Role Conflict and it's relation to Organizational Silence Behavior among Nurses

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Abstract

Background: Role conflict contributes to the stressful aspects of the working position and has an impact on judgments of job performance. Employee performance is impacted by unclear positions and incompatible duties, which also have an impact on silence inside the organization. **Aim of this research:** To investigate role conflict and it's relation to organizational silence behavior among nurses. **Research design:** A descriptive correlation design utilized in this research. **Setting:** This research conducted at Minia University Hospital. **Sample:** A convenience sample with total number (no= 205) nurse. **Tools of data collection:** Two tools as follow, the first tool was Role Conflict Questionnaire and the second tool was Organizational Silence behavior Scale. **Results:** showed that (44.9%) of nurses had high level of role conflict and (34.6%) of them had moderate level of role conflict, while (20.5%) of them had low level of role conflict, also(46.8%) of nurses had high level of organizational silence behavior, (32%) of them had moderate level of organizational silence behavior, while (21%) of them had low level of organizational silence behavior. **Conclusion:** There was strong positive statistical relation between role conflict and organizational silence behavior among nurses. **Recommendations:** Organize regular meetings with staff nurses and hospital managers to talk about issues at work and come up with solutions.

Keywords: Organizational Silence Behavior, Nurses, Relation, and Role Conflict.

Introduction

Organizations committed to satisfying the rising demand for health care services have a continuing struggle in adapting to changes in a complicated medical environment. Not every issue that arises can be solved by managers on their own. One strategic element that helps to guarantee organizational development and transformation is the wise distribution of human resources. In order to handle changes and provide high-quality services, employee voice is essential to the process's seamless advancement. Oftentimes, front-line nurses are in a better position than their bosses to recognize the right course of action when issues develop in the institutions where they work (**Yang et al., 2022).**

Frontline healthcare workers, such as nurses, work in demanding environments that are prone to conflict. Although some of these disputes are thought to have good effects, the majority of them will have negative effects. While role ambiguity is a reflection of ignorance and doubt about what duties and obligations someone should perform, role conflict is a reflection of uneven or conflicting sets of expectations and demands at work. It has been demonstrated that role ambiguity and disagreement among healthcare professionals lead to job stress and declining quality of service **(Alyahya et al., 2021).**

Group dynamics suffer from role conflicts. Each individual in a group develops expectations for specific actions from other members, effectively expecting them to carry out their assigned roles **(Abd El-Hay et al., 2022).** Conflicts between the various roles that people adopt or perform in their daily lives give rise to role conflicts. Conflicts arise from conflicting obligations that lead to conflicts of interest in certain situations; in other situations, conflict arises when an individual holds roles with distinct statuses; and in still other situations, conflict arises when individuals cannot agree on the duties associated with a given role, whether in the personal or professional sphere **(Crossman, 2021).**

Role conflict was associated with decreased job satisfaction, increased work-related stress, and decreased self-confidence in the affected individuals. Silence among employees might be a result of role uncertainty and conflict. Role ambiguity and conflict are thought to have an emotional cost that includes higher work-related stress, less job satisfaction, and diminished trust in the organization that hired you. According to **Aquino et al. (2018),** role conflict is also linked to poor interpersonal relationships, decreased trust, and disrespect for close coworkers. The likelihood of silence and employee turnover increases with role conflict since it affects employees' performance and loyalty to the organization more **(Kirchhoff & Karlsson, 2019).**

When it comes to the capacity for thought, creativity, and innovation, human resources are also a crucial component of every firm. In technological and organizational systems and processes, productivity, change, and improvement are implemented by humans. Creating frameworks to guide employees' skills and accomplish present and future organizational goals is necessary to fully utilize the intellectual capacity and capabilities of organizational personnel, also referred to as the "hidden capital." However, in an organization, communication can occur in a variety of ways, including written, spoken, and even bodily. Organizational silence is a phenomenon in organizational behavior that experts refer to as a result of blocking or disrupting such communications, which will limit the flow of information and experiences needed to fulfill organizational goals **(Khosravizadeh et al., 2022).**

Employee silence is defined as the purposeful and conscious withholding of potentially significant information from the company **(Lam and Xu, 2019).** The term "organizational silence" describes the state in which a worker avoids discussing work-related topics out of concern that their supervisor would misinterpret them, potentially harming their working relationships. Furthermore, "a collective occurrence in which staff members suppress their thoughts and concerns

regarding potential organizational problems" is the definition of "organizational silence." **(Alqarni,2020).**

