

STAFF NURSES' PERCEPTION OF GENDER'S ROLE STRAINS AT ALEXANDRIA MAIN UNIVERSITY HOSPITAL.

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Abstract

Background: As tradition, nursing is perceived as a distinctly feminine career this perception may deter some men from choosing a career in nursing and presents challenges for others who are currently in the profession. Despite the changes, that impact the nursing profession role strain remains constant burden on male nurses. It typically occurs due to difficult to exercise the duties of multiple roles and fulfill the required quality of nursing care. There is four causes of role strain were mentioned as: role conflict, role overload, role ambiguity, and role incongruity. Study of role strain among nursing staff should be an important issue for hospital leaders and nurses because a better understanding and identify role strain by them may assist in making changes to improve job satisfaction and retention. **Objective:** To assess staff nurses' perception of genders role strain in Alexandria Main University Hospital. **Settings:** The study was carried out in Alexandria Main University Hospital affiliated to Alexandria universities with (1703) beds. Egypt. **Subjects:** The study subject will include (N=294): All male staff nurses were included in the study (N= 62), and female staff nurses were (N=232). **Tools:** One tool was used in this study: Gender's role strains sheet. Which developed by the researcher based on relative literatures, Carte(2014), Rovithis et al(2017) , and Morter (2010). **Results:** more than half 52.1% of the studied nurses had high total gender's role strains while more than two fifth 43.5% of them had moderate gender's role strains and only 4.4% of them had low gender's role strains. And also female nurses had significantly higher level than male nurses in all total subdomains of gender's role strains. **Conclusion:** more than half of the studied nurses had high total gender's role strains. **Recommendations:** Increase awareness of community regarding nursing as an appropriate profession for both genders.

Keywords: Role strain, genders, and staff nurses.

Introduction

Nursing has always been conditioned by a strong influence of the gender role division. In addition, this profession was performed exclusively by women and was considered an extension of their caregiver role. Both circumstances make nursing a feminized profession. This partnership (nursing and femininity) was found to be closely related in a cross-cultural study going

back almost 30 years, and this seems to be true today. In fact, different researchers have found that, nowadays, social perceptions of nursing remain anchored to this traditional image (Romero et al., 2018).

The proportion of men entering nursing remains relatively low, at least partially due to deeply ingrained cultural and historical views of nursing as a

female profession. Contemporary feminist perspectives suggest that historical views of nursing as an extension of a woman's domestic role have been instrumental in establishing the profession not only as a "woman's occupation" but also an unskilled occupation of low value compared to those traditionally viewed as "male" including medicine (*Backman et al., 2018*)

Male make up 10% of the nursing workforce in the United Kingdom and 6.6% of the three million nursing professionals in the United States of America. In Nigeria, the statistic is not that different, for instance, male students comprised 5.2% to 5.8% of the overall nursing students' population at the settings for the study. Everyone has the right to education despite gender differences; thus, nursing education should not be different for male and female. Public insights that nursing is a female-oriented role have been a major factor in the low numbers of male (*Aas et al., 2020*).

Role strain has been conceptualized as the consequence of disparity between an individual's perception of the characteristics of a specific role and what is actually being achieved by the individual currently carrying out the specific role. In other words, role strain occurs when divergence exists between what are perceived to be the role expectations and what is actually being accomplished within the role (*Arshad, 2021*).

Role strain is observed as role ambiguity, role conflict, role incongruity, and role overload. Role ambiguity involves the need for clarification of role expectations, ways to fulfill the role, and consequences of role performance. Role incongruity involves the internal conflict when role expectations are incongruent

with personal values and attitudes. Role conflict acknowledges competing or incompatible role expectations (*McAvoy Jr, 2021*).

Aims of the Study

This study aimed to assess staff nurses' perception of genders role strain in Alexandria Main University Hospital.

Research question

What is staff nurses' perception of genders role strain in Alexandria Main University Hospital?

Materials and Method

Materials

Design: Descriptive research design was followed to conduct this study.

Settings: This study will be conducted at Alexandria Main University Hospital affiliated to Alexandria universities with (1703) beds. It had many buildings for all different departments as burning, emergency, ICU, dialysis, medical & surgical departments.

Subjects: The study subject involved all nurses who are working in the previously mentioned setting (N=294). All male staff nurses were included in the study (N= 62), and female staff nurses were (N=232).

