although, the unique conditions stemming from the professional setting and patient care challenges, such as issues with management, and the care of critically ill and dying patients. This heightened stress contributes to the development of chronic physical illnesses and mental disorders (Parizad et al.,2021). Stress is referring to the condition resulting from a range of physical, social, and psychological pressures, perceived by individuals as either challenging or surpassing their ability to cope (Vashisht et al., 2018).

Stress is conceptualized as a complex construct consisting of various significant role stressors, including role conflict (Kim et al.,2009).(Rodríguez-Escudero et al.2010） defined role conflict as the degree of incongruity or incompatibility in the expectations or requirements communicated to the team. Also, Role stress predominantly appears as role conflict, which stems from unclear directives and conflicting or incompatible demands (Zhang & He.2022).

When conflict arises, it influences the emotional intelligence (EI) of the individuals involved, leading to either positive or negative Impacts. EI plays a crucial role in conflict situations, effecting employees with feelings of frustration, anger, stress, or even depression. Managing or resolving conflicts is a key aspect of EI (Michinov, 2022).

EI encompasses a range of abilities that allow individuals to recognize emotional that in themselves and others (Tang et al., 2022). These abilities include perceiving and handling emotional information, expressing emotions, self-awareness, regulating stress, and coping with work demands (Zhang HL et al., 2023). Numerous studies have found a close relationship between emotional intelligence, subjective well-being, and mental health (Husain et al., 2022; Sfeir et al., 2022) . While some studies have explored the relationship between role conflict and stress, there is a gap in research concerning the impact of role conflict and emotional intelligence on stress within an intensive care unit (ICU) environment.Also, Given the effects of role conflict on nurses' mental well-being, it is crucial to investigate the factors that can mitigate this impact. Hence, there is extensive research has been conducted to identify the different sources of stress for nurses . The aim of this study is to investigate the correlation between role conflict and stress in intensive care units in Hafr Al-Batin, Saudi Arabia, in 2024, while also examining the potential mediating role of emotional intelligence.

Research Hypotheses

H1: The emotional intelligence mediated the relationship between role conflict and ICU nurse stress.

H2: There is a negative relationship between stress and emotional intelligence.

H3: There is a negative relationship between emotional intelligence and role conflict. H4: There is a positive relationship between role conflict and stress among ICU nurses.

Methodology and Implementation Plan

Study design

This study used a quantitative, descriptive, correlational design, to explore the relationship between the study variables which are stress, role conflict and emotional intelligence among ICU nurses. The selected design is the most fitting for this study as it directly investigates the relationship between the variables under examination. (M. Setia.2016).

Study Setting

Data was carried out in Two Hospitals in Hafr Albatin, King Khaled general Hospital (KKGH) and Hafr Al batin Central Hospital (HCH), these hospitals are the major hospitals in Hafr Albatin, and they have Intensive Care Unit; from March to May 2024.

Study population

The target population Consist of ICU Registered Nurses (RN) working in Hafr Al-Batin hospital (KKGH &HCH).

Inclusion criteria

1- RN working in ICU for 1 year and more.

2- RN participating in critical care and have an employment contract with the hospital.

Exclusion criteria

1- Nurses who were not at work during the survey period.

2- Training nurses (nurses newly recruited or have a course training).

Sample and Sampling

The sample size was estimated using Steven K. Thompson (2012) equation, as the following formula:

n = (Np1 p) / (N1 d2 z2 p1 p)

Where n= Sample size (69), N= Population size (83), Z= Confidence level at 95% (1.96), d= Error proportion (0.05), and p= Proportion (47.8%).

Instrument of the study

Demographic data:Measured by multiple questions which included (Age, Nationality, Gender, Educational Qualifications, Work Experience, Marital Status and Monthly Income).

Stress:Used 10-item Perceived Stress Scale (PSS-10) to assess stress among nurses is a common and effective approach (PSS; Cohen, Kamarck, & Mermelstein, 1983). The scale's Likert scale format, ranging from 0 to 4, provides a quantitative measure of perceived stress levels.

Role conflict:Used instrument developed by House and Rizzo (1972), which consisted of eight questions, these questions suggest a potential source of role conflict where an individual receives conflicting requests from multiple parties.

Emotional Intelligence: Used 16-item Emotional Intelligence Scale (WLEIS) developed by Wong and, Hong Kong, China (Wong and Law, 2017).

