ORGANISATIONAL ROLE STRESS AND WORK ENGAGEMENT AMONG NURSES WORKING IN INTERMEDIATE HOSPITAL OSHAKATI, NAMIBIA

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ABSTRACT

Generally, Organisational Role Stress (ORS) arises when there is no balance between one's work requirement and conditions, and capabilities, which is due to the organisational role of one's occupation. Health care organisations are characterised by industrialisation, urbanisation, and technological advancements that lead to rising stress. Globally, it is reported that work-related stress among nurses is increasing as they are exposed to several role stressors and demands of the workplace, this can poorly decrease their work engagement. This study was conducted to determine the relationship between organisational role stress and work engagement among nurses working in Oshakati Intermediate Hospital (IHO).

A quantitative cross-sectional and analytical study design was conducted among 222 nurses in Intermediate Hospital Oshakati. It composed of 122 registered nurses and 100 enrolled nurses. A self-administered questionnaire was used to collect the data. Descriptive statistics were used to describe the sample characteristics. The Chi-square was used to determine the association between organisational role stress and work engagement based on p-value <0.05. Pearson's correlation coefficients were used to determine the strength and direction of relationships between variables.

The results revealed that most of the responders had a certain level of organisational role stressors. Even though the results on organisational role stress showed a high level of stress among nurses, this study revealed that the majority of nurses has high positive affectivity towards their work engagement. The study further revealed that there is a strong relationship between the variables of organisational role stress and work engagement among nurses and it was clear from the analysis that there was no statistically significant correlation between total organisational role stress and total work engagement (r^=0.02, p-value=0.054). The recommendations are that administrators and policy makers need to design an attractive working climate to decrease the level of organisational role stress and uplift their work engagement among nurses.

Keywords: **Nurse, Organizational Role Stress, Stressors and Work engagement.**

Table of Contents

LIST OF ABBREVIATIONS

CI	Confidence Interval
CL	Confident Level
E/N	Enrolled Nurse
ICU	Intensive Care Unit
IHO	Intermediate Hospital Oshakati
LCL	Lower Confident Level
LMIC	Low-Middle-Income Countries
MOHSS	Ministry of Health and Social Services
ORSS	Organisational Role Stress Scale
ORS	Organisational Role Stress
PSS	Perceived Stress Score
RN	Registered Nurse
SPSS	Statistical Package for Social Science
SD	Standard Deviation
WE	Work Engagement
WES	Work Engagement Scale
UCL	Upper Confident Level
UNAM	University of Namibia

LIST OF TABLES

LIST OF FIGURES

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DEDICATION

This research is dedicated firstly to my family, first, my lovely wife, Emilia Shiwa Ashipala and my three adorable children Bibian Loteleni Ashipala, Petrus S. Junior Ashipala and Kevin Ashipala. To my wife, your patience cannot be measured and I am always grateful for your continuous encouragement, support and unconditional love. To my children, your patience during my study is highly appreciated. Secondly, to my mother Lussian Pangiko Andreas (GwaAshivudhi), who has always taught me to be patient and work hard for the things that I desire to achieve. Finally, I dedicate this to my late father Marius Kashikolandje Ashipala, it is because of you I am who I am today. You taught me to have faith in God. Even though you did not enjoy the fruit of what you have sown, your legacy will always live on. May his soul rest in perfect peace. This work is for you my family.

DECLARATION

I, **PETRUS S. ASHIPALA,** hereby declare that "Organisational Role Stress and Work Engagement among nurses work in Oshakati Intermediate Hospital in Oshana Region-Namibia", is a true reflection of my own work, and that all the sources used have been acknowledged in the text and the reference list. The version of this work is an original work and has not previously been submitted or in part for the degree at any other university.

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PETRUS S. ASHIPALA  **Date: 19/10/2022**

CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE PROBLEM

1.1 Introduction

It is stated that Organisational Role Stress (ORS) generally arises "due to the occupation of an organisational role where there is no balance between one's work requirement and conditions, and abilities" (Kumar, Kaur & Dhillon, 2018, p. 52). Those who were exposed to organisational role stress for long are more often getting burn-out and the will be a decline of performance and affect co-workers' morale negatively (Ratna, Chawla & Mittal, 2013).

Work engagement is defined as a fulfilling work-related state of mind, involvement, dedication and professional efficacy (Kumar et al., 2018). Work engagement is operational as a positive work-related state of mind and is characterised by vigour, dedication, and absorption. Vigour represents a high level of energy and mental resilience while working, dedication refers to experiencing a sense of significance, enthusiasm, and challenge, and absorption is characterised by being fully focused and absorbed in work. Engagement is "a positive, satisfying, work-related state of mind characterised by vigour, dedication and absorption" (Salanova & Schaufeli, 2008, p.116). Vigour is described as having physical strength as well as good health throughout challenging times. Salanova and Schaufeli (2008) further state that "dedication is the individuals' sense of importance, impassioned expression, inspiration, and pride at work.

Absorption is defined as an absolute focus that one finds difficulty discontinue from work" (p. 116). Also, it is stated that "this concept has shown considerable promise in helping to understand how we might accomplish positive organisational outcomes such as job satisfaction, increased productivity, proactive behaviours, and organisational commitment" (Salanova & Schaufeli, 2008, p.116). According to Halbesleben & Buckley, 2014, p.22, they state that involved employees are faithful and mentally committed to the organisation. It is for this reason that "a higher level of work engagement benefits the employer because it has an impact on the competitive advantage of the organisation, while the disengaged employees tend to distance themselves from their work roles and to

withdraw from the current work situation" (Salanova & Schaufeli, 2008, p.116). It is further stressed that "work engagement is an important factor within any organisation, and more specifically within occupations such as nursing especially since these employees interact with various social systems within the organisation and show the lowest level of work engagement" (Salanova & Schaufeli, 2008, p.116)

A study conducted by the European Agency for Safety and Health at work found that 50%-60% of all work absence among nurses in the world is related to organisational role stress and work engagement. Longer exposure to organisational role stress is likely to downgrade the services and products' quality, poor client relationships, dysfunctional work climate, and high labour turnover. As illustrated, ORS and work engagement have serious implications for both individuals and organisations at large. It is for this reason that further research in the field of organisational role stress was necessary, to prevent unnecessary costs in nursing organisations (Ratan at al., 2013).

Health care organisations are characterised by several factors such as industrialisation, urbanisation, as well as technological advancements that lead to rising stress.