Tools: One tool was used in this study: Gender's role strains sheet. Which developed by the researcher based on relative literatures, Carte (2014), Rovithis et al(2017) , and Morter (2010). To examine staff nurses 'perception of gender's role strains. It consists of 67 items, divided into four subdomains: role conflict (15 items), role overload (21 items), and role ambiguity (21 items), and role incongruity (10 items). Each question has a 5-point Likert-type scale rating from:1) Strongly Disagree 2) Disagree 3) neither Disagree nor Agree

4) Agree 5) Strongly Agree .The higher a participant reports a score on the Likert scale, the higher the degree of role strain the participant is experiencing. Perception of gender role strain 67 items: High strain > 70%, Fair strain total score from 50% to 70%, Low strain < 50%. In addition to, demographic characteristics data sheet: It was developed by the researcher, and include: gender, age, educational qualification, working unit, years of nursing experience and marital status.

Method

1. An official written permission obtained from the the Dean Faculty of Nursing Damanhour University and the administrators of the identified setting for data collection.
2. The tool was translated into Arabic and tested for its content validity by five experts in the field of the study. Accordingly, the necessary modifications were done.
3. A pilot study was carried out on (10%) of total sample size; staff nurses (n= 6 male and= 24 female) from Kafr El Dawar General Hospital and not included in the study in order to check and ensure the clarity of the scale, identify obstacles and problems that may be encountered during data collection. Then, necessary modifications were done.
4. The tool was tested for its reliability by using suitable reliability tests analysis by measuring of internal consistency of the tool through Cronbach's Alpha test. The Cronbach's Alpha test for tool was = 0.905. The tool was proved to be reliable with Cronbach's alpha test.
5. Data was collected from the identified sample through hand-delivered questionnaire at their

working setting individualized from the beginning of January 2022 to the end of March 2022.

6. Data obtained was analyzed by using the appropriate statistical tests.

Ethical considerations:

- A research plan was submitted to ethical committee, Faculty of Nursing for research approval.
- A written informed consent was obtained from study subjects to collect data of study after explanation of the aim of study.
- Privacy of subjected nurses to the study was maintained.
- Anonymity of subjected nurses to the study was maintained.
- Confidentiality of the collected data was maintained during implementation of the study.
- Right to withdraw to participants in the research was assured.

Statistical Analysis

- Data collected from the studied sample was revised, coded and entered in special format for computer feeding. Following data entry, checking and verification process were carried out in order to avoid any errors.
- Computerized data was analyzed using the statistical the Statistical Package for Social Sciences (SPSS) version 22.
- Data were presented using descriptive statistics in the form of frequencies, percentages and Mean SD. Chi-square to assess the relations between variables and their characteristics. A correlation coefficient "Pearson correlation" is a numerical measure of some type of correlation, meaning a statistical relationship between two variables.

Results

Table 1 presents the personal characteristics of studied nurses. As can be seen, about one half 49.3% of the studied nurses were technical nurses and about two third of them 65% were working at ICU.

Regarding age, more than half 52.0% of them aged between 21 and 32 years with mean 34.52 and SD 7.90. Moreover, more than three quarter 78.6% of them were female while only 21.4% of them were male. The table also shows that, about two third 59.2% of them were married and about one third 32.9% of them were single.

Regarding education level, less than one half 48.0% of them had technical education while, 29.7% of them had bachelor degree and 20.4% of them had diploma nurse. Also it is obvious that about two third 65.6% of the studied subjects had from one to 12 years of experiences at nursing profession with mean 10.79 and SD 3.47.

Table 2 demonstrates Comparison between male and female nurses according to total subdomains of gender's role strains (n=294). Those female nurses had significantly higher level than male nurses in all total subdomains of gender's role strains. As evidence, more than half of the studied females nurses reported high level at (role conflict, role ambiguity, role overload and role incongruity) (59.9%, 59.9%, 60, 8% & 61.6%) with Mean SD (64.61±9.12, 84.7±6.05, 92.7±7.64 & 44.21±4.08) respectively compare to less than half of the studied males (41.9%, 38.7%, 43.5%, 45.2%) with Mean SD (59.68±6.09, 80.43±7.54, 85.02±8.77 & 40.74±5.66) respectively.

Table 3 reveals that, more than half 52.1% of the studied nurses had high total perception of gender's role strains while more than two fifth 43.5% of them had moderate perception of gender's role

strains and only 4.4% of them had low perception of gender's role strains with mean 221.39 and SD 30.9.

Table 4 Correlation between studied subdomains of role strain scale shows positive correlation between studied variables among studied subjects. There is a positive correlation between total role conflict and total role ambiguity & total role overload & total role incongruity (P<0.01). Also, there is a positive correlation between total role ambiguity and total role overload & total role incongruity (P<0.01). Moreover, there is a positive correlation between total role overload and total role incongruity (P<0.01).

Discussion

The demand for staff nurses is growing substantially, disproportionately with the predicted supply over the next two decades Abo Gad et al. (2019). Progress has been made towards providing a friendly environment for men entering the profession, with wide support from female nurses as well. Females are now becoming more amenable to males in nursing, and more and more males are entering this profession because they realize that nursing is a highly respected, highly technical field that offers a decent salary Alghabashi (2022).