Data collection process

An online questionnaire platform was utilized for data distribution and collection. Before the survey, collaboration with nursing directors in hospitals was established. With their assistance, an electronic questionnaire was anonymously distributed to a group of nurses via the electronic application. The initial page of the questionnaire reiterated the study's importance and purpose of the study, provided instructions for completion, and included correspondence detailing the voluntary participation. The questionnaire comprised four primary sections: section (1) Demographics, covering factors like economic status, marital status, and age; section (2) Assessment of role conflict experienced by the respondent nurses; section (3) Evaluation of stress levels among ICU nurses; and section (4) Examination of emotional intelligence in ICU nurses.

Data analysis

The data analysis was conducted using IBM SPSS 26.0 software. Participants' demographic characteristics, as well as their levels of role conflict, emotional intelligence, and stress, was presented using descriptive statistics such as mean ± standard deviation, frequency, percentage and univariate analysis. Pearson correlation analysis will be employed to examine the relationships between emotional intelligence, role conflict, and stress.

Ethical and administrative consideration

Approval for data collection obtained from Hafr Albatin Health Cluster , with decision issued on (May 2024) and also obtained from National Committee of Bioethics (NCBE), with a decision issued on (Feb 2024). Participants was presented with a question regarding their voluntary agreement to participate in the study before completing the surveys, serving as informed consent. Additionally, submission of a complete survey was signifying their agreement to participate, as outlined in the information letter.

Results

The study revealed a significant relationship between role conflict and stress among ICU nurses. Higher role conflict, as indicated by the mean score of 24.86 (SD = 8.856), was associated with elevated stress levels (mean score: 22.14, SD = 8.919). Emotional intelligence, particularly the ability to appraise and regulate emotions, played a mediating role in this relationship.

Specifically, the positive correlation between role conflict and emotional intelligence ($r = 0.333$, $p < 0.01$) suggests that nurses with higher emotional intelligence scores were better able to manage role conflict. Furthermore, the moderate positive correlation between emotional intelligence and stress ($r = 0.307$, $p < 0.01$) indicates that emotional intelligence can help mitigate stress levels, even in the presence of role conflict. Therefore, enhancing emotional intelligence could serve as a valuable intervention to reduce the adverse effects of role conflict on stress among ICU nurses.

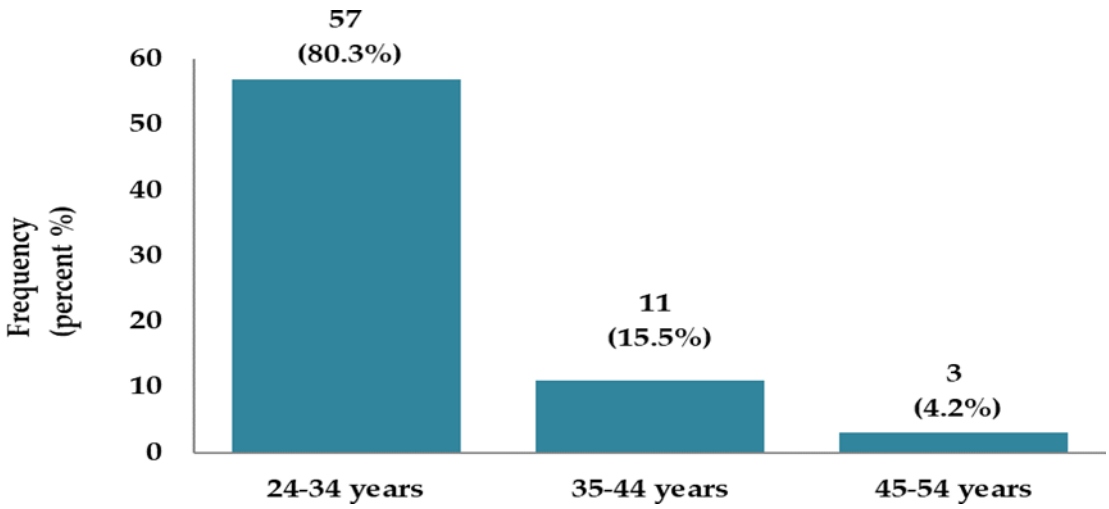

Figure (1) the distribution of the participants according to their age - years (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