Most importantly, the stress level is on the climb because of the ever-increasing competition and attempts at trying to keep pace with the advancement in one's field together with the constant threat of falling short of one's own and those of other's expectations. As organisations become more complex, there is a potential for stress to increase. Stress is a consequence of socio-economic complexity and to some extent is a stimulant as well. Therefore, one should find ways of using stress productively and reduce dysfunctional stress. Work stress is intrinsic to nursing. It negatively affects nurses' health and well-being. The nurses that are under stress, often have job dissatisfaction, increased intention to leave their jobs, burnout, and physical complaints (Abed & Elewa, 2016, p.113).

Therefore, this study aimed to investigate the relationship between organisational role stress and work engagement among nurses working in Intermediate Hospital Oshakati (IHO).

1.2 Background of the study

A survey that was conducted by the European Foundation for the Improvement of Living and Working Conditions indicates that "28% of employees in the European Union were experiencing Organisational role stress, which has been indicated to have a significant relationship to inadequate working conditions and transformation of work characteristics" (Ramos et al., 2014, p. 360). Furthermore, it is stated that organisational role stress is also reported to have critical economic effects in North America.

According to Blanding (2015), "workplace stress is accountable for $190B U. S in Annual U.S. Health Care Cost" (p. 2). Therefore, this can be directly linked to work-related stress denoted as organisational role stress, which is a great concern nowadays. It also shows the seriousness of organisational role stress as it is likely to be acquainted with the bad consequences of stress disorder such as burnout syndromes leading to poor work engagement among workers globally. Bano and Jha (2012) also conducted a study in India to explore perceptions about organisational role stress among employees in both private and public sectors. The study pointed out role erosion as the major stressor and resource inadequacy, the least important stressor. They also stressed adequate education and work experiences as other two more aspects that can be prompting organisational role stress among employees (Bano & Jha, 2012). Bano et al. (2012) also further investigate the roots of organisational role stress and discovered two categories as the main group, Job-Related stressors and Individual-Related stressors. Therefore, health care professionals are exposed to numerous role stressors and workplace demands that can unfavourably reduce their work engagement. Work engagement is thought to inversely relate with ORS. Today, health care organisations are characterised by rapid change and increasing technology advancements that increase stress among health workers (Bakker & Leiter, 2010).

A study regarding the significance of organisational support indicates also that shortage of nurses, population ageing, economic and social problems, technological developments, and new demands from patients and families they also increased the pressure on both health services and healthcare professionals. Commonly reported difficulties in the recruitment and retention of nurses include the nature of the work, the lack of systematic support and a heavy workload. It has been found that organisational support is a key element in nurses' retention (Galletta, Portuguese, Penna, Battistelli & Saiani, 2011, p.185).

A wide range of organisational role stressors that nurses face may create dissatisfaction, leading to absenteeism and loss of interest in their jobs. Work engagement is crucial in leading the organisation's goals and is useful in supporting and promoting a healthy work environment. A study that was conducted in Namibia in 2006 among health workers, including nurses, indicated that "1 698 nurses left public hospitals (MOHSS), due to factors such as financial obligations, work insecurity, and lack of personal development and career advancement" (Iipinge, Hofnie, van der Westhuizen & Pendukeni, 2006, p. 6). The study also revealed that work stress is related to increased workloads due to changes in disease patterns and staff shortage. Finally, the study discovered that limited promotional opportunities and lack of management support contribute to organisational role stress, decreasing work engagement among nurses in Namibian hospitals. Health care professionals, like nurses, are faced with several role stressors and workplace demands that may reduce their work engagement. Work engagement is perceived to inversely correlate with organisational role stress (ORS). Today, health care organisations are characterised by rapid change and increasing technological advancements that increase stress among health workers (Bakker & Leiter, 2010).

1. 3 Problem statement

Some scholars indicate that, globally**,** at least one in three nurses experience role stress and work engagement that can be as severe as burnout (Fiabane, Glorgi, Sguazzin & Argenter, 2013; Montgomery, 2013). ORS can be considered as one of the leading problems among nurses in Namibian state hospitals, as it was revealed by a study conducted in Namibia in 2006 that 1 698 nurses resigned from public hospitals.

Role stress occurs when there is a poor fit between one's work criteria/requirement, conditions and abilities (Iipinge et al. (2006). A study by the MOHSS (2006) indicates that nurses in IHO are facing different categories of stressors, such as hazardous working conditions, long or unusual working hours, and job insecurity.

In addition, Iipinge et al. (2006) they also indicated that most nurses experience conflicting situations such as lack of physical facilities, lack of equipment and supplies, as well as fear and risk of infection, causing frustrations and stress that can affect work engagement among nurses. Nurses are also exposed to clinical conditions such as critically

ill and severely injured patients or a worse extent, dying patients. All of which can lead to more fatigue, consequently decreasing the pleasure in the job. Moreover, the exposure to these clinical conditions makes them more susceptible to contracting an illness, further leading to withdrawal, reduced performance, substance abuse, and deteriorating collegial relations.

In addition, Iipinge et al. (2006) state that "engaged nurses were loyal and psychologically committed to the organisation" (p. 11). Thus, a higher level of engagement leads to a more committed workforce resulting in better services to the patients which benefit the employer. Disengaged nurses are likely to distance themselves from their work roles and withdraw from the current work situation. It is against this background that this study seeks to investigate the relationship between organisational role stress and work engagement among nurses at a state hospital in Namibia.

1.4 Purpose of the study

The purpose of this study was to investigate the relationship between organisational role stress and work engagement and to identify the role stressors as well as the level of work engagement among registered nurses and enrolled nurses working in Intermediate state Hospital in Namibia.

1.5 Objectives of the study

i. To identify organisational role stressors among registered nurses and enrolled nurses working in Intermediate state Hospital.
ii. To determine the level of work engagement among registered nurses and enrolled nurses working in Intermediate state Hospital.
iii. To establish and compare the relationship between organizational role stress and work engagement among registered nurses and enrolled nurses working in Intermediate state Hospital.

1.6 Significance of the study

The results of this study will contribute both to an understand challenges of the organisational role stress and work engagement among nurses. The findings of this study

might also assist hospital administrators and policymakers to create an attractive and conducive working environment to decrease levels of organisational role stress among nursing staff, and increase their work engagement. In addition, this study can be used as a baseline to develop policies, plans of action, and strategies against organisational role stress, thereby facilitating work engagement among nurses. Different health sectors in Namibia may also benefit from this study. However, it also creating conditions that promote nurse's engagement has the potential to positively influence their retention and improve the patient care. Nevertheless, little is known about the interrelationship between organizational role stress and work engagement in the nursing population with a large gaps in the literature regarding the phenomena of interest. So this research study is an attempt to investigate the relationship between organizational role stress and work engagement among nurses.

