

Workplace Support and its Relation to Role Strain among Staff Nurses at Banha University Hospitals

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Abstract

Background: Workplace support plays a significant role in influencing the level of role strain experienced by staff nurses. Role strain refers to the stress and tension arising from the demands and expectations of the nursing role. **Aim:** This study aimed to assess work place support and its relation to role strain among staff nurses. **Design:** Descriptive correlational research design was used in this study. **Setting:** The study was conducted in all critical care units at Benha University Hospitals. **Subjects:** A simple random sample consisted of 220 nurses who worked at all critical care units at Banha University Hospitals. **Tools of data collection:** Two tools were used: I) The Workplace Support Scale II) Nurse Role Strain Scale. **Results:** Showed that about two fifths (39.1%) of studied staff nurses had high level of workplace support. less than half (46.4%) of staff nurses had high level of role strain. **Conclusion:** There was highly statistical significant negative correlation between total work place support and total staff nurse's role strain among studied staff nurses. This means when workplace support increased role strain decreased, and when workplace support decreased role strain increased. **The study Recommended:** Developing educational programs for staff nurses about workplace support and its effect on their productivity. Study the effect of role strain on nursing performance.

Keywords: Workplace support, Role strain, staff nurses

Introduction

Nowadays, the workplace support revolves around creating an environment that acknowledges and addresses the unique needs and challenges faced by nurses in their work. It encompasses providing resources, guidance, and emotional support to help nurses effectively fulfill their roles and navigate the demands of their profession. By embracing the concept of workplace support, healthcare organizations can foster a culture that values and supports nurses, leading to improved job satisfaction, reduced burnout, and ultimately better patient care (Msuya & Kumar, 2022).

Workplace support refers to the provision of resources, guidance, and a supportive environment within healthcare organizations. It plays significant role in creating conditions that

enable nurses to effectively carry out their roles and promote their overall well-being. This support can encompass various aspects, including access to necessary tools and equipment, clear communication channels and development, recognition of achievements, and fostering a positive work culture. By prioritizing workplace support, organizations demonstrate their commitment to the success, satisfaction, and retention of their nursing staff, ultimately leading to improved patient care and outcomes (Kim et al., 2022).

Workplace support for nurses is crucial for their well-being, job satisfaction, and overall effectiveness in providing quality patient care. There are various types of workplace support including: emotional support such as having a supportive and

empathetic work environment, can help nurses cope with the emotional demands of their job, this can include open communication, peer support programs, and access to counseling services. Practical support, such as adequate staffing levels and appropriate resources, ensures that nurses have the tools and resources they need to perform their duties effectively (**Msuya & Kumar, 2022**).

Professional support, such as mentorship programs and opportunities for career development and advancement, helps nurses grow in their profession and feel valued. Additionally, organizational support, such as policies that promote work-life balance, flexible scheduling options, and recognition for their contributions, can significantly impact nurse satisfaction and retention (**Miao et al., 2021**).

When nurses do not receive the necessary support, they may experience a range of challenges that can impact their well-being and job performance. The lack of workplace support of staff nurses can result lead to role strain. Role strain occurs when nurses feel overwhelmed by the demands and responsibilities of their role without adequate support to manage them effectively. The absence of emotional support can contribute to feelings of isolation and burnout. Insufficient practical support can lead to increased workload and decreased job satisfaction (**Sarfraz et al., 2019**).

Role strain in nursing refers to the stress and tension experienced by nurses when they encounter conflicting or excessive demands and expectations within their professional roles. It occurs when nurses perceive a mismatch between the demands placed on them and their ability to meet those demands, leading to emotional exhaustion, decreased job satisfaction, and potential negative impacts on patient care (**Soelton et al., 2020**).

Role strain caused by various factors. Heavy workloads and inadequate resources can create excessive demands on nurses, leaving them overwhelmed and unable to effectively meet all responsibilities. Lack of support from colleagues and supervisors, including a lack of empathy and understanding, can contribute to feelings of isolation and added stress. In addition, the emotional and psychological demands of caring for patients and making critical decisions can contribute to role strain. Poor work-life balance and a lack of opportunities for career advancement or professional growth can also contribute to role strain among nurses (**Abdullah et al., 2021**).