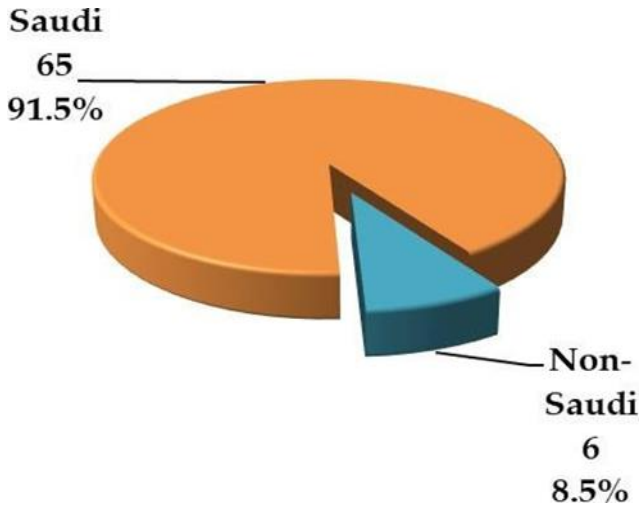

Figure (2) the distribution of the participants according to their nationality (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

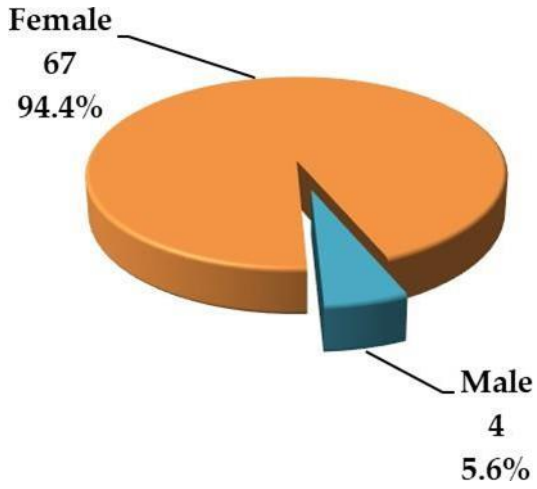

Figure (3) the distribution of the participants according to their gender (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

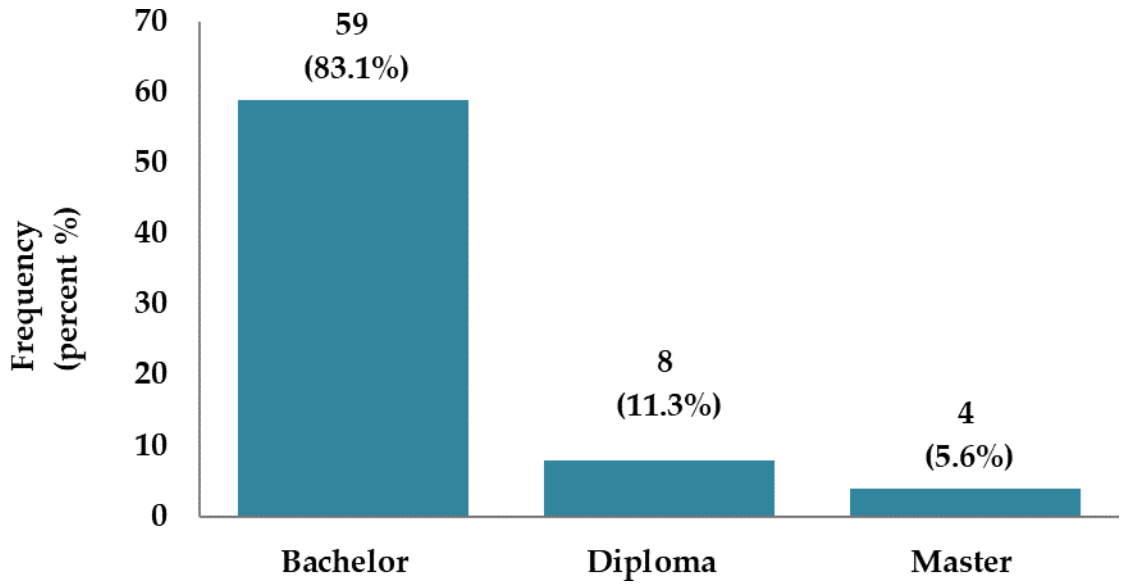

Figure (4) the distribution of the participants according to their qualifications (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