Silence may also include avoiding recording, not participating, adopting an unfavorable attitude, not being seen, and ignoring. It's not simply about not talking. Employees may opt to remain silent for a variety of reasons, including fear of ignorance, workload, and unjust treatment in the past **(Maqbool et al., 2019).** There were discovered to be eight key reasons why employees remained silent. These motivations include those that are defensive, acquiescent, pro-social, ineffective, opportunistic, disengaged, deviant, and diffident **(Zekeriya et al., 2021).**

Employee silence in organizations can have a number of causes, including neuroticism, the perception of a supervisor's or upper management's lack of willingness to voice concerns, psychological safety, and negative core effects. Employees become less concerned with the caliber of their job over time as innovation stalls, ethics deteriorate, and the number of faulty goods rises. As a result, corporate silence is detrimental to people as well as the firm and its employees **(El Abdou et al., 2023).**

The study Significance

With the creation of COVID-19 units and a halt to elective procedures, nurses were forced into new responsibilities and faced knowledge gaps and a scarcity of personnel **(Sahay & Dwyer, 2021; Chen et al., 2021).** These adjustments to their main responsibilities, the ambiguity of the situation, and the flexible Nurses' emotional health were influenced by COVID-19 procedures **(GAO Et Al., 2020; Capanna et al., 2020).** Therefore, it becomes imperative to comprehend how this noncausality crisis—one for which no single institution bears primary responsibility—affects nurses' stress levels and, in turn, how it affects their welfare and quality of work.

Recently, there has been a growing interest in the topic of organizational silence in healthcare companies. Healthcare workers' motivation and job satisfaction are known to suffer when they work in an organization where there is poor communication and knowledge transmission, as well as poor self-expression. More significantly, patients who need healthcare services put themselves at danger because medical staff members choose to remain silent. Administering healthcare organizations may engage in behaviors that cause damage to those receiving treatment **(Harmanci Seren et al., 2018).**

During the round of the researchers in the hospital it was observed that nurses were complaining about a lack of clear job descriptions, expectations, and role requirements that didn't make sense, which resulted in role conflict and caused stress, poor performance, and frustration, all of which contributed to the hospital staff's silence. The incapacity of employees to voice their thoughts and their refusal to discuss work-related difficulties and concerns are highlighted by organizational silence. Therefore, organizational silence is a behavioral decision that has the power to either improve or worsen organizational performance. Aside from its emotionally taxing manifestation, silence can express support and collaboration or hostility and disapproval, acting as a pressure point for both individuals and organizations. Companies must determine the causes of their workers' organizational silence as it impairs their confidence in their ability to perform at work.

Aim of the Study:

This research aimed to investigate role conflict and it's relation to organizational silence behavior among nurses

Research questions

- What is the level of role conflict and organizational silence behavior among nurses?
- Is there a relation between role conflict and organizational silence behavior among nurses?

Subject and Method

Technical, Operational as well as Administrative; and Statistical design were used to conduct the research.

Technical design

The technical design involved the settings of research, design of the research, subjects, as well as tools for data gathering utilized in the research

Research Setting:

This research was applied at Minia University Hospital, Egypt.

Research Design

To achieve the goal of this research, a descriptive correlation approach was employed.

Subjects

A convenience sample consisting of all nurses employed at Minia University Hospital at the time of data collection and having more than six months of experience in their current role; there were a total of (no=205) nurses in this sample.

Excluded Criteria: nurses with fewer than six months of experience at their present position.

Tools of data gathering:

The data for this study was gathered using the following two instruments:
First tool consisted of two parts

Part I: personal data:

Personal data about the nurses, including age, marital status, years of experience, and level of education, was included.

Paert II: Role Conflict Questionnaire.

This developed by **(Marya, 2020);** to assess role conflict. Each item was evaluated by 3 points Likert scale ranging from (one= with a low degree, two= with a moderate degree, and three= with a high degree). It included (18 items) with three dimensions as:

Dimensions	No. of items
Conflict in work requirements in terms of priorities	9
Worker needs conflict with management requirements	5
Worker values conflict with management values	4
Total	**18**

Scoring system was ranked from 18 to 54 and it classified into 3 levels as the following:

- From 18 to 30 indicated low role conflict.
- From 31 to 42 indicated moderate role conflict.
- From 43 to 54 indicated high role conflict.