Role strain has a significant impact on nurses, affecting their well-being, job satisfaction, and ability to provide quality care. It can lead to increased stress, emotional exhaustion, and burnout, resulting in decreased job performance and diminished quality of patient care. The cumulative effects can contribute to decreased morale, increased turnover rates, and shortages within the nursing profession. Recognizing and addressing role strain is crucial to support nurses in maintaining their mental and physical well-being, promoting job satisfaction, and ensuring the delivery of optimal patient care (**Somaraju et al., 2022**).

Workplaces that provide adequate support to nurses, such as sufficient staffing levels, access to resources, and opportunities for professional development, can help mitigate role strain. When nurses have the necessary support, they are better equipped to manage their responsibilities, maintain work-life balance, and provide quality care. On the other hand, a lack of support can lead to increased role strain and can negatively impact job satisfaction, mental health, and overall well-being. Therefore, creating a supportive work environment is crucial in alleviating role strain

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and promoting the well-being of nurses (Boamah et al., 2021).

Significance of the Study

Role strain among staff nurses is one such stressor that has been found to be positively associated with work stress and job burnout. Providing workplace support are most often considered in relation to preventing or alleviating stress and burnout Understanding the influence of role strain on nurses is integral to the preservation of the profession. Nurses have attributed manifestations of role strain to high job demands, dealing with issues of mortality, uncooperative patients and physicians, poor relationships with peers, feelings of the lack of control on the job, and shift rotations. This may lead them for intention to leave, even workplace will support them (Kolagari et al., 2014, Gautam et al., 2017 and Hassan et al., 2021).

Furthermore, the study's findings can have important implications for the nursing profession as a whole. By recognizing the role of workplace support in mitigating role strain, policymakers and nursing leaders can advocate for supportive work environments and implement measures to ensure that nurses have the necessary resources and support systems in place. This can not only improve nurses' job satisfaction and well-being but also enhance the overall quality of patient care, as nurses who feel supported are more likely to provide high-quality, compassionate care (Mlambo et al., 2021).

Aim of the study

This study aimed to assess workplace support and its relation to role strain among staff nurses at Benha university hospitals.

Research Questions

1. What is the level of workplace support?
2. What is the level of role strain staff nurses?

3. Is there a relation between workplace support and time role strain among staff nurses?

Subject and method

Research design:

A descriptive correlational research design was utilized to conduct this study.

Setting:

The current study was conducted in all Critical Care Units at Benha University Hospital; the bed capacity of this hospital is 880 beds. The hospital consists of three separate buildings, the first building: The medical building consists of 34 units with a bed capacity of 478 beds including 11 critical care units. The surgical building consists of 21 units with a bed capacity of 384 beds and the ophthalmology building with a bed capacity of 18 beds. Critical Care Units includes: Intensive care unit, intermediate care, pediatric intensive care, neonatal intensive care, chest intensive care, coronary intensive care, cardiothoracic intensive surgical care, cardiac catheterization intensive care, medical intensive care, stroke intensive care, and hepatic intensive care. Data were collect from 9 critical units only as stroke intensive care and hepatic care unit are closed for maintenance.

Samp[e size:

A simple random sample of staff nurses 220 out of 479 who were working in the above-mentioned study setting within at one years of experience and accepted to participate in the study.

Tools of data collection:

Two tools were used in this study.

Tool I: The Workplace Support Scale: It was developed by (Fathi & Simamora, 2019) and modified by the researchers. To assess workplace support, it consisted of two parts:

Part (I): Personal data of studied nurses including (age, sex, marital status, level of education and years of experience).

Part (II): It consisted of 29 items which categorized under six domains as follows: organizational resources 3 items, workplace conditions 8 items, opportunity for input 3 items, human resources 6 items, human resources 5 items, coworker support 4 items.