Male nurses face challenges in their education and practice due to their gender and the stereotypes associated with being a male in a female-dominated profession **Alghabashi (2022)**. It may appear that the perception of male nursing as a profession in the Egyptian community has not been properly improved, even after male nurses have attained a university-level qualification. Therefore, there is a need to promote the professional perception of nursing and enhance its standing in the community, especially among males, in order to recruit and retain male nurses **Abo Gad et al. (2019)**.

Although the participation of males in nursing is becoming more acceptable, role strain remains a significant issue for male staff nurses, particularly when caring for female patients. This issue highlights the gender-based challenges faced by male nurses compared to their female peers. Role strain is a subjective condition that involves emotional distress arising from perceived conflicting role obligations and unease in meeting role expectations. It often arises from the difficulty of balancing multiple roles and fulfilling the associated responsibilities **Raffenaud et al. (2020)**. Therefore, this study was conducted to assess staff nurses' perception of gender role strain in Alexandria Main University Hospital.

The main findings of the current study revealed that;

Regarding the gender distribution of the studied nurses, the findings of the current study revealed that more than three-quarters of the participants were female, while less than one-quarter of them were male. This result is consistent with the findings of a study by **Prosen (2022)**. Conducted in Slovenia, where it was observed that nearly half of the subjects were female, while males constituted the minority.

Regarding the educational level of the surveyed nurses, the results of the present study revealed that less than half of them had received technical education. This finding aligns with a study conducted by **Abo Gad et al. (2019)**. at Tanta University Hospital, which indicated that more than three-quarters of the surveyed nurses held diplomas in nursing. This outcome may be attributed to the financial reasons that deter many nurses from pursuing higher education.

The present study revealed that female nurses had significantly higher mean scores than male nurses in the total subdomains of gender role strain. This can be attributed to the traditional feminine character of the nursing profession, which still dominates

public perceptions. As a result, male in nursing are often perceived through this predominant context and described more in terms of communal attributes associated with female. When comparing male and female nurses according to the total subdomains of gender role strain, the results of the current study demonstrated that female nurses had significantly higher levels in all subdomains compared to male nurses. More than half of the female nurses reported a high level of role conflict, role ambiguity, role overload, and role incongruity, whereas less than half of the male nurses reported the same. On the same line, this result is similar to the findings of a study conducted by **Mohamed. (2015)**, which revealed that a high percentage of the female sample experienced a higher level of role strain subdomains compared to their male counterparts. This result may be attributed to role strain being a more pronounced issue for male nurses, indicating increasing evidence of gender-based challenges, particularly when caring for female patients.

Regarding the relationship between the demographic characteristics of the studied subjects and their total perception of gender's role strain, the results of the current study showed a statistically significant relationship between the total perception of gender's role strain and the subjects' occupation, age, work unit, gender, and years of experience in nursing. However, no statistically significant relationship was found between the total perception of gender's role strain and the subjects' marital status and level of education.

This result is consistent with a study conducted by **Mohammed. (2015)**. which demonstrated statistically significant correlations between the ages of the participants and their perceived role strain subdomains. These findings suggest that the demographic characteristics of nurses can influence their level of awareness and perception.

Regarding the correlation between the studied subdomains of the role strain scale, the current results showed a positive

correlation between the studied variables among the subjects. There was a positive correlation between total role conflict and total role ambiguity, total role overload, and total role incongruity. Similarly, there was a positive correlation between total role ambiguity and total role overload, as well as between total role overload and total role incongruity. These results are in line with **Baker (1995)** .who demonstrated that there is a correlation between role strain and its subdomains.

Conclusion

In light of the current study, it can be concluded that, more than half of the studied staff nurses had high total gender's role strains while more than two fifth of them had moderate gender's role strains and the minority of them had low gender's role strains.

Recommendations

In line with the findings of the study, the following recommendations are made:

1. The nurse educators should Increase awareness of community regarding nursing as an appropriate profession for both genders.
2. Conduct service education and awareness of the specific stressors faced by male nurses is paramount to develop effective strategies to prevent and manage stress.
3. Strategies need to be implemented to challenge and breakdown perceived social stigma regarding male entering nursing.
4. Hospital managers should prepare strategies and interventions for managing and solving ethical problems to foster a supportive work environment and improve job satisfaction and limit gender's role strains
5. Enhance the staff nurses' recognition, inspiration, emotional intelligence,

individual consideration, and empowerment to promote the work climate.

6. Promote the staff nurses' autonomy, through the delegation of additional authorities to them with clear explanation for all duties.

