Perception of Role Strain Among Male Critical Care Nurses: A Quantitative Descriptive Approach

Nicholas S. Carte, PhD, A/GNP, APRN
Lead Faculty, Department of Nursing & Professional Health, College of Online and Continuing Education, Southern New Hampshire University

Abstract

The purpose of this study was to examine and describe role strain among male RNs in critical care settings. A quantitative study utilized a descriptive design to examine the four causes of role strain—role conflict, role overload, role ambiguity, and role incongruity. The target population was male RNs in critical care settings in a northeastern state of the United States. The sample for this quantitative descriptive study was obtained from the Board of Registration in Nursing in this northeastern state database. The Sherrod Role Strain Scale (SRSS), a 5-point Likert scale survey, was used to examine participants’ perceptions of the four causes of role strain. Data analysis of the results included descriptive and inferential statistics. Inferential statistics involved the use of repeated measures ANOVA testing for significant differences in the causes of role strain between male RNs employed in critical care settings, and a post hoc comparison of specific demographic groups using Tukey HSD post hoc analysis for significant differences.

Hypothesis

- MO: Male RNs in a critical care setting do experience the four causes of role strain—role conflict, role overload, role ambiguity, and role incongruity.
- MII: Male RNs in a critical care setting do not experience the four causes of role strain: role conflict, role overload, role ambiguity, and role incongruity.

Purpose of Study

- Quantitative descriptive study examined male RNs working in specialty areas including: intensive care, the operative room, and the emergency room.
- Analyze to what extent these nurses experience role strain (i.e., role conflict, role overload, role ambiguity, and role incongruity).
- The research focus in role strain has been among male nursing students and male RNs employed in medical-surgical units (Baker, 2003; Brady & Sherrod, 2005). Egeland & Brown, 1989; Ierardi et al., 2010; Le-Hinds, 2010; Sherrod, 1988; Sherrod & 1991, Tang et al., 2009).

Instrumentation & Methodology

A two-part structured questionnaire was used to collect data for this quantitative descriptive study. Part one consisted of demographic characteristics, namely: age, ethnicity, employment status, whether the individual is an RN, highest level of nursing education completed, type of organizational facility, employment setting, years working as an RN, salary, and primary assigned shift. Part two consisted of the Sherrod Role Strain Scale (SRSS), which provided the intellectual map and assessment of ideas for this quantitative descriptive study.

Theoretical Framework

- Sherrod (1988) developed the SRSS to examine role strain in nursing students during obstetrics practice. The SRSS contains 40 items with subscales for role conflict, role overload, role ambiguity, and role incongruity. This study adopted the same 5-point Likert scale used in the original instrument.

- The higher a participant reports a score on the Likert scale, the higher the degree of role strain the participant is experiencing.

Summary of Results

- The sample consisted of 37 male registered nurses in a northeastern state who worked in critical care settings.

- The research question: To what extent, do male RNs in a critical care setting experience the four causes of role strain—role conflict, role overload, role ambiguity, and role incongruity—was tested using a valid instrument.

- The SRSS was used to examine the predictor variable role strain; the four causes of role strain (role conflict, role overload, role ambiguity, and role incongruity).

- Summary of Results (cont’d)

- The results of this study found that male nurses in critical settings may experience role overload and role ambiguity based on descriptive statistics; role overload (M = 2.87, SD = 0.27) and role ambiguity (M = 2.88, SD = 0.23). An ANOVA was done and indicated that role incongruity (M = 2.24, SD = 0.29) was significantly lower than role conflict (M = 2.67, SD = 0.42), role overload (M = 2.87, SD = 0.27), and role ambiguity (M = 2.88, SD = 0.23).

- A MANOVA analysis found that ethnicity plays a role for male RNs in the critical care settings; F(4, 32) = 2.93, p < .036. Specifically, role overload based on ethnicity (Caucasian vs. non-Caucasian); F(1, 35) = 9.77, p < .004.

Limitations & Recommendations

- The reliability results of coefficient alpha (a) ranging from 0.61 to 0.95 is low.
- The Mann (Sampling method) may lead to biases of the target population.

- Sample size of this study is relatively small at 37. Future research should include replication of this study to include a larger and more diverse population of health care providers.

- Further investigation of a larger population, examining role strain in both clinical and administrative settings, may demonstrate a significance in the effects of the four causes of role strain among health care professionals.

- A more extensively developed list of variables may give researchers a better understanding of the strategies that they could provide to this population of registered nurses, who may be experiencing one or more of the causes of role strain in the clinical environment.

References