Scoring system:

Responses of staff nurses were measured by using three points Likert scale that ranged from (0-2) as disagree (0), natural (1) and agree (2). The score of each dimension are summed up and converted into percent score. Accordingly, levels of staff nurse's workplace support were categorized as the following;

Low level < 60% equal to < 35 points ,
Moderate level from 60% to < 75% was ranged from 35 < 44 points
High level \geq 75% equal to \geq 44 points

Tool (II): Nurse Role Strain Scale:

It was developed by (Hassan et al., 2021) and modified by the researchers to assess staff nurse role strain. It consisted of 22 items which categorized under five dimensions as follows: (Role conflict 5 items, Role incongruity 3 items, Role incompetence 5 items, Role ambiguity 5 items, Role overload 4 items)

Scoring system:

Responses of staff nurses were measured by using three points Likert scale that ranged from (0-2) as always (2), sometimes (1) and never (0). The score of each dimension are summed up and converted into percent score. Accordingly, levels of staff nurses role strain was categorized as the following;

Low level < 60% equal to < 26 points,
Moderate level from 60% to < 75% was ranged from 26-< 33 points
High level \geq 75% equal to \geq 33 points

Content validity:

The tools were tested by five Experts from different Nursing Faculties of Nursing Administration as follow: two Professors from Tanta University, three Assistant Professors from Benha University. Modifications were done in tools based on comments of experts such as modifying some words in some statements which did not understood clearly to give the right meaning. It took one month July 2022.

Administrative design:

Official permission was obtained from the Dean of the Faculty of Nursing, Benha University to the Director of Benha University Hospital and then official approval was obtained from the Director of Benha University Hospital to allow the researchers to collect data and seek their support. The researchers met the head nurse of each unit to determine a suitable time to collect data from the nurses.

Reliability of tools:

Reliability of the tools was applied by using Cronbach's Alpha coefficient test to measure international consistency of the study results and the value for the workplace support scale was $\alpha = 0.946$ and nurse role strain scale was $\alpha = 0.871$ which reflect accepted internal consistency of the tools

Pilot study:

Pilot study was carried out in August (2022). It was conducted on 10% of the total sample 22 staff nurses to ensure the clarity, applicability and to assess the time needed to fill the questionnaire. Each nurse took from 15 to 20 minutes to complete the questionnaires.

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No modification was needed so the pilot sample was included in the study subjects

Ethical consideration:

Approval was obtained from Ethical Committee Benha Faculty of Nursing. Before conducting the study, the nurses were informed about the purpose and benefits of the study, and they were informed that their participation is voluntary on that they have the right to share or refuse to participate in the study at any time without giving any reason oral consent was obtained from each participant of the study. In addition, the confidentiality and anonymity of the subjects were assured through the coding of all data.

Field work:

It included a review of recent national and international related literature using journals, periodicals, magazines, textbooks, internet, and theoretical knowledge of the various aspects concerning the study topics to develop the current tools. This phase extended from the beginning of March, (2022) to the end of June, (2022) covered 4 months.

Data collection took about three months from the beginning of September, (2022) to the end of November, (2022). The researchers met the nurses during available work time while not interfering with their duties and explained the aim, nature, and method of filling out the questionnaire. The researchers distributed the questionnaire sheet to the participating nurses to fill it in work times which were determined before by the head nurse of each unit according to the type of work and workload.

Data was collected three days per week (Saturday, Monday and Tuesday) from 9 am to 2 pm and data was collected in the presence of the researchers to clarify any ambiguity. The number of collected questionnaires from studied nurses per day ranged from 9 to 10

sheets. The time needed to complete the questionnaire sheet is 15- 20 minutes.

Statistical analysis:

The collected data was organized, tabulated, and statistically analyzed using a statistical package for social science (SPSS) version 21 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g frequency, percentage, mean and standard deviation. Test of significance, Chi-square test, and Fisher exact test "FET" was used to detect the relation between variables. In addition, the correlation coefficient (r) test was used to estimate the closeness association between variables. The P-value is the probability that an observed difference is due to chance and not a true difference. A significant level value was considered when p-value <0. 05 and a highly significant level value was considered when p-value <0.001, while p-value >0.05 indicates non- significant results.

Results:

Table (1): Shows that less than half (47.7%) of studied staff nurses were aged 20- <30 years old with M \pm SD (29.65 \pm 6.52) regarding to sex more than two thirds (71.4%) of them were female. Regarding to marital status, more than three quarters (79.1 %) of them were married. In relation to their educational qualification more than half (51.9 %) of them had associate's degree of nursing. Regarding to years of experience, more than half (54.1%) of staff nurses had less than 10 years of experience.