Tool II: Organizational Silence behavior Scale was developed by **Al-Ariani, & Mohamed, (2016)** to assess organizational silence behavior. Each item was measured by five points Likert scale ranged from (one mean strongly disagree, two mean disagree, three mean somewhere, four mean agree and five mean strongly agree). It included (14 items)

Scoring system of this tool was ranked from 14 to 70 and it classified into three levels as follow:

- From 14 to 32 indicated low organizational silence
- From 33 to 51 indicated moderate organizational silence.
- From 52 to 70 indicated high organizational silence.

Operational design:

The preliminary phase, content validity, reliability, ethical consideration, pilot research, and field work are all included in the operational design.

Preparatory phase:

Using papers, books, the internet, conferences, and magazines, the researchers thoroughly reviewed relevant literature as well as theoretical understanding on the research variables throughout this phase to get solid insight into the variables.

Content Validity:

Five experts in the field of nursing administration reviewed the research's face and content validity. The suggested adjustments were completed in order to delay the release of the finalized tools. The instruments designed with specialists' perspectives in mind.

Reliability:

The Cronbach's Alpha coefficient technique was used to measure the internal consistency of the instruments in order to verify their dependability. Therefore, the Cronbach's Alpha for the first tool was 0.89, while the second tool's was 0.92.

Ethical Considerations:

The Minia University Faculty of Nursing's research ethics committee issued an official letter. Additionally, approval to carry out the study was obtained from administrative authorities. Department heads also gave their consent and approval after outlining the purpose and content of the study. Nurse participants provided their oral consent after being informed of the aim of the study and given the assurance that the information they provided would be kept confidential and used only for research. They can choose to stop participating in the research as well. They then consented to participate in the study.

Pilot Study:

A pilot study was conducted to assess the tools' usability and clarity. The time required to fill the tools was estimated using it. The pilot study was included in the research results.

Field work:

- The hospital administrator and the nurse's hospital verified official clearance. To improve participant cooperation during the research's execution, the researchers made the purpose and importance of the study clear to each participant. One by one, the researchers gave the nurses in their units the study materials. The completion of the study tools was estimated to take 20 to 25 minutes. From March 2023 to May 2023, data was gathered in the morning and afternoon shifts.

Statistical Analysis

Data access and analysis was done on a personal computer. The statistical package for social studies, or SPSS, version 25, was employed. Descriptive data included frequency, mean, standard deviation, and percentage distribution. The outcomes were compared using the t-test and the Fisher-exact test. The correlation between the variables was evaluated using Pearson's correlation coefficient (r). To facilitate the interpretation of the results of significance tests, a significance threshold of p0.05 was established.

Results

Table (1): Percentage distribution of study subjects personal data (no.=205)

Personal data	Nurses (no.=205)	
	no	%
Age		
<30	103	**50.2**
30-40	57	27.8
41-50	36	17.6
51-60	9	4.4
Mean ± SD	25.37± 6.835	
Gender		
Male	72	35.1
Female	133	**64.9**
Marital status		
Single	72	35.1
Married	121	**59.0**
Divorce	8	3.9
Widowed	4	2.0
Years of experience		
<10	103	**50.2**
10-20	67	32.7

21-30	35	17.1
Mean ± SD	7.1433 ± 2.45	
Educational qualification		
Secondary school nursing diploma	38	18.5
Technical institute of nursing	137	**66.8**
Bachelor of nursing	30	14.7
Residences		
Urban	103	**50.2**
Rural	102	49.8

Table (1) indicates that (50.2%) of nurses are in age under 30 years old with mean 25.37± 6.835, (64.9%) of them are female, also (59%) of them are married, (50.2%) of them had less than 10 years of experience with average mean7.1433 ± 2.45, while (66.8%) of them have technical institute of nursing, and (50.2%) of them are living in the urban area.