1.7 Paradigms and philosophical underpinning of the study

Scotland (2012) describes a paradigm as "a set of assumptions about the basic kinds of entities in the world, how the paradigmatic entities interact, and the proper methods that can be used for constructing and testing the theories of these entities" (p. 9). He further states that a paper should discover the philosophical underpinnings of three key educational research paradigms, namely, scientific, interpretive, and critical. Therefore, paradigm in this study helps the researcher to be organised in the thinking, observing and interpreting processes. In essence, a paradigm frames the way in which a discipline's concerns were viewed, and the direction that the research takes by clearly structuring the questions which must be posed during this study. However, it eliminates that which is external to the conceptual boundaries of the paradigm, it provides a link to all two types of tool that was used in this study. In this study a researcher used two research tools such as Organizational Role Stress Scale (ORSS) that was developed by Pareek in 1983 and it has been used for measuring ten role stressors in many research cases, include nurses and Work Engagement Scale (WES) used to measure engagement level among nurses in three concepts which include vigour, absorption and dedication" (Schaufeli & Bakker, 2004, p, 295).

Considerable research has been done on this instrument and reliability was found to be satisfactory. Therefore, in this study, can be also used to evaluate the quality of research efforts. The philosophical basis of the study is positivism. Positivism in this study holds the view that the scientific method is the only way to establish truth and objective reality. Since methods developed understand the natural world are not always directly transferable to the social world, positivism has limitations. Therefore, in this study of investigate the relationship between organizational role stress and work engagement among nurses, positivists have contributed to understanding philosophy, adopted high standards of rigor and attempted to formulate methods which yield commonly accepted results from this study (Scotland, p.36, 2012). The main objective of scientific enquiry in nursing is to understand and describe the practice of nursing in order to be able to control and improve current practice when it comes to the organizational role stress and work engagement among nurses. Hence, a functional approach reflects the role stressors and work engagement character among nurses working in Intermediate Hospital. Therefore, a functional perspective in this study will be used, as the usability of the generated knowledge and productive work will serve as a criterion for the truth. Methodology is deductive in nature with a fixed design in tight control over constructs; where the emphasis is placed on measuring quantitative statistical information that may seek generalisation in this study. Accordingly, a quantitative approach was used to conduct this study, because quantitative research is used to "answer questions about relationships among measured variables with the purpose of explaining, predicting, and controlling phenomena" (Talmy, 2010.p, 128). Therefore, this will be discussed in more detail in chapter 3 in this study.

The paradigm comprises the following components, ontology, epistemology, methodology and methods. Each component is explained and then their relationships are explored in this study. The research paradigms aim at answering the following questions: Ontology- what is reality? Epistemology- how do you know something? Methodology- how do you go about finding it out? And they were all answered in this study.While axiology focuses on what do you value in your research and this is important, because your values affect how you conduct your research and what do you value in your research findings. The paradigm that this study is based on is positivism. This can also involve the

use of orderly disciplined procedures that are designed to test the researcher's ideas about the nature of the phenomenon being studied.

1.7.1 Ontology of a positivist paradigm

An ontology is defined as a patterned set of assumptions about reality. The fundamental Ontological assumption of positivism is that there is a reality out there that can be studied and known. The nature of reality is that it is relatively constant across time and setting, and can be effectively studied, explored and known. The related assumption of a phenomenon is that there is a belief that this phenomenon is not random events but rather has causes. Therefore, it is part of the researcher's duty to discover this reality which, in this case, is to investigate the relationship between the Organizational Role Stress and work engagement as well as to identify the role stressors and the level of the work engagement among nurses working in Intermediate Hospital in Namibia. A positivist view seeks to be objective as far as possible and attempts to hold personal beliefs and biases in check. In this study a researcher also involves the use of orderly, disciplined procedures that are designed to test the researcher's ideas about the nature of the phenomenon being studied (Wagner et al., 2012).

1.7.2 Epistemology of a positivist paradigm

Epistemology relates to how knowledge can be recognised, developed or acknowledged (Scotland, 2012). Epistemology has its aetiology in Greek where the word episteme means knowledge. Put simply, in research, epistemology is used to describe how we come to know something, how we know the truth or reality or what counts as knowledge within the world. According to Scotland (2012), "epistemology is the knowledge of that reality that pertains to the challenges faced by nurses regarding Organisational role stress and work engagement" (p. 12). Furthermore, because the knowledge of reality can be tested empirically, the data will be objective and therefore independent of the values of the researcher. Therefore, In this study a researcher used two research instruments such as Organizational Role Stress Scale (ORSS) that was developed by Pareek in 1983 and it has

been used for measuring ten role stressors in many research cases, include nurses and Work Engagement Scale (WES) used to measure engagement level among nurses in three concepts which include vigour, absorption and dedication" (Schaufeli & Bakker, 2004, p, 295). The research instruments that was used to collect the data for this study was pre-tested to ensure that the results being collected produce the truth.

1.7.3 Axiological assumption

According to Wagner, C., Kawulich, B., & Garmer, M. (2012), "Axiology refers to the ethical issues that need to be considered when planning a research proposal; it considers the philosophical approach to making decisions of value or the right decision; it involves defining, evaluating and understanding concepts of right behaviour relating to the research process; positivism checks values and biases to validate the truth" (p. 372). Positivism checks values and biases as a way to validate the truth. Intermediate Hospital as an organizational setting and working with Nurses as a professionals with constitutes certain values. In this study a researcher make sure that all ethical issues such as confidentiality, respect, anonymity, rights as well honest and the scientific methods that were used attempt to achieve neutrality without bias during the inquiry process (Wagner et al., 2012).

1.7.4 Methodology of a positivist paradigm

According to Brink et al. (2008), methodology may be defined as the particular ways of knowing about a reality. The main objective of scientific is to investigate the relationship between the organizational role stress and work engagement and to identifying the role stressors as well as to determine the level of work engagement among nurses working in Intermediate Hospital. Hence, a functional approach reflects the Organizational Role Stress and Work Engagement. Afunctional perspective will be used, as the usability of the generated knowledge will serve as a criterion for the truth in this study.Therefore,the methodology is deductive in nature with a fixed design in tight control over constructs; where the emphasis is placed on measuring quantitative statistical information that may seek generalization. Accordingly, a quantitative approach was used to conduct the study, because quantitative research is used to "answer questions about relationships among

measured variables with the purpose of explaining, predicting, and controlling phenomena" (Wellman, Kruger, & Mitchell, 2007). This will be discussed in more detail in chapter three in this study.