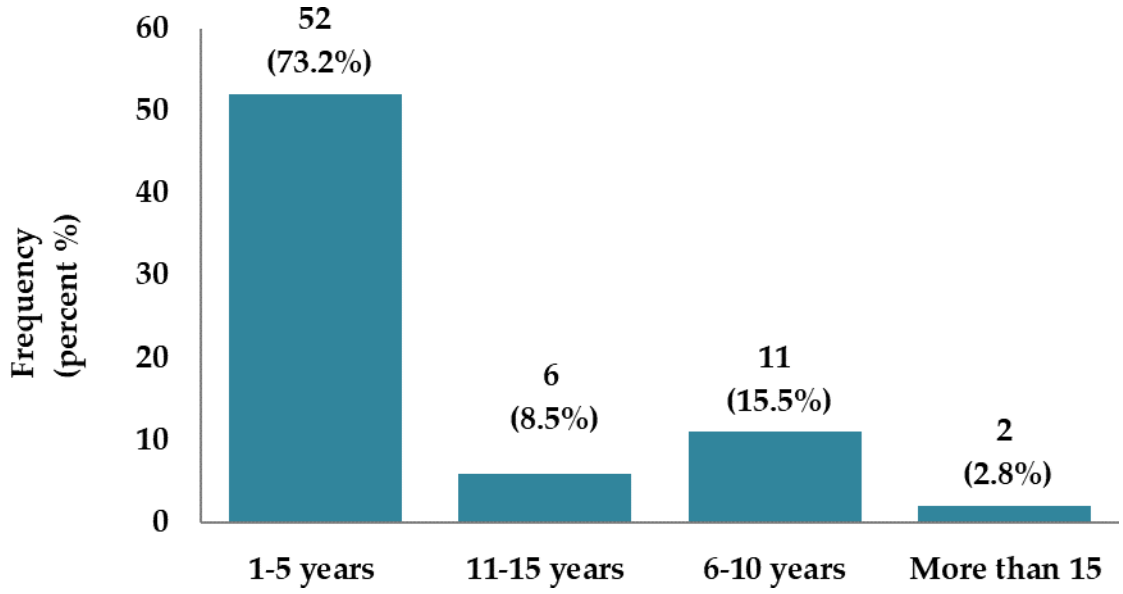

Figure (5) the distribution of the participants according to their experience in years (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

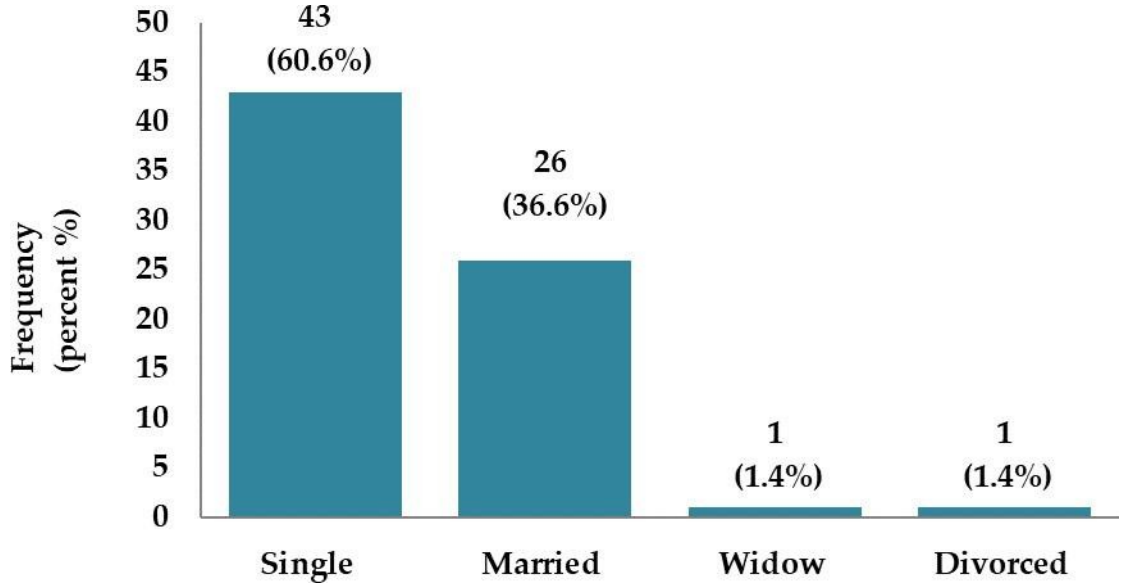

Figure (6) the distribution of the participants according to their marital status (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