Figure (1): Shows that about two fifths (39.1%) of studied staff nurses had high level of workplace support. while less than one third (32.3%) of studied staff nurses had low level of workplace support. As well as more than one quarter (28.6%) of staff nurses had moderate level of workplace support.

Table (2): Shows that the total mean and standard deviation for workplace support was (31.94±10.89). The first rank with highest mean score was related to organization resources with mean± SD (5.10±2.00) that represent (42.5%) of total score, while the lowest rank with lowest mean score was related to opportunities for input with mean± SD (2.90±1.90) that represent (32.2%) of total score.

Figure (2): Shows that less than half (46.4%) of staff nurses had high level of role strain. While more than one quarter (27.3%) of staff nurses had moderate level of role strain. On the other hand more than one quarter of staff nurses (26.3%) had low level of role strain.

Table (3): Shows that the total mean and standard deviation for nurse role strain was (25.20±7.10). The first rank with highest mean score was related to role conflict with mean± SD (6.50±2.21) that represent (65.04%) of total score, while the lowest rank with lowest mean score related to role overload with mean± SD (3.64±1.89) that represent (45.51%) of total score.

Table (4): Shows that there was highly statistical significant negative correlation between total work place support and total staff nurses role strain among studied staff nurses. This means when workplace support increased role strain decreased, and when workplace support decreased role strain increased.

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Table (1): Distribution of personal data of the studied staff nurses (n=220)

Personal data	Frequency	%
Age in years		
20<30	105	47.7
30<40	86	39.1
≥ 40 years old	29	13.2
Mean ±SD	29.65±6.52	
Sex		
Male	63	28.6
Female	157	71.4
Marital status		
Single	46	20.9
Married	174	79.1
Educational qualification		
Associated degree of nursing	114	51.9
Bachelor of nursing	96	43.8
Postgraduate nursing education	10	4.6
Years of experience		
<10	119	54.1
10<20	76	34.5
≥ 20	25	11.4
Mean ±SD	8.73±5.28	

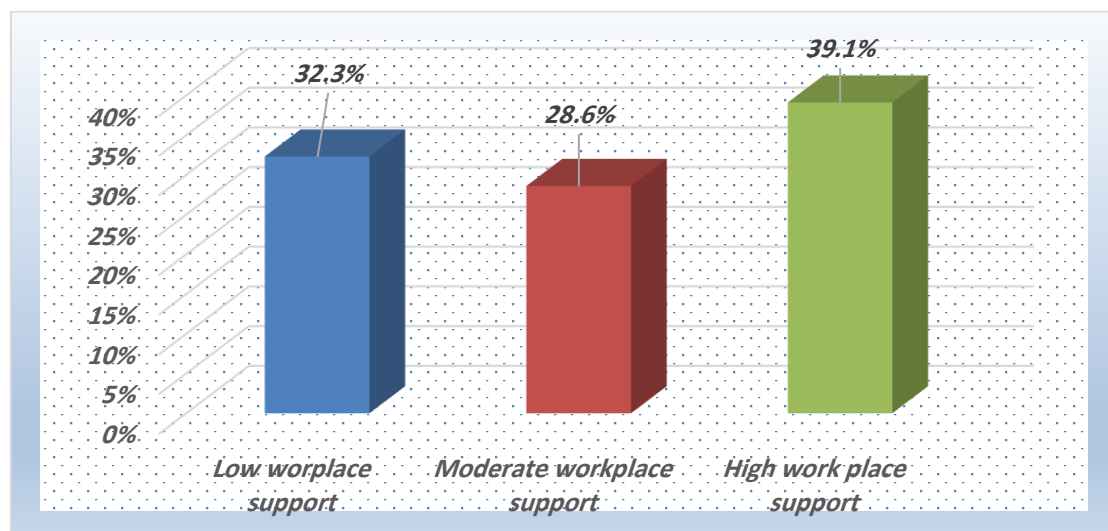


Figure (1): Percentage distribution of total levels of work place support among the staff nurses.