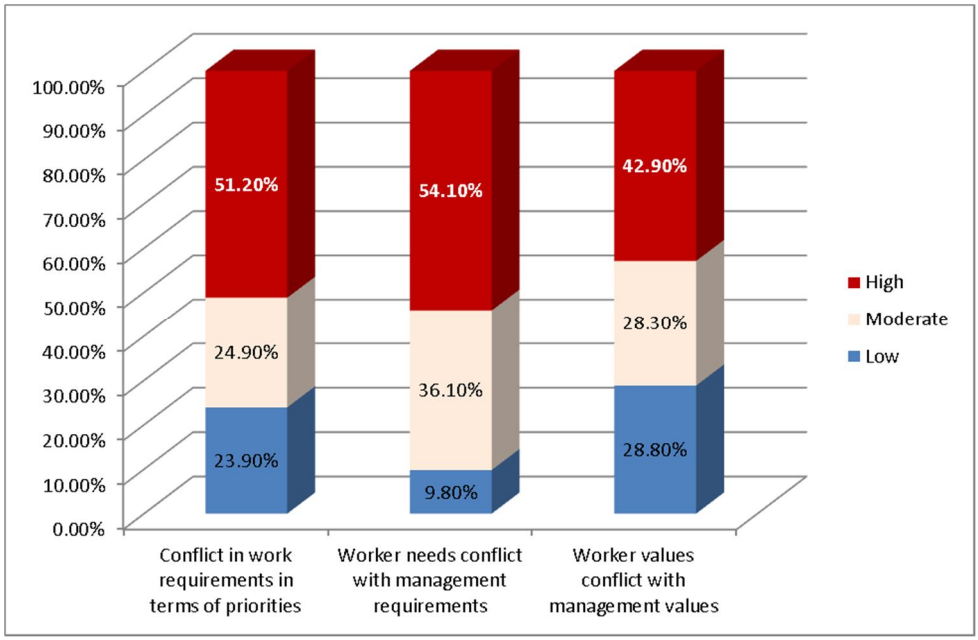

Figure (1): Percentage distribution of total nurse's role conflict dimensions (no. =205).

Figure (1) demonstrates that the high percent of nurses have high roles conflict in dimensions of (worker needs conflict with management requirements, conflict in work requirements in terms of priorities and worker values conflict with management values) as (54.1% - 51.2% - 42.9% respectively). While the high percent of them have moderate role of conflict in dimension of (work needs conflict with management requirements, worker values conflict with management values & conflict in work requirements in terms of priorities) as (36.1% - 28.3% -& 24.9%). Finally the high percent of them have low role of conflict dimensions of (worker values conflict with management values, conflict in work requirements in terms of priorities and worker needs conflict with management requirements) as (28.8% - 23.9% & 9.8% respectively).

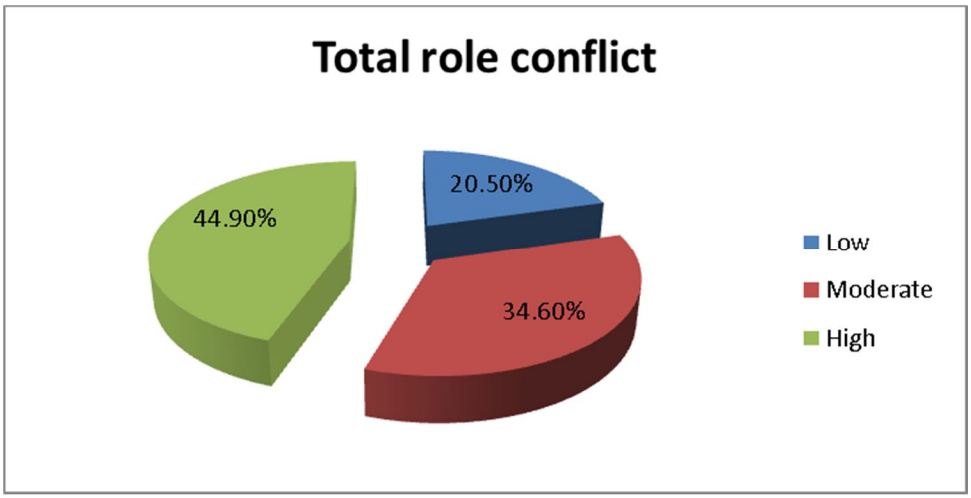

Figure (2): Percentage distribution of total nurse's role conflict (no.=205).

Figure (2) shows that (44.9%) of nurses have high levels of role conflict and (34.6%) of them have moderate levels of role conflict, while (20.5%) of them have low levels of role conflict.