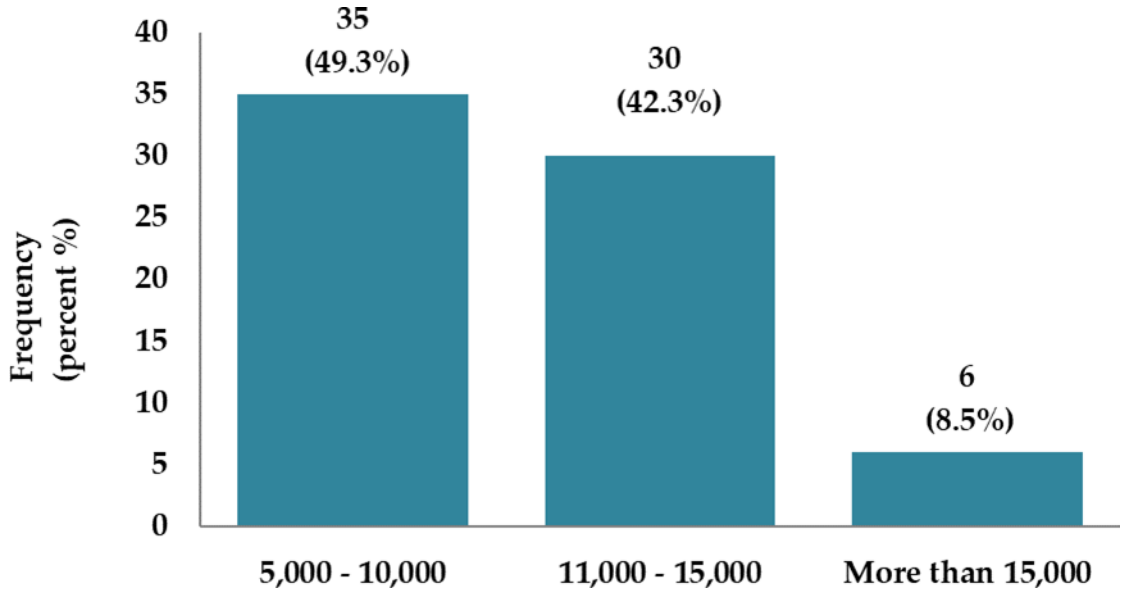

Figure (7) the distribution of the participants according to their monthly income (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

Role conflict assessment using role conflict and ambiguity scale

Table (1) the distribution of the participants according to their Role conflict (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

Role conflict and ambiguity scale items	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
I have to do things that should be done differently	12	16.9	25	35.2	9	12.7	11	15.5	14	19.7	71	100.0
I receive an assignment without the manpower to complete it	8	11.3	23	32.4	9	12.7	11	15.5	20	28.2	71	100.0
I have to buck/ bend a rule or policy in order to carry out an assignment	12	16.9	20	28.2	15	21.1	8	11.3	16	22.5	71	100.0
I work with two or more groups who operate quite differently	9	12.7	23	32.4	15	21.1	7	9.9	17	23.9	71	100.0
I receive incompatible requests from two or more people	8	11.3	23	32.4	13	18.3	13	18.3	14	19.7	71	100.0

I do things that are apt to be accepted by one person and not accepted by others	12	16.9	28	39.4	10	14.1	10	14.1	11	15.5	71	100.0
I receive an assignment without adequate resources and materials to execute it	13	18.3	19	26.8	12	16.9	14	19.7	13	18.3	71	100.0
I work on unnecessary things	13	18.3	18	25.4	7	9.9	15	21.1	18	25.4	71	100.0

Table (2) quantitative summary for the overall role conflict and ambiguity scale of the participants (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

Variable	**N**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
Overall role conflict score	71	8	40	24.86	8.856

Stress assessment using perceived stress scale – (PSS)

Table (3) the distribution of the participants according to their stress assessment using perceived stress scale – PSS) (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

Stress assessment using perceived stress scale – PSS) items (in the last month	**Very often**		**Fairly often**		**Sometimes**		**Almost never**		**Never**		**Total**	
	Freq.	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**
How often have you been upset because of something that happened unexpectedly?	9	12.7	22	31.0	28	39.4	2	2.8	10	14.1	71	100.0
How often have you felt that you were unable to control the important things in your life?	11	15.5	20	28.2	22	31.0	11	15.5	7	9.9	71	100.0
How often have you felt nervous and stressed?	16	22.5	21	29.6	21	29.6	6	8.5	7	9.9	71	100.0
How often have you felt confident about your ability to handle your personal problems?	13	18.3	17	23.9	25	35.2	11	15.5	5	7.0	71	100.0