Table (2): Ranking with mean score of work place support domains among the studied staff nurses (n=220)

Variables	Maximum score	Mean ±SD	mean %	Ranking
Organization resources	12	5.10±2.00	42.5	1
Workplace conditions	24	8.83±3.76	36.8	2
Opportunities for input	9	2.90±1.90	32.2	6
Human resources	18	6.13±3.13	34.0	4
Supervisor support	15	5.10±2.75	34.0	3
Coworker support	12	3.88±2.35	32.3	5
Total work place support	90	31.94±10.89		

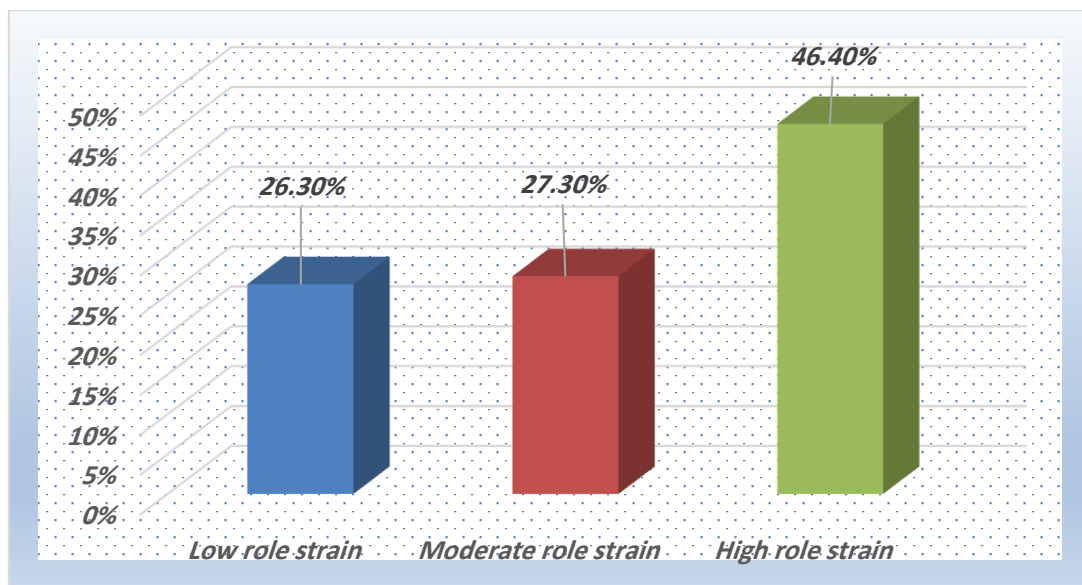


Figure (2): Percentage distribution of total level of role strain among the staff nurses.

Table (3): Ranking with mean score of role strain domain among the studied staff nurses (n=220)

Variables	Maximum score	Mean ±SD	Mean %	Ranking
Role conflict	15	6.50±2.21	65.04	1
Role incongruity	9	3.74±1.58	62.42	2
Role incompetence	15	5.81±2.74	58.18	3
Role ambiguity	15	5.49±2.95	54.90	4
Role overload	12	3.64±1.89	45.51	5
Total nurse role strain	66	25.20±7.10	57.27	

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Table (4): Correlation between total workplace support and total staff nurse’s role strain (n=220)

Total workplace support	Total role strain	
	r	-0.330
	P value	0.000**

**** highly statistical significant p value**

Discussion

Workplace support, popularly known as organizational support which considered an important component when it comes to enhancing staff nurse’s performance. So, nurses who perceive higher organizational support, tend to perform better. Henceforth, it can be said that workplace support can make a positively significant impact on nurses’ performance and can help the hospitals to enhance other employee outcomes as well in the long run. nurses can be motivated to push themselves to think for the long-term effects of their work approaches and behaviors through focusing on performance plans (Mughal, 2022).

Concerning to distribution of personal data of staff nurses, the finding of the present study showed that less than half of nurses were aged 20<30 years old and more than two third of them were female. Regarding to marital status, that more than three quarters of them were married. In relation to educational qualification more than half of them had associated degree of nursing. Regarding to years of experience, more than half of them had less than 10 years of experience.

This result was matched with Mathew & Thomas, (2019) who conduct study about "Occupational stress among nurses:

Government versus private sector" and reported that three quarters of the studied nurses were female. In addition to this result was similar to Adriaenssens Hamelink & Van Bogaert, (2017) who conducted study about "Predictors of occupational stress and well-being in First-Line Nurse Managers" and founded that more than three quarters of the studied sample were married.