1.8 Operational definitions

The major concepts driving the study of organisational role stress and work engagement among nurses in Oshakati Intermediate Hospital were identified as follows:

1.8.1 Nurse

A nurse is seen as a person with unique knowledge who is licensed to practice nursing and he/she has to register/enroll in terms of sections 20 and 64 of the Nursing Act No 8 of 2004. They convey information to patients/clients, colleagues to patients/clients, colleagues to other members of the health care team through different modes (Government of the Republic of Namibia, 2001.8.2.).

1.8.2 Organizational Role Stress

Organizational Role Stress is the stress an nurses experience when organizational and individual needs do not align with the individual role to meet the expectations that created by the peers he or she needs to interact with, while confirming to the expectations of others will vary according to the individual's perception of threats like workload in hospital, opportunities, constraints situations such as shortage of nurses in Intermediate Hospital (Sinha & Subramanian, 2012, p. 70).

1.8.3 Stress

The Health and Safety Executive (HSE) describes stress as: "The adverse reaction people have to excessive pressure or other types of demands placed upon them like overworking, inadequacy resources in the hospital and poor supportive from hospital management team

in of nurses working in the hospital, this it arises when they perceive that they are unable to cope with those demands (Kumar, et al., 2018, p.17).

1.8.4 Stressors

According to the latest Slovenian research study, conducted among nurses in secondary health care, Stressors are "the demands made upon an individual the most stressful factors are low pay, poor interpersonal relationships in the workplace, and psychological or physical abuse in the workplace as well as inadequacy (Kumar, et al., 2018, p.17).

1.8.5 Work engagement

Work engagement in nursing is becoming strategically important as three important factors converge a global shortage of nurses who are the largest group of healthcare providers; political resolve to restrain the growth of rising healthcare costs in industrialized nations; and a medical error rate that threatens the health of nations. While the concept of work engagement emerges from the new 'positive psychology' that focuses on human strengths, rather than limitations, work engagement has captured global research attention because it is amenable to change and fulfilling, working-related status of mind, involvement, dedication and professional efficacy (Kumar, et al., 2018, p.17).

1.9 Summary of Chapter One

This chapter presented a global, regional and national overview of organisational role stress and work engagement among nurses. It introduced the purpose and the objectives of the study and stated the problem to be addressed and the significance of the study. Therefore, in addition, it deals with the assumptions on which the study was based. It has discussed the research paradigm that underpinning the study about positivism which are guided by ontology, epistemology, axiology and methodology assumptions. It is clarifying several operational definitions. The next chapter is a literature review and conceptual framework on the organisational role stress and work engagement among nurses.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The previous chapter gave a general overview and background of the study, including the paradigms and philosophical underpinning of the study, problem statement, the research purpose, objectives, significance of the study and the defined the main concepts. The purpose of this literature review was to explain the burden and the public health importance related to organisational role stress and work engagement among nurses globally, regionally (Africa) and locally (Namibia), as well as, to provide a solid background on organisational role stress and work engagement among nurses from what has been already studied and to establish a basis for the current study based on knowledge gaps.The purpose of the review is to get acquainted with existing research and theories in the fields, which helps to substantiate the empirical findings and potential contributions.

The literature review was conducted to direct the planning and execution of the study, to present a comprehensive overview of the relevant literature related to organisational role stress and work engagement among nurses. This literature review provided a greater understanding of organisational role stressors and how this can relate to nurses working in IHO. This will assist in determining the level of work engagement among nurses, as well as the relationship between organisation role stress and work engagement among nurses working in IHO. Furthermore, the literature review was conducted to identify the need for additional research for justification purposes. This review followed a consistent approach to find articles and literature related to the research questions of the study.

An overview of existing research and literature will also help the researchers to identify gaps in the need for further research. The literature review indicated the organisational role stress and work engagement among nurses as a major problem in hospitals nowadays. Finally, the literature review was conducted to help the researcher determine the place study within the context of the existing literature making a case for why further study is needed. Therefore, in other words, the literature review conveys what is currently known about organisational role stress and work engagement among nurses. In addition, by using

various sources, the researcher examines different opinions concerning the components of organisational role stress and work engagement among nurses.

Relevant literature both outside the continent and in Namibia was used and scrutinised to established additional insight into the research topic of this study. The literature reviewed was obtained from published sources to identify achievements or lessons learned, as well as constraints regarding the organisational role stress and work engagement among nurses. It predicts the events through the broader understanding of the phenomenon of interest of a research problem. This literature review provided a greater understanding of the aforementioned concepts and occupation. It has also provided guidance and organization for the ideas and theories pertaining to organizational role stress, work engagement among nurses. A number of studies have been conducted on the effects of organizational role stress on nurses and the work engagement of nurses. Over the years, there has been most of studies done on the organizational role stress and work engagement of a number of health care practitioners, including doctors, paramedics and social workers, however, there were an amelioration studies dealing specifically with the organizational role stress and work engagement among nurses as well as psychological well-being of nurses. (Van den Broeck, A, Van Ruysseveldt, J., Smulders, H, & De Witte, H.2011). Therefore, the purpose of the literature review was to convey current information about organisational role stress and work engagement among nurses working in Intermediate Hospital in Namibia. Therefore, this research study is an attempt to investigation the relationship between organizational role stress and work engagement among nurses.

2.2 Job Demand-Resources Model (JD-R Model)

Therefore, relationship between stress and engagement can be best be seen through the JD-R Model of engagement, Since its advent in the wake of the twenty-first century, the Job Demands Resources (JD-R) Model (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001, p. 499) has gained popularity among researchers. By using this model, two assumptions were drawn from the study done by Demerouti et al., (2001), the first stated that job resources, such as support, feedback, and autonomy, create a motivating process that leads to engagement and productivity. According to various authors (Thian,

Kannusamy & Yobas, 2013; Demerouti et al., 2001), the Job Demand-Resources model (JD-R model) is the connection between organizational role stress and work engagement among employees, which can best be viewed through the JD-R model of engagement. This model claims that the work environment is separated into many parts of job demands and resources. According to Thian et al. (2013), the job demands which are the primary predictors of negative job strain include physical, psychological, social, or organizational features of a job that requires physical and/or psychological effort from an employee, and are consequently related to physiological and or psychological costs (i.e., strain). Whereas the job resources are the strongest predictors of work engagement and it refers to physical, psychological, social, or organizational features of the job that are useful in attaining work goals, reducing job demands and the physical or psychological costs related to them, and encourage personal growth and development (Thian et al., 2013).