How often have you felt that things were going your way?	10	14.1	10	14.1	25	35.2	18	25.4	8	11.3	71	100.0
How often have you found that you could not cope with all the things that you had to do?	10	14.1	20	28.2	19	26.8	13	18.3	9	12.7	71	100.0
How often have you been able to control irritations in your life?	9	12.7	20	28.2	21	29.6	12	16.9	9	12.7	71	100.0
How often have you felt that you were on top of things?	11	15.5	19	26.8	26	36.6	11	15.5	4	5.6	71	100.0
How often have you been angered because of things that happened that were outside of your control?	8	11.3	23	32.4	25	35.2	4	5.6	11	15.5	71	100.0
How often have you felt difficulties were piling up so high that you could not overcome them?	10	14.1	19	26.8	25	35.2	9	12.7	8	11.3	71	100.0

Table (4) quantitative summary for the overall perceived stress score of the participants (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

Variable	**N**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
Perceived stress score	71	0	40	22.14	8.919

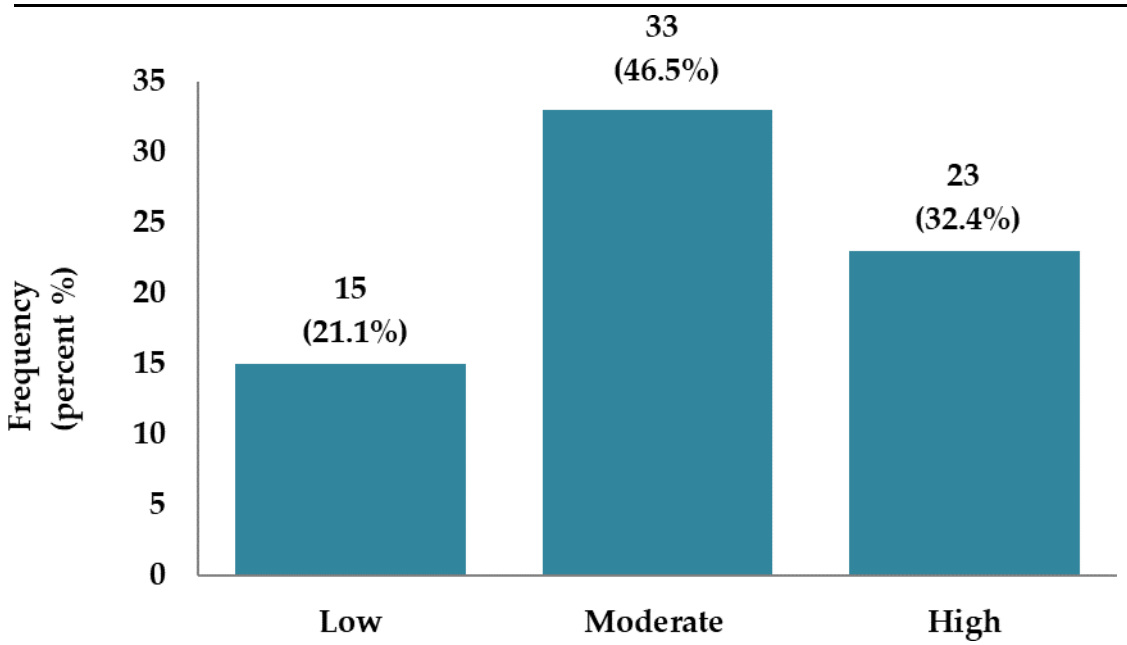

Figure (8) the distribution of the participants according to perceived stress scale (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

Emotional intelligence assessment using Wong and Law Emotional Intelligence Scale (WLEIS)

Table (5) the distribution of the participants according to their emotional intelligence (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

Wong and Law Emotional Intelligence Scale (WLEIS)	Strongly Agree		Agree		Neither Agree nor Disagree		Disagree		Strongly Disagree		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
I have a good sense of why I feel certain feelings most of the time.	10	14.1	31	43.7	13	18.3	7	9.9	10	14.1	71	100.0
I have a good understanding of my own emotions.	15	21.1	23	32.4	12	16.9	14	19.7	7	9.9	71	100.0
I really understand what I feel.	11	15.5	24	33.8	15	21.1	10	14.1	11	15.5	71	100.0
I always know whether I am happy or not.	13	18.3	29	40.8	14	19.7	8	11.3	7	9.9	71	100.0
I always know my friends' emotions from their behavior.	13	18.3	27	38.0	14	19.7	9	12.7	8	11.3	71	100.0