This study result was in similarity with the result of study performed by Yasin et al., (2019) who conduct study about "Factors affecting nurses' job satisfaction in rural and urban acute care settings" and showed that more than one third of the staff nurses had technical nursing and more than half of staff nurses had more than 5 years of experience. On other hand, this result was in disagreement with El-enin & Mohammed, (2017) who conduct study about "Occupational Stress and Level of Performance among Staff Nurses" and reported that more than three quarters of staff nurses were 20 <30 years old.

Concerning total workplace support among the staff nurses the present study illustrated that about two fifths of studied staff nurses had high level of workplace support. While, less than one third of studied staff nurses had low level of work place support. As well as more than one quarter of staff nurses

had moderate level of workplace support. From the researchers' point of view, this result might be due to adequate support from hospitals director, supervisors and head nurses this will lead to raising quality of nursing care and patient' satisfaction.

This result agreed with **Hassan et al., (2021)** who conducted study about "Relationship between role strain and workplace support among staff nurse" and demonstrated that less than half of staff nurses had high level of work place support. Also this result agreed with **Abdel-Sattar & Abdelhamid, (2018)** who conducted study about "Work Environment Perception as a Predictor of Patient Safety Culture among Nurses at Al-Ahrar Teaching Hospital" and reported that half of the staff nurses had high level of work place support. While, this finding disagreed with **Adisa, A., Ogbonnaya, C., & Adekoya, D. (2023)** who conducted study about "Nurses' view of their work environment, health and safety" and reported that more than three quarters of the staff nurses had low level of workplace support.

Regarding ranking with mean score of workplace support dimensions among the staff nurses the present study illustrated that the first rank with highest mean score was related to organization resources, while the lowest rank with lowest mean score was related to opportunities for input. From the researchers' point of view this might be due organizational resources is a vital issue to obtain high workplace support while the opportunities for input give only for main supervisor and limit opinions of staff nurses

This result supported by **Mohamed & Gaballah, (2018)** who carried out study about "Study of the Relationship between Organizational support and Nurses' Performance" and founded that the highest rank of workplace support was related to organizational resources. While, these results

disagreed with **Salem et al., (2016)** who conducted study about "assess the relationship between nurses' job satisfaction and organizational commitment" and mentioned that the highest rank of workplace support was related to opportunities for input.

Concerning total level of role strain, the present study showed that less than half of the staff nurses had high total level of role strain. While, more than one quarter of staff nurses had low total level of role strain. From the researchers' point of view this might be due to heavy workload of the staff nurses which increased stressful situation and high flow rate of the patients compared with number of staff nurses in hospital which had bad effect on the nurses and lead to increase strain on nurses.

This result was harmony with **Graf et al., (2020)** who conducted study about "Contemporary nursing graduates' transition to practice: A critical review of transition models" reported that the half of nurses reported high work strain. In the same line, this result agreed with **Riedl & Thomas, (2019)** who conducted study about "The moderating role of work pressure on the relationships between emotional demands and tension, exhaustion, and work engagement" and reported that most of nurse exhausted to work high level of role strain. In contrast, this finding disagreed with **Valie et al., (2020)** who conduct study about "The relationship between personality characteristics and Nursing occupational stress" and founded that three quarters of the studied nurses had low work strain.

Concerning ranking with mean score of total role strain domain, the present study revealed that, the highest dimension was related to role conflict while the lowest dimension was related to role overload. From the researcher point of view this might be due to the nursing staff face many challenges to overcome the work stress and conflict on their

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personality and made big effort to overcome pressure to provide efficient nursing care without strain.

This result was supported by **Hassan et al., (2021)** revealed that the highest mean score of studied staff nurses was related to role conflict. While, the lowest mean score was related to role overload. Also, this finding was consistent with **Trousselard et al., (2016)** who conducted study about "Stress among nurses working in emergency, anesthesiology and intensive care units depends on qualification" and showed that the highest mean score was related to role conflict. While, this finding disagreed with **Layali et al., (2019)** who conducted study about "Role of Job strain on Quality of Life in Nurses" and founded that the highest mean score was related to role overload.