In additional, Demerouti et al., 2001, they draw up two assumptions were drawn from using this model. The first stated that job resources, such as support, feedback and autonomy create a motivating process that creates engagement and productivity. The second assumption is that the job resources get more potential for motivation when a worker is faced with higher job demands. According to (Bakker, Demerouti, de Boer & Schaufeli, 2003; Demerouti et al., 2001), job resources are the parts of the work environment that "(a) are functional in achieving a work-related goal, (b) reduce job demands and the associated physiological and psychological costs, and (c) stimulate personal growth and development". However, it is not always the case that high job demands are negative. It is claimed that if high job demands are complemented by adequate job resources, the result can be enthusiasm and work engagement for the employees (Bakker et al., 2003). According to the Job Demands-Resources (JD-R) model, Bakker et al, (2003) claim that job burnout and work engagement are psychological reactions that occur when individual characteristics act together with work characteristics. The model further suggests that each work circumstance can be described in terms of job demands and job resources (Demerouti et al., 2003). Job demands are aspects of work that need long-term physical, emotional or cognitive effort and are therefore linked to physiological and psychological costs (Bakker et al, 2003). Irregular work hours, time

pressure, attending to many patients at the same time, demanding interactions with patients are some examples of job demands. These are not necessarily negative, but they become work stressors if they require excessive effort from which one fails to recover properly (Bakker et al., 2003).

2.3 Personal Resources in the JD-R Model

The central aim of our study was to expand the JD-R model by examining how personal resources operate in relation to the model's processes (Bakker et al., 2005). Therefore, Personal resources are aspects of the self that are generally linked to Personal Resources resiliency and refer to individuals' sense of their ability to control and impact upon their environment successfully (Kahn, W.A., 2017). We include three typical personal resources, namely, self-efficacy (Kawano, Y., 2008), organizational-based self-esteem, and optimism, all of which have been recognized by Bakker et al (2005) as fundamental components of individual adaptability. Therefore, Instead of focusing on situation-specific self-efficacy, the present study examines a general dimension, which refers to individuals' perceptions of their ability to meet demands in a broad array of contexts (Hontaker. T. & Ariyoshi. A. 2016).

In line with the core self-evaluations theory (Bakker et al., 2005), we conceptualize these three personal resources as a unitary resiliency construct that plays a decisive role in employees' functioning at work. Previous studies have shown that these personal resources are not only related to stress resilience, but also have positive effects on physical and emotional well-being (Kairanna, S., & Suresh, R.2014). Although people's perception of and adaptation to environments is variable, depending on their levels of personal resources, these resource levels are cultivated by environmental factors (Bakker et al., 2005). However, In other words, it is proposed that personal resources may function either as moderators or as mediators in the relationship between environmental factors and (organizational) outcomes, or they may even determine the way people comprehend the environment, formulate it, and react to it (Kairanna, S., & Suresh,R.2014). Previous empirical studies have also, have generally supported this triple role of the three personal resources. In relation to the role of personal resources as moderators, studies have mainly

examined the relationship between unfavorable work characteristics and negative outcomes.

Finally, under demanding Xanthopoulou, Bakker, Demerouti, and Schaufeli (2005), work conditions i.e., high time pressure, high job insecurity, and poor organizational climate, optimistic employees were found to report lower levels of mental distress than their less optimistic colleagues.

According to Kahn (2017), these findings suggest that the existence of environmental (job) resources may activate personal resources and this, in turn, may result in positive psychological and organizational outcomes. In relation to the motivational process of the JD-R model, we expect that job resources, such as control over the way and pace tasks are performed, and opportunities for professional development will evoke a sense of significance to employees. Therefore, thus, employees with sufficient job resources will feel efficacious, important to the organization, optimistic about their future, and, consequently, stay engaged in their work. Although the present study uses the JD-R model as a starting point, and thus, primarily focuses on work characteristics as antecedents of personal resources, exhaustion and work engagement, we also expect the reverse: personal resources may be antecedents of job demands and resources, and their respective outcomes (Kahn, W.A., 2017).

It can be argued that job and personal resources are reciprocal, since individuals, through learning experiences, can form stronger positive evaluations about themselves and in turn, they comprehend or create more resourceful work environments (Bakker et al, 2005). Therefore, if we apply this perspective of reciprocity to the JD-R model, we may expect that self-efficacious or optimistic employees will focus more on job resources than on job demands, and as a result they will experience lower levels of exhaustion and higher levels of work engagement.

2.4 Interactions between job demands and resources

Besides the suggested main effects of job demands and resources, the JD-R model suggests that the interaction between job demands and job resources is necessary for the

development of job strain and motivation. Importantly, in the job resources definition is the postulation that these resources may safeguard the impact of job demands on job strain, including burnout (Bakker, Demerouti, & Euwema, 2005; Bakker et al., 2003b; Xanthopoulou et al., 2007b).

The buffering role of job resources is consistent with the Demand-Control model (DCM, Karasek, 1998) and the afford-Reward imbalance Model (ERIM, Siegriest, 1996). Whereas the DCM states that control over the execution of tasks (autonomy) may lessen the impact of work overload on job stress, and the ERIM states that rewards may minimise the unwanted effects of effort expedition. On these views, the JD-R model indicates that different types of job demands, and job resources may relate in predicting job strain. Which job demands and resources play a role in a certain organisation and a certain job function depends upon the specific job characteristics that prevail**.**

Figure 1. Two different underlying psychological processes play a role in the development of job-related strain and motivation.

Organisational role stress is one of the most studied job demands in the literature. Role conflict and role ambiguity are recognised as organisational facts linked with burnout. Thus, the model indicates that when employees are challenged with increased job strain, they tend to use maladaptive self-regulation strategies, such as coping inflexibility and self-undermining.

Work engagement enables individuals to easily handle the demands of stressful work (Bakker, Hakanen, Demerouti & Xanthopoulou, 2005). Higher job strain levels among employees may be created by job demands and strain. It may be difficult to concentrate and make more work-related mistakes. In addition, the negative emotions (anger, sadness and irritation) encountered by employees working under stress lessen their though-action repertoires.

In other views, upon the increase of job strain, employees may rarely use adaptive self-regulation methods, such as role stress recovery and job crafting (Bakker.et al., 2005). Stable resources become essential when a job is stressful. Organisational role stress may be the consequence of repetitive work activities, work pressure, bureaucracy, or role conflicts. Alternatively, major life events like family member illnesses and divorce may interrupt effective use of job resources and undermine effective functioning at work

(Bakker et al., 2019). Chauhan (2014) emphasises that "only three role stressors existed in theory until 1981 when Dr Udai Pareek introduced seven additional dimensions in Organisational Role Stress Theory" (p. 157). This study examines the relationship between work engagement, organisational role stress (role conflict and role ambiguity). It further examines the role of work engagement and role stress as antecedents of work engagement. There will be a negative relationship between work engagement and role stress, work engagement will positively predict work engagement, and role stress will negatively predict work engagement.

