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التوثيق الالكتروني والميكروفيلم

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بالرسالة صفحات لم ترد بالاصل

THE RELATIONSHIP BETWEEN PERCEIVED ROLE CONFLICT AND ROLE AMBIGUITY WITH STRESS LEVEL AMONG NEW BACCALAUREATE NURSING GRADUATES AND INTERNS IN TANTA UNIVERSITY HOSPITAL

THESIS

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BY

KARIMA AHMED EL SAYED

BSc.N., TANTA UNIVERSITY

FACULTY OF NURSING
UNIVERSITY OF ALEXANDRIA

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SUPERVISORS

Prof. Dr. Zeinab Mohamed Nabawy

Professor of Nursing Administration
Faculty of Nursing
Alexandria University

Prof. Dr. Seham IBRAHIM HAMOUDA

Professor of Nursing Service Administration
Higher Institute of Nursing
Tanta University

To

My dearest mother and father,

my husband and my son

whose love and support enhanced

my spirit and strength

to fulfill this work

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TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

INTRODUCTION

Role conflict is the incongruity of expectations associated with a role;[1] these expectations evolve from the position description, from the role occupant's personal values, and from the expectations of others. Contradictory expectations for the role occupant's behavior result in role conflict.[2] Conflict arises from a perception of incompatibility. It primarily stems from differences in beliefs, values, attitudes, goals, priorities, methods, information, commitments, ideas, interpretations of reality, personalities, backgrounds, needs and/or motives.[3] Role conflict exists when incompatible expectations are held. It can occur at two levels; (1) at an individual level, when an individual perceives a difference between how he thinks he should act out a particular role and how he perceives he actually acts out the role. Conflict also occurs when he perceives an incompatibility between performing certain prescriptions of one of his roles and carrying out those of another of his roles. (2) At a group level, conflict occurs when different actors perceive the same role in different ways.[4]

Nursing education is often described as idealistic. When the new graduate enters the work world, she is faced with a situation in which the idealized role is sometimes seen as less than functional. The new graduate is faced with a role conflict because of differences between the professional values taught in nursing school and the bureaucratic values supported by the employing organization.[5] A gap between "ivory tower ideology" and the "real world" frequently creates a split between nursing education and services.[6]

Problems Of Transition From Student To Professional

New graduated nurses face a number of problems due mainly to the abrupt change from the role of student to that of practitioner for which they are ill prepared. Their excitement, enthusiasm and high expectations are soon dissipated when they realize that the theories they learned in the nursing university school were not applicable in real situations.[7] Frequently they are assigned to assume full professional responsibilities before they have had time and experience to adjust to complex situations and relate to various kinds of nursing personnel that comprise the nursing team.[8] These experiences develop a sense of bitterness and betrayal for new graduate nurses,[7] especially when they enter first work experience, they find that patient history

were done incompletely, nursing care plans were sketchy, and that patient care is given haphazardly. Many questions arise: why didn't the instructors prepare them for this real situation?, why didn't they put reality into the nursing curriculum?, why didn't they teach them what they needed to know to be real nurses. This reality creates a role conflict which manifests itself during the nurse interns first work experience.[9] Nurse managers often complain that new graduates are unable to transfer management theory into practice. They believe that students are not taught how to cope with less than ideal situations and time pressures, but are taught only to deliver comprehensive, holistic patient care.[10] A baccalaureate nursing graduate is expected to assume responsibility, be self-directed, analyze and synthesize conflicting data, take risks in decision making and manage the multiple perspectives of client care. Yet, students seldom care for more than one to two clients; therefore, new graduates are faced repeatedly with reality shock and burnout and may leave the profession.[11]

The nursing literature report that new graduates lack the clinical preparation to enable them to practice nursing in the acute care setting. Perception of inadequate clinical experience during the educational process may relate to Kramer's[12] findings that new