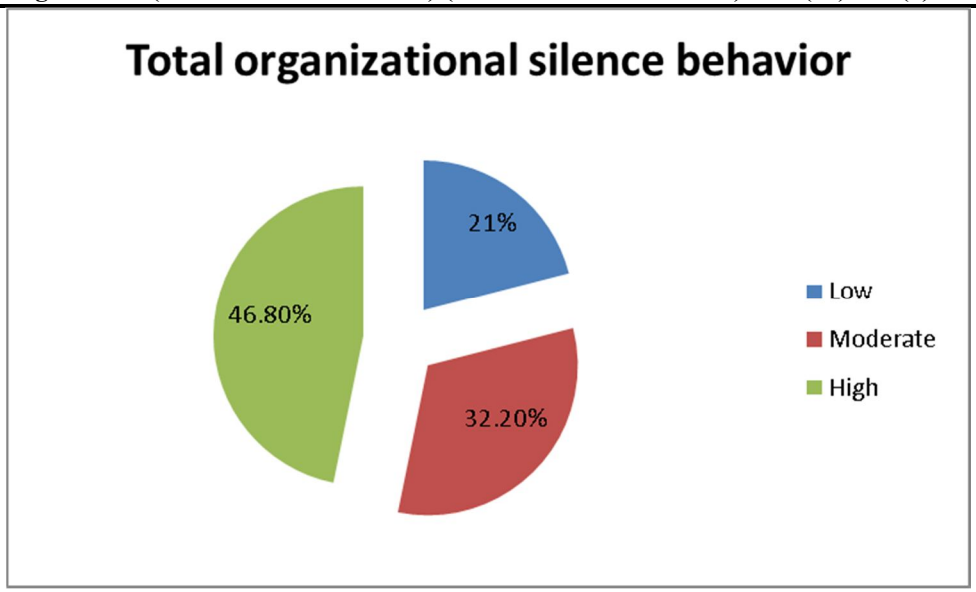

Figure (3): Percentage distribution of total nurse's organizational silence behavior (no.=205).

Figure (3) illustrates that (46.8%) of nurses have high level of organizational silence behavior, (32%) of them have moderate level of organizational silence behavior, while (21%) of them have low level of organizational silence behavior.

Table (2): The relation between of total nurse's role conflict and their personal data (no.= 205).

Items	Nurses (no.= 205)						Fisher-exact	p-value
	Low (no.=42)		Moderate (no.= 71)		High (no.=92)			
	no.	%	no.	%	no.	%		
Age								
• <30	15	14.6	44	42.7	44	42.7	13.926	.024*
• 30-40	13	22.8	18	31.6	26	45.6		
• 41-50	13	36.1	5	13.9	18	50		
• 51-60	1	11.2	4	44.4	4	44.4		
Gender								
• Male	3	4.2	31	43.1	38	52.7	21.09	.001**
• Female	39	29.3	40	30.1	54	40.6		
Marital status								
• Single	12	16.7	38	52.8	22	30.5	18.61	.001**
• Married	29	24	28	23.1	64	52.9		
• Divorce	1	12.5	3	37.5	4	50		
• Widowed	0	0	2	50	2	50		
Years of experience								
• <10	21	20.4	41	39.8	41	39.8	6.126	0.187NS
• 10-20	16	23.9	22	32.8	29	43.3		
• 21-30	5	14.3	8	22.9	22	62.8		
Educational qualification								
• Secondary school nursing diploma	6	15.8	11	28.9	21	55.3	3.835	0.429NS
• Technical institute of nursing	30	21.9	46	33.6	61	44.5		
• Bachelor of nursing	6	20	14	46.7	10	33.3		
Residence								
• Urban	20	19.4	37	35.9	46	44.7	.235	.902 NS
• Rural	22	21.6	34	33.3	46	45.1		

Table (2) indicates that there is significant statistical relation between nurse's role conflict and nurses' (age, gender, and marital status) with p value (.024* , .001**,.001** respectively), while there is no statistical relation between nurse' role conflict and nurses'(years of experience, educational qualifications, and residence).

Table (3):The relation between of total nurse's organizational silence behavior and their personal data (no.= 205).