Pathak (2012) argues that all ten stressors are significant to understand organisational role stress as they all have an impact on employee satisfaction, performance and organisational commitment. Sinha and Subramanian (2012) emphasise that all ten role stressors are created from circumstances that a person will encounter while occupying a specific role within an organisation. Pareek (1983) developed the stressors into a comprehensive organisational role stress measurement consisting of 50 items, ten items for each stressor (Chauhan, 2014). Therefore, the ten different stressors included in the Organisational Role Stress framework developed by Pareek (1983) will be thoroughly introduced in the next section.

2.5 Organisational Role Stress

The relationship between organisational role stress and work engagement is mostly visible through the JD-R model of engagement. Because this model claims that the work environment is categorised into many components of job demands and resources. The job demands which are the primary predictors of negative job strain include physical, psychological, social, or organisational features of a job that requires more effort of physical and psychological from an employee, which are subsequently linked to physiological and psychological cost strain (Schaufeli, et al., 2004). Therefore, Organisational Role Stress is "when the demands of the work exceed the workers 'ability to cope with them" (Schaufeli, et al., 2004). Abed and Elewa (2016) emphasise that "Organisational Role Stress is a value to clarify all the types of stress an individual experiences in their work roles" (p. 113). Organisational Role Stress occurs when a person encounters a negative situation in their role in an organisation.

To perform effectively in a particular organisational role, a person should try to meet the expectations of the peers he or she needs to interact with. The level of perceived organisational role stress while settling the expectations of others will differ based on the perception of an individual regarding threats, opportunities, constraints and situations (Sinha & Subramanian, 2012).

Organisational Role Stress is a denomination for all stress related to an individual's role in an organisation and it can annually cost the organisation. According to Abed and Elewa (2016), "all the negativity experienced by an individual at work spurs and increases the likelihood to develop work-related stress disorders" (p. 113). An individual who experiences Organisational Role Stress for long periods tends to get burned out, which may decrease the overall performance and negatively affect co-workers' morale (Ratra et al., 2013). In additional, Ratra et al.,2013, they also emphasise that Organisational Role Stress exists in all types of organisations.

Apart from serious illness of individuals, "organisational role stress can decrease employees' productivity, which will affect the overall competitiveness of an organisation" (Bano et al., 2011, p. 23). According to, Bano and colleagues (2011) further indicate that the longer exposures to Organisational Role Stress, the decrease in quality of services and products, poor client relationships, dysfunctional work climate and high labour turnover. The study conducted by the European Agency for Safety and health at work emphasises that 50%-60% of all work absence is related to organisational role stress. Therefore, they assert that organisational role stress has great effects on both individuals' organisations, thus it is crucial with further research in the field of organisational role stress to avoid unnecessary costs for society. Organisational Role Stress comes from three sectors, which are job and organisation, social factors and intra-psychic factors. Organisational role in any social system, such as family, club, religious community, work organisation hospitals included, enable individuals to oblige the system, which allows them to have a defined place in the society. This system of mutual obligations can be regarded as a role and the individual's place, a position for example nurse-in-charge. It can be said that a role is a very useful concept in understanding the dynamics of the integration of different positions in an organisation like the different roles that nurses must play in a hospital. It also helps in understanding the problems which arise in this individual-organisation interaction and

integration (Wright, 2017). Sinha and Subramanian (2012) argue that "the expectations on a specific role in an organisation are a natural built-in source of stress" (p. 70). Udai Pareek's contribution to the organisational role research lies in identifying as many as ten different types of Organisational Role Stress (ORS) Framework.

1. Inter-Role Distance Stress	Conflict between organisational and non-organisational roles.
2. Role Stagnation Stress	Feeling of being stuck in the same role.
3. Role Expectation Stress	Conflicting demands originating from colleagues.
4. Role erosion stress	The role has become less important or somebody else gets the credit.
5. Role of overload stress	Too much work or doing things of considerable importance.
6. Role isolation stress	Absence of strong linkages of one's role with roles.
7. Personal inadequacy	Absence of adequate skills, competence and training format the demands of one's role.
8. Self-role distance stress	The gap between one's concept of self and demands of the role.
9. Role ambiguity stress	Lack of clarity about the demands of the role.
10. Resource inadequacy stress	Human or material resources allocated are inadequate to meet the demands of the role.

Pareek (1982) significantly expanded the framework to measure organisational role stress by the introduction of seven new dimensions namely, inter-role distance, role stagnation, role erosion, role isolation, personal inadequacy, self-role distance and resource inadequacy.

2.6 Types of stressors of the organisational role stress

Sinha and Subramanian (2012) claim that "all ten role stressors are derived from situations an individual will experience while occupying a specific role in an organisation" (p.70).

2.6.1 Role stagnation

Role stagnation refers to the feeling of being stuck in the same role with no opportunity for furthering or progressing one's career. Abeer (2017) defines role stagnation as "poor development in the role that an individual has (p. 53). If an individual has possessed a particular role for longer, the role development can deteriorate due to comfortability with one's present roles and responsibilities". Therefore, it was also, considered that, the individual may gradually feel like losing the momentum and motivation in their work and feel that they are not able to fully utilise their skills within the scope of practice of work, thus, lack a sense of accomplishment. However, if one does not feel the need to progress and acquire new skills, they are denying their potential and this would hold them back from advancing further in their role, which hampers them to take up new roles and challenges (Sinha & Subramanian, 2012).

According to Bano et al. (2011), "role stagnation refers to a phase in one's role where there is no progress of growth" (p. 153). Several reasons may cause career stagnation, but two major reasons are due to individual and interpersonal factors. The individual factors that can cause the role of stagnation among nurses in different situations can include self-efficacy issues, which refer to an individual's beliefs about their capabilities to perform. When there is a lack of confidence in one's capabilities, the individual would unlikely take the initiative to increase his/her effort to perform tasks better.

Moreover, interpersonal factors can be in the form of social expectations, like the different roles and commitment that an individual must play in the work and life domain, such as being a nurse and a mother concurrently. These discrepancies between these roles can lead to stress and conflict that can affect career progression (Abed & Elewa, 2016). Simmons (2017) states that when health intuitions do not put in enough effort by providing sufficient support for employees who are involved, the employees would be victimised to the extent that it would hinder career development. An organisation that does not provide ample growth opportunities can also be a major factor causing career stagnation among nurses. ThianJ, Kannusamy and Yobas (2018) assert that organisational factors, such as the lack of socialisation, support and mentoring may also result in career stagnation. For

instance, the prevalence of bullying culture can cause isolation, stress and harm to an individual. Further, some studies indicate that if the institutions do not have an adequate number of resources, facilities and financial support from the high level's authorities, employees will have many expectations from their roles and limited opportunities for future growth which may cause stress among nurses.