I am a good observer of others' emotions.	11	15.5	30	42.3	17	23.9	8	11.3	5	7.0	71	100.0
I am sensitive to the feelings and emotions of others	15	21.1	23	32.4	15	21.1	11	15.5	7	9.9	71	100.0
I have a good understanding of the emotions of people around me	15	21.1	28	39.4	11	15.5	13	18.3	4	5.6	71	100.0
I always set goals for myself and then try my best to achieve them.	21	29.6	22	31.0	11	15.5	8	11.3	9	12.7	71	100.0
I always tell myself I am a competent person.	17	23.9	23	32.4	12	16.9	13	18.3	6	8.5	71	100.0
I am a self-motivating person.	16	22.5	25	35.2	10	14.1	8	11.3	12	16.9	71	100.0
I would always encourage myself to try my best.	26	36.6	16	22.5	12	16.9	9	12.7	8	11.3	71	100.0
I am able to control my temper so that I can handle difficulties rationally.	15	21.1	22	31.0	15	21.1	12	16.9	7	9.9	71	100.0
I am quite capable of controlling my own emotions.	14	19.7	25	35.2	14	19.7	11	15.5	7	9.9	71	100.0
I can always calm down quickly when I am very angry.	13	18.3	19	26.8	15	21.1	14	19.7	10	14.1	71	100.0
I have good control of my emotions.	13	18.3	24	33.8	15	21.1	12	16.9	7	9.9	71	100.0

Table (6) quantitative summary for the emotional intelligence scores of the participants (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

Variable	**N**	**Minimum**	**Maximum**	**Mean**	**Std. Deviation**
Total Self-emotions appraisal	71	1	5	3.35	1.113
Total Regulation of Emotions	71	1	5	3.46	1.059
Total Use of Emotion	71	1	5	3.50	1.233

Total Others-Emotion Appraisal	71	1	5	3.33	1.161
Total Emotional Intelligence	71	1	5	3.40	1.065

Correlations

Table (7) the correlation between role conflict, emotional intelligence and stress among the participants (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

		Role conflict	Emotional Intelligence	Stress
Role conflict	**Pearson Correlation**	1	.333**	.550**
	Sig. (2-tailed)	-	.005	.000
Emotional Intelligence	**Pearson Correlation**	.333**	1	.307**
	Sig. (2-tailed)	.005	-	.009
Stress	**Pearson Correlation**	.550**	.307**	1
	Sig. (2-tailed)	.000	.009	-

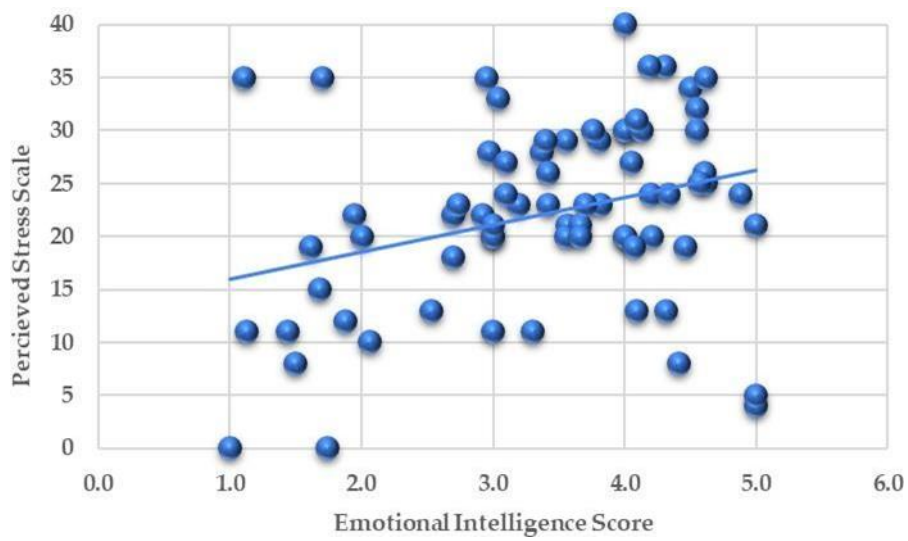

Figure (9) scatter plot graph showed the correlation between emotional intelligence and stress among the participants (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