Future/ further studies should be conducted:

- Developing future studies investigating the role of a wider set of job demands, job resources (e.g., perceived effort, rewards, and job demands) and individual characteristics (e.g., other socio-demographic characteristics, personality characteristics, coping strategies).
- Future studies could be developed with a cross-cultural design to test the generalizability of results.

Table (1): Demographic characteristics of the staff nurses working in Alexandria main university hospital. (n=294).

Personal information	N	%
Gender		
Male	62	21.1
Female	232	78.9
Age		
21 – 32	153	52
>33- 44	78	26.5
>45 – 55+	63	21.5
\bar{x} S.D 34.52±7.90		
Educational qualification		
Nursing diploma	60	20.4
Technical education	141	48
Bachelor degree	82	27.9
Post graduate diploma	11	3.7
Working unit		
ICU	103	35
Inpatient department	191	65
Years of nurse experience		
1 – 12	193	65.6
>13- 24	84	28.6
>25- 35+	17	5.8
\bar{x} S.D 10.79 ± 3.47		
Marital status		
Single	96	32.6
Married	174	59.2
Widow/ Widower	9	3.1
Divorce	15	5.1

Table (2): Comparison between male and female nurses according to total subdomains of gender's role strains (n=294).

	Male N=62		Female N=232		Test	P value
	N	%	N	%		
Role conflict						
High	26	41.9	139	59.9	Chi-square 6.008	<0.05*
Moderate	34	54.8	85	36.6		
Low	2	3.3	8	3.5		
Mean SD	59.68 ± 6.09		64.61 ± 9.12		T test 5.872	<0.05*
Role ambiguity						
High	24	38.7	132	56.9	Chi-square 3.690	<0.05*
Moderate	37	59.7	91	39.2		
Low	1	1.6	9	3.9		
Mean SD	80.43 ± 7.54		84.7 ± 6.05		T test 3.445	<0.05*
Role overload						
High	27	43.5	141	60.8	Chi-square 6.323	<0.05*
Moderate	33	53.2	83	35.8		
Low	2	3.3	8	3.4		
Mean SD	85.02 ± 8.77		92.7 ± 7.64		T test 6.003	<0.05*
Role incongruity						
High	28	45.2	143	61.6	Chi-square 4.562	<0.05*
Moderate	32	51.5	82	35.3		
Low	2	3.3	7	3.1		
Mean SD	40.74±5.66		44.21±4.08		T test 5.021	<0.05*

*Significant at p <0.05. **Highly significant at p <0.01. Not significant at p>0.05

Table (3): Relationship between demographic characteristics of studied subjects and their total perception of gender’s role strain (n=294).

Items		Total perception of gender’s role strains of the studied subjects						X ²	P-Value
		High N=153		Moderate N=128		Low N=13			
		N	%	N	%	N	%		
Gender	Male	6	3.9	45	35.2	12	92.3	10.443	<0.01**
	Female	147	96.1	83	64.8	1	7.7		
Age	21 – 32	60	39.2	85	66.4	8	61.5	4.999	<0.05*
	> 33 -45	40	26.1	35	27.3	3	23.1		
	>45-55+	53	34.7	8	6.3	2	15.4		
Educational qualification	Nursing diploma	30	19.6	26	20.3	4	30.8	1.752	>0.05
	Technical education	76	49.7	62	48.5	3	23.1		
	Bachelor’s degree	42	27.5	36	28.1	4	30.8		
	Post graduate diploma	5	3.2	4	3.1	2	15.4		
Working unit	ICU	97	63.4	6	4.7	0	0	9.887	<0.01**
	Inpatient department	56	36.6	122	95.3	13	100		
Years of nurse experience	1 - 12	103	67.3	81	63.3	9	69.2	8.649	<0.01**
	>13 - 24	37	24.2	44	34.4	3	23.1		
	>25-35+	13	8.5	3	2.3	1	7.7		
Marital status	Single	38	24.8	54	42.2	4	30.8	2.011	>0.05
	Married	109	71.2	59	46.1	6	46.2		
	Widow/ Widower	2	1.4	6	4,7	1	7.7		
	Divorce	4	2.6	9	7	2	15.4		

*Significant at p <0.05. **Highly significant at p <0.01. Not significant at p>0.

Table (4) Correlation between studied subdomains of role strain scale

		Role conflict	Role ambiguity	Role overload	Role Incongruity
Role conflict	r.		0.577	0.502	0.611
	p		<0.01**	<0.01**	<0.01**
Role ambiguity	r.			0.498	0.650
	p			<0.01**	<0.01**
Role overload	r.				0.701
	p				<0.01**
Role incongruity	r.				
	p				

***Significant at p <0.05. **Highly significant at p <0.01. Not significant at p>0.05**

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