Items	Nurses (no.= 205)						Fisher- exact	p-value
	Low (no.=43)		Moderate (no.= 66)		High (no.=96)			
	no.	%	no.	%	no.	%		
Age								
• <30	15	14.6	34	33	54	52.4	13.00	.035*
• 30-40	14	24.6	23	40.3	20	35.1		

Items	Nurses (no.= 205)						Fisher- exact	p-value
	Low (no.=43)		Moderate (no.= 66)		High (no.=96)			
	no.	%	no.	%	no.	%		
• 41-50	13	36.1	6	16.7	17	47.2		
• 51-60	1	11.1	3	33.3	5	55.6		
Gender								
• Male	3	4.2	32	44.4	37	51.4	23.50	.001**
• Female	40	30.1	34	25.6	59	44.3		
Marital status								
• Single	12	16.7	34	47.2	26	36.1	13.169	.020*
• Married	30	24.8	28	23.1	63	52.1		
• Divorce	1	12.5	3	37.5	4	50		
• Widowed	0	0	1	25	3	75		
Years of experience								
• <10	21	20.4	31	30.1	51	49.5	13.496	0.009*
• 10-20	17	25.4	29	43.3	21	31.3		
• 21-30	5	14.3	6	17.1	24	68.6		
Educational qualification								
• Secondary school nursing diploma	6	15.8	19	50	13	34.2	10.417	0.032*
• Technical institute of nursing	31	22.6	34	24.8	72	52.6		
• Bachelor of nursing	6	20	13	43.3	11	36.7		
Residences								
• Urban	20	19.4	35	34	48	46.6	.461	.785 NS
• Rural	23	22.5	31	30.4	48	47.1		

Table (3) demonstrates that there is significant statistical relation between total nurse's organizational silence behavior and all nurses' personal data except nurses residence **.**

Table (4): Correlation between role conflict and organizational silence behavior among nurses(no.=205).

Variable		Role conflict	Organizational silence behavior
		r P- value	r P- value
Role conflict	r P- value		.862** .001
Organizational silence behavior	r P- value	.862** .001	

Table (4) shows that there is strong positive statistical relation between role conflict and organizational silence behavior among nurses p value= .001.

Discussion

Conflict in the workplace is a widespread occurrence that happens often in all environments where people collaborate. Conflict among nurses at work exists and is frequently reported in the literature. Even though it is not a modern problem, workplace conflict nevertheless poses a significant obstacle for many organizations **(Monyei et al., 2023) .**

Silence at work is a social phenomenon that occurs collectively. It describes nurses who make the decision to keep their thoughts, feelings, and worries about important professional matters to themselves. Silence at work is a danger to the prosperity and ethics of the organization. Additionally, it negatively impacts nurses' performance in healthcare companies. Silence behaviors among nurses may have underlying causes that are connected to personal, social, and organizational characteristics in healthcare environments **(Singh & Srivastava, 2023).**

If nurses feel powerless to change things at work, they give up on problems and refrain from actively sharing thoughts or suggestions, which leads to a silence about the task at hand. Since silence may take many different forms, including purposeful passivity, an unwillingness to share knowledge, or the belief that meaningful changes are outside the group's power **(Khalid et al., 2024).**

The finding of this research indicated that half of nurses are in age under 30 years old with mean 25.37± 6.835 , above half of them were females as well as married also lived in urban area, and had less than 10 years of experience with average mean7.1433 ± 2.45, also about sixty-six of them were graduated from technical institute of nursing.

The finding of the present research demonstrated that approximately fifty percent of nurses have high role of conflict in dimensions of (worker needs conflict with management requirements; conflict in work requirements in terms of priorities; and worker values conflict with management values), from the interpretation of the researchers' point of view, every organization had the rule, regulation as well as policy that controlled to meet the employee needs and leads to create the conflict when don't meet the need of employee, as well as when the employee sense of bias and unfairness in the treatment. This in the same context with **Liddle, (2023)** he mentioned that conflict occur in the work place due to bias as well as unfairness treatment between the employee. Also, this was agreed with **Flowerday and Tuyikeze (2016),** who described that the conflict occurs in the organization when the policy of organization doesn't solve problems for the employees.

The present finding in this research mentioned that low fifty of nurses had high level of role conflict and about thirty three of them had moderate level of role conflict, while one twenty percent of them had low level of role conflict, from the perspective of the researchers the high of role conflict might due to a decrease of clear job descriptions, expectations, and role criteria may be to blame for the high rate of role conflict among nurses. These factors can also cause stress, subpar performance, and frustration.

This current result in the same with **Recuero and Segovia (2021),** who said that there was a significant perception of role conflict in the study population. and a small percentage of them felt that role conflict wasn't real. In contrary with **Abd El-Hay et al., (2022),** who indicated that less than one-third of the nurses in the study had a high sense of role conflict, whereas more than half had a low view.