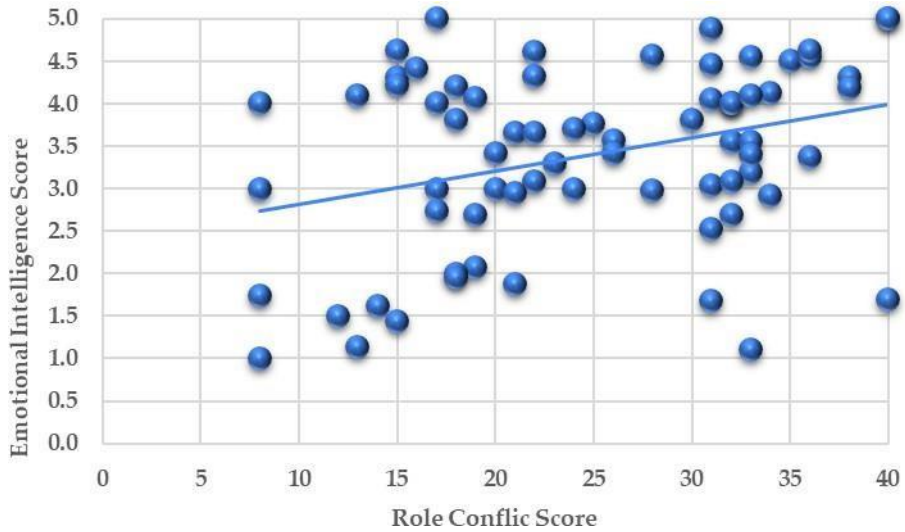

Figure (10) the correlation between role conflict and emotional intelligence among the participants (n = 71 Intensive Care Unit Nurses in Hafr Albatin)

Discussion

Our findings indicate that emotional intelligence has a strong mediated relationship associated with the levels of stress and role conflict among ICU nurses. The positive correlation observed between role conflict and emotional intelligence ($r = 0.333$, $p < 0.01$) suggests that nurses with higher emotional intelligence scores are more adept at managing role conflict. Additionally, the moderate positive correlation between emotional intelligence and stress ($r = 0.307$, $p < 0.01$) indicates that emotional intelligence can help mitigate stress levels, even in the presence of role conflict. These findings are consistent with a research conducted by Vashisht.R & et al., where overall emotional intelligence was strongly associated with stress (Fisher's $Z = -0.17$, $p < 0.01$). Furthermore, overall emotional intelligence was strongly associated with role conflict (Fisher's $Z = -0.23$, $p < 0.01$), Thus providing evidence support for H1.

This study revealed a notable and inverse correlation between nurses' emotional intelligence and their stress levels. This discovery aligns with studies conducted by (Kherandish et al.,2014) among nurses at Labafinejad Hospital in Tehran, (Samaei et al,2017) among nurses in Kerman hospitals, (Karimi et al,2014) among Australian nurses, and (Hong et al,2016) among South Korean nurses. All these studies concluded that increased emotional intelligence correlates with decreased stress levels among nurses (Rakhshani et al.,2018).

In our study, the majority of nurses (46.5%) reported moderate levels of stress. This is consistent with findings from studies by (Masoumy et al.2016) and (Rahmani, et al.,2010) where a majority of nurses (46.4% and

49.2%, respectively) also reported moderate stress levels. This similarity may be attributed to the focus on nurses working in intensive care units in our study, while Masoumy et al. and Rahmani et al. evaluated nurses working in specialized units. This supports H2, suggesting that there is a negative relationship between stress and emotional intelligence.

Moreover, Hypothesis 3 was validated, demonstrating a negative relationship between emotional intelligence and role conflict. This revelation marks a substantial advancement in nursing research. Additionally, it confirms the results of prior studies, which involved 361 nurses and medical personnel from three hospitals (Rafiq. et al ,2022). The study's results confirmed that emotional intelligence is inversely associated with role conflict, implying that individuals who regulate their emotions are less affected by role conflict, ultimately reducing the stress caused by it.

This study's findings revealed a strong association between role conflict and nurses' stress, suggesting that when role conflict is high, nurses are likely to experience elevated stress levels. This is indicated by a positively correlated coefficient of high magnitude. Furthermore, this study found that role conflict and stress are aligned in their direction of impact. These results are consistent with a prior study by Yulianti & Putra (2021), which also found that role conflict positively influences stress levels. Consequently, H4, which posits that role conflict increases job stress among nurses, is supported. This implies that more frequent occurrences of role conflicts lead to heightened stress among nurses.

Conclusion

This study aimed to investigate the associations between role conflict, stress, with emotional intelligence acting as a mediator. The findings revealed a significant correlation between emotional intelligence, role conflict, and stress, indicating a strong moderate level of influence. Particularly noteworthy was the strong relationship observed between emotional intelligence and both stress and role conflict. This relationship was found to strengthen as stress or role conflict decreased.

Overall, this research fills a crucial gap in the existing literature and serves as a valuable resource for addressing stress and promoting the well-being of nurses. The results underscore the effectiveness of interventions aimed at enhancing emotional intelligence and reducing role conflict in alleviating nurse stress.

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