Concerning correlation between total levels of workplace support and total levels of role strain of the staff nurses, the present study illustrated that there was highly statistical negative correlation between total work place and staff nurses' role strain among studied staff nurses. This means when workplace support increased role strain decreased, and when workplace support decreased role strain increased. At the researchers' point of view, workplace support decreases stressful events and enhance sense of satisfaction for nurses. In addition to, inadequate knowledge of nurses about their responsibilities, authority, objectives and goals of their organization increases the level of strain among nurses.

This result was supported by **Wang, et al, 2021** that conducted study about "Working conditions and occupational stress among nurses in Bangladesh" and reported that there was significant negative correlation with the work place support and role ambiguity, role conflict. Additionally, this was consistent with the study achieved by **Al Sabei et al. (2020)**

who stated that there was statistical negative correlation between total organizational workplace support and role strain.

In the same line, these results agreed with **Kong & Eo, (2019)** who conducted study about "Influence of Job Stress, Team Cohesion and Organizational Justice on Workplace Bullying in Clinical Nurses" and founded that there was significant statistical negative correlation between total staff nurse's role strain and organizational workplace support. Moreover, this finding was similar to **Kokoroko & Sanda, (2019)** who conducted study about "Effect of workload on job stress of Ghanaian OPD nurses: The role of coworker support. Safety and health at work" and founded that high levels of workload were associated with high levels of role strain among staff nurses.

On the other hand, this result disagreed with **Karimi et al., (2019)** who conducted study about "The influence of role overload, role conflict and role ambiguity on occupational stress among nurses in selected Iranian hospitals" and reported that there was statistical significant positive correlation between role strain and workplace support.

Conclusion:

The present study concluded that two fifths of studied staff nurses had high level of workplace support, while more than one quarter of them had moderate level of work place support. Less than half of staff nurses had high level of role strain, while more than one quarter of them had moderate level of role strain. Additionally, there was highly statistical significant negative correlation between total work place support and total staff nurse's role strain among studied staff nurses.

Recommendations:

For Hospital Management: -

- 1- Conduct workshop for supervisors about importance of good communication among staff nurses.
- 2- Hospital administration should provide nurses by suitable nursing rooms
- 3- Hospital administration should implement supportive supervision program to improve organizational effectiveness.
- 4- Nursing managers should provide nurses by skills that qualify them to become an efficient nurse and how to deal with work role strain.

For staff nurses:

- 1- Increase awareness of staff nurses about how to deal with role strain in workplaces.
- 2- Continuous training courses for nursing staff about importance of providing support to each other.

Further research:

- 1- Develop educational programs for staff nurses about work place support and its effect on their productivity.
- 2- Study the effect of role strain

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دعم مكان العمل وعلاقته بإجهاد الدور للمرضين في مستشفيات جامعة بنها

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يلعب دعم مكان العمل دورًا حاسمًا في تخفيف إجهاد الدور الوظيفي بين الممرضين. إن إجهاد الدور. لذا هدفت هذه الدراسة إلى تقييم دعم مكان العمل وعلاقته بإجهاد الدور للممرضين في مستشفيات جامعة بنها و تم استخدام التصميم الارتباطي الوصفي في الدراسة. وقد أجريت الدراسة في جميع وحدات الرعاية الحرجة بمستشفى بنها الجامعي على عينة عشوائية بسيطة من الممرضين الذين يعملون في مكان الدراسة المذكور أعلاه وتكون سنوات الخبرة سنة واحدة على الأقل وكان إجمالي العينة 220 ممرض. و أظهرت النتائج أن حوالي خمسان (39.1%) من الممرضين الذين شملتهم الدراسة اخبروا عن مستوى عالٍ من الدعم في مكان العمل بينما اكثر من ربعهن اخبروا عن مستوي معتدل من الدعم في مكان العمل. و اقل من النصف (46.4%) من طاقم التمريض لديهم مستوى عالي من اجهاد الدور بينما اكثر من ربعهن يعانون من مستوى متوسط من اجهاد الدور و خلصت الدراسة أن هناك ارتباط ذو دلالة إحصائية بين دعم مكان العمل واجهاد الدور لدى الممرضين وأوصت الدراسة بإنشاء بيئة عمل جاذبة في محاولة لتقليل مستويات إجهاد الدور بين طاقم التمريض وزيادة مشاركتهم في العمل.