2.6.2 Inter Role Distance

Inter Role Distance is a type of stress that occurs when the role occupant cannot balance between two or more of the roles. In this case, if a nurse plays more than one role and if one of these roles is extremely demanding, then the other roles may suffer leading to stress. This can occur when the roles that an individual has are in conflict and this is also experienced when there is a conflict between organisational and non-organisational roles. An example of this could be the role of an executive versus the role of a husband/wife (Bano et al., 2011). Sinha and Subramanian (2012) define Inter Role Distance as "the conflict that is likely to arise when an individual attempts to play several roles" (p. 70). For instance, an individual nurse can occupy a managerial role in the hospital which is an organisation and family role concurrently. Inter Role Distance can be described as neglecting family, friends and personal interests, which may lead to negative stress to the individual nurse because of playing several roles (Sinha & Subramanian, 2012).

2.6.3 Role Expectation Conflict

Role Expectation Conflict can be defined as the inconsistency between an individual's expectations regarding their role in an organisation often different from the expectations of peers and managers, which is a source of stress (Sinha & Subramanian, 2012). This means that role expectation conflict has numerous personal and organisational causes. When the behaviours expected from nurses seem to be incompatible, they were thought to have feelings of tension; and frustration can occur resulting in withdrawal from the group, dissatisfaction with the job and less productivity performance than if the expectation imposed on them did not conflict with their own. Role Expectation Conflict

is one of the challenges and can be one of the stressors among nurses, which is common in nursing the profession.

Several studies indicate different results about the role conflict levels and effects and the result of the different expectations an individual develops in their social setting and identification with other peers. The inconsistency between an individual's expectations regarding their organisational role often varies from the peers and managers' expectations, which is a source of stress (Sinha & Subramanian, 2012). Bano et al. (2011) and Srivastava (2006) also stress that role expectation conflict happens when discrepancies exist between the expectations of individuals and that of others, namely, colleagues or supervisors. When a nurse experiences a high level of conflict, the other could be handling this condition. Thus, role expectation conflicts affect individuals differently. If the conflict is handled poorly, the conflict issues often remain and may occur later to create more conflict as a vicious cycle of nurses. Role expectation conflict is usually the result of emotional tensions that turn out to be chronic, which is classified as interpersonal conflict.

2.6.4 Role Overload

Coverman (2011) explains that "Role Overload occurs when an individual with a specific role has difficulties performing according to the demands from other roles" (p. 965). Further, Chauhan (2014) defines role Overload as "a situation where the demands on a specific role of an individual are too high" (p. 154). Role Overload occurs when a person thinks that too much is expected from them (Bano et al., 2011; Sinha & Subramanian, 2012; Srivastava, 2006).

Role Overload is individual into a quantitative and qualitative aspect. The quantitative aspect refers to circumstances where a person has too much to do while the qualitative aspect to a person without enough experience to perform tasks at hand (Chauhan, 2014).

Role overload among healthcare professionals and especially nurses has been identified as a top concern by researchers investigating causes and solutions to the global nursing shortage. Role overload refers to a significant level of work stress which can negatively impact job satisfaction. Research has found that nurses are more liable to stressors arising

from role overload when they feel that they have too many tasks or activities expected of them in respect to their available time and abilities.

2.6.5 Role Isolation

Role Isolation is a result of inadequate cooperation and linkages of communication between an individual's role and other roles in the organisation (Bano et. 2011). Sinha and Subramanian (2012) define Role Isolation as "the mistrust and neglect from close colleagues and peers, which are related to low job satisfaction" (p. 70). When nurses are overloaded with job duties and responsibilities this might have an effect on their collaboration with their colleagues which can cause isolation. Due to their direct contact with patients, they are mostly liable to the experience of conflict between their values and beliefs as well as their roles compared to nurses in charge who are not in direct contact with patients. Nurses may also develop feelings of inadequacy in their preparation, insufficient skills and inadequate skills compared to their nurse managers. Chauhal (2014) further explains that an individual might have some roles in an organisation and Role Isolation occurs when a psychological distance exists between the roles. This mostly happens when nurses feel that their job gives them a few chances of meaningful interaction with their colleagues, they experience role isolation that may affect their engagement negatively.

2.6.6 Self-Role Distance

Self-Role Distance happens once the values and self-concepts of an individual do not conform to his or her personality. Bano et al. (2011) claim that Self Role Distance is occurs when a role occupant is obliged to do things against her when the individuals' special expertise and skills remain unused or when there is a conflict between the image, needs or values of the role and the role occupant.

2.6.7 Personal Inadequacy

This is when there is a lack of knowledge, skills for an individual to perform a particular task or role expected in their organisational roles. This can be also when their adequate preparation is effective in a certain duty to be performed. The rapid development of techniques and the society need that organisation to put in place regular follow-ups and in-service training for the employees. Sinha and Subramanian (2012) define Personal Inadequacy as "the feeling of being outdated that can arise when people reach a career ceiling or are close to retirement" (p. 70). It has some consequences of inadequate preparation, knowledge, skills and expertise to manage and effectively perform in the organisational role.

2.6.8 Resource Inadequacy

This happens when resources needed by a person who wants to perform effectively in a role are not accessible. According to Srivastav (2006), "resource inadequacy is experienced by an individual when resources such as human resources, finances, infrastructure and equipment, tools, computers as well as documents and information required for an individual to perform the role, are inadequately provided" (p. 110). He further points out that this can be a result of a lack of supplies, personnel information, previous data system, their lack of knowledge, education or a lack of experience.

2.6.9 Role Ambiguity

According to Chauhan (2014), role ambiguity is a lack of information for an employee that is needed for effective performance. He further indicates that role ambiguity is feedback without clarity from others about one's responsibilities and performance. This can be a result of colleagues' mistrust, and peers are related to high role ambiguity as well as low job satisfaction. Thus, this can impede the individual's ability to perform personal tasks, which eventually create a negative impact of stress.

2.6.10 Role Isolation

This mostly occurs when an individual performs effectively in the work role while the praise or credit is given to another person. Chauhan (2014) describes role erosion as "an individual's perception that some functions in an organisation belong to their role" (p. 154). He further claims that role erosion happens when functions and tasks of a specific role are being performed or shared with other people. Besides, this can arise in organisational changes and when the organisation comes up with new roles or redefining current roles within the organisation.