The present finding in this research clarified that low fifty of nurses and about thirty three of them also about twenty percent of them had (high, moderate and low level)of organizational silence. According to the study, a high level of role conflict causes irritation, which in turn causes hospital staff quiet, which in turn causes organizational silence. This may also be because nurses prefer to keep quiet out of fear of losing their jobs or not being promoted, which helps them avoid being perceived as whiners and preserves their social connections.

The study's findings are in line with those of **Abduo (2022),** who reported that a significant degree of organizational silence was present in over half of staff nurses. On the other hand, almost twenty five percent of them exhibited a low degree of organizational quiet. In contrast, **Ngozi et al. (2021)** discovered that employees' perceptions of organizational silence were at a medium level.

The findings showed that there was a statistically significant connection between the role conflict of nurses and their age, gender, and marital status, but not between the role conflict of nurses and their years of experience, educational background, or place of residence.

This parallel with, **Abd El-Hay (2022)** noted a relationship between role conflict and the personal features of the nurses under study, including age and marital status. This contradicts the findings of **Zhou et al. (2018),** who found a statistically significant relationship between role conflict, department, and experience. Furthermore, **Terry and Woo (2020)** found a statistically significant relationship between role conflict and experience. Furthermore, these findings ran counter to those **of Sousa et al. (2018) and Sun et al. (2020),** who claimed that role conflict, gender, and experience had no statistically significant relationship.

This study showed a statistically significant connection between the organizational silent behavior of all nurses and every piece of personal information about them, with the exception of their domicile. This was in line with the findings of **Yang et al. (2020),** who discovered a substantial correlation between organizational silence scores and educational status, with greater education levels being associated with higher organizational silence scores. Additionally, **Abdou et al. (2023)** discovered the relationship between staff nurses' overall organizational quiet and their demographic features.

As regard to correlation between role conflict and organizational silence behavior among nurses, the current research illustrated that there was positive correlation between role conflict and organizational silence behavior among nurses from the interpretation of the researchers' point of view, conflict between the employee of the organization lead to many problem as uncollaborative decision making and the communication between the employee as well as work in the group , these problems effect on their objectives as well as their productivities and reflected on their performance and the moral as well as satisfaction of the employee.

This is supported by **Jameson, (2023)** he mentioned that Disagreements regarding job responsibilities, disparities in communication methods, rivalry for advancements or resources, or interpersonal disputes among staff members can all give rise to conflict. Conflict can appear in a variety of forms, including verbal disputes, passive-aggressive behavior, gossip, sabotage, and even physical altercations. It can also be intellectual, emotional, or theoretical. Conflict in the workplace divides people, and when it's handled poorly, the results can be disruptive or destructive, which has an impact on output and the capacity to achieve individual and group objectives.

Also, **Pendharkar (2020)** he stated that uncontrolled conflicts can lead to stress, reduce team cohesion and create an unpleasant work environment. These circumstances have a knock-on effect on productivity and staff morale, two essential components of a successful company. Unresolved problems can cause unhappiness, have a detrimental effect on job satisfaction, and cause a discernible decline in output.

Conclusion

This research concluded that low half of nurses as well as about one third of them and one fifth of them had (high, moderate and low level of role conflict respectively). Also low half of nurses as well as about one third of them and about one fifth of them had high, moderate and low level of organizational silence respectively). Moreover there was positive correlation between role conflict and organizational silence behavior among nurses.

Recommendations

- Hold regular meetings with hospital management and staff nurses to talk about work-related issues and come up with solutions.
- Observe of working circumstance, working setting, number of hours work and job satisfaction of nurses staff by the supervisors.
- Enhance effective approach to reduce staffs' experience of conflict requirements to be enhanced.
- Encouraging staff nurses to participate in decision-making processes so they may influence and anticipate outcomes.
- Manage role conflict among nurses thorough strategy that takes into account the working environment, amount of hours worked, and job satisfaction of nurses is needed. Revise the policies inside the organization to optimize adaptability.
- Develop the voice mechanisms in the Organizations through give enough feedback.

Subsequent studies might be recommended:

- Examine the connection between role conflict and the effectiveness of nurses.
- Examine the correlation between organizational quiet and many factors, including organizational excellence, organizational loyalty, organizational health, and organizational process.
- Examine the impact of the organizational quiet level on staff nurses' innovative behavior.

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