In conclusion, modern civilisation has made life more difficult and have lots of hazards. It is a period of stress. Frustration, conflict, tension and anxiety have become regular circumstances of life. Both at work and home, stress and tensions have a negative effect on humans' behaviour, which can finally lead to poor performance. Organisational role stress can be referred to as important parts of the job that need a physical or mental effort that could have a negative impact on work engagement. To perform adequately in a particular organisational role, a person must try to meet the expectations from the peers they need to interact with. The level of perceived organisational role stress while confirming to expectations of others will vary according to the individual's perception of threats, opportunities, constraints and situations (Sinha & Subramanian, 2012).

2.7 Measuring organisational role stress

The organisational role stress scale (ORSS) was developed by Pareek in 1983 and it has been used for measuring ten role stressors among nurses. It includes the following ten role stressors as follows. 1. Inter role distance (IRD): Conflict between the organisational and personal roles. 2. Role stagnation (RS): A feeling of stagnation and lack of growth in the job. 3. Role expectation conflict (REC): conflicting demands on one by others in the organization. 4. Role erosion (RE): A decrease in one's level of responsibility. 5. Role overloads (RO): Too many responsibilities to do everything well. 6. Role isolation (RI): Feeling of isolation from channels of communication. 7. Personal inadequacy (PI): Lack of knowledge, skills or adequate preparation to be effective in a particular role. 8 Self-role distance (SRD): A conflict between one's personal values or interests and one's job requirements. 9. Role ambiguity (RA): Unclear feedback from others about one's

responsibilities and performance and 10. Resource inadequacy (RIn): non-availability of resources needed for effective role performance.

Pareek (1983) suggests that in a role set, the role occupant might feel that some roles are psychosocially close to him, while others are much further. The key criterion of distance is frequency and ease of interaction. His future suggests that when linkages are strong, the role isolation will be low and in the absence of strong linkages, the role isolation will be high (Pareek, 1983). The gap between the existing linkages and the desired ones will show the amount of role isolation.

2.8 Work engagement among nurses

According to the role of Job Demands-Resources Model (2018), the job resources are the strongest predictors of work engagement and it refers to physical, psychological, social, or organisational features of the job that are functional in achieving work goals, reducing job demands and the physical and psychological costs associated with them, and stimulate personal growth and development. By using this model, two assumptions were reached, the first stated that job resources, like support, feedback, and autonomy, generate a motivating process that can lead to engagement and productivity.

The second assumption is that the job resources gain more potential for motivation when an employee is confronted with higher job demands. Work engagement, as opposed to burnout, is an emerging concept in contemporary occupational health science. Besides, promotion of work engagement may lead to greater improvement in work performance than the traditional sole focus on disease prevention. Therefore, "work engagement is different from other psychological constructs like organisational commitment, job satisfaction and job involvement" (Halbesleben & Buckley, 2014, p. 22). For instance, organisational commitment defines an employee's loyalty to the organisation, but engagement focuses on the work and job satisfaction explains the extent to which work is a source of need fulfilment and contentment.

Unlike engagement, job satisfaction does not encompass the employee's relationship with the work itself. Work engagement is also called a mediator in the motivation process of employees in the organisation. This is indicated in some previous studies about possible causes and consequences that suggest that work engagement may play a mediating role

between job resources on the one hand and positive work attitudes and work behaviours on the other. Beukes and Botha (2013) indicate that there is a distinction between work engagement and 'work holism' in literature. On one hand, engaged employees work hard (vigour), are involved (dedication) and feel happily engrossed (absorbed) in their work and may seem similar to workaholics. On the other hand, "engaged employees are different in the sense that they lack the typical compulsive drive possessed by workaholics whose need to work is exaggerated to the point that it endangers their health, reducing happiness and interpersonal relations" (Halbesleben & Buckley, 2014, p. 22). In other words, that professional efficacy is strongly related to engagement than to burnout and that is probably partly because the efficacy items have been positively phrased instead of negatively phrased.

However, it is also possible that work engagement creates feelings of professional efficacy. Through this difference, it can be concluded that there is a positive contribution to the health status of an individual when they are engaged in their work than when they are workaholics. Work engagement is linked to the term 'flow', which signifies a state of optimal experience that is characterised by intensive attention, a clear mind and body unison, effortless concentration, complete control, loss of self-consciousness, distortion of time and intrinsic enjoyment (Halbesleben & Buckley, 2014). The distinction between flow and engagement is that flow is more composite and refers more to a short-term experience, whereby engagement is a persistent state of mind (Storm & Rothmann, 2003). In Bakker and Leiter's (2010) definition, "work engagement becomes a motivational concept, which means that when one is engaged in one's work, this engagement fosters a feeling of motivation to do one's best to reach a challenging goal, and not hold anything back". The concept involves a personal commitment to achieving these goals, and engaged employees put personal energy and enthusiasm into the work. The focus and energy that is characteristic of work engagement allow employees to bring their full potential into the work (Bakker & Leiter, 2010, p.1) and "work engagement in this definition refers to the relationship between an employee and his or her work" (Schaufeli & Bakker, 2010, p.10). They also further define "work engagement as a positive, fulfilling, and affective-motivational state of work-related well-being that can be seen as the antipode of job burnout" (Bakker & Leiter, 2010, p. 1), or as defined, "a positive fulfilling, working-

related state of mind that is characterised by vigour, dedication, and absorption (Schaufeli et al., 2002).

Vigour refers to a high level of energy and mental resilience, and how willing one is to invest effort and persistence while working. Dedication to one's work is defined by "involvement in the work and means that the employee feels that the work is valuable. Absorption refers to "concentration, engagement and engrossment in the workplace" (Schaufeli et al., 2002, p. 71). Importantly, work engagement comprises persistence while working, dedication to work, and engaging in work activities (Schaufeli et al., 2002). But engagement is not restricted to the individual, it may cross over to others thus leading to what has been labelled collective engagement in most organisations. Several studies discussed the valve of work engagement among nurses.

In these recent years, the importance of employees' psychological connection with their work has been reiterated. For effective competition in the global market, most organisations should not only recruit the best but should also inspire and encourage their employees to apply their full capabilities and potential to their work. For this to become a success, most companies today need employees who are psychologically associated with their work and who are keen and able to invest themselves fully in their roles. Despite that engaged employees feel tired after a long day of hard work, they view tiredness as a pleasant state as they unintentionally associate it with positive accomplishments. Further, engaged employees also enjoy socially and unlike workaholics, they do not work hard due to a strong and irrepressible inner drive, but for the sheer pleasure of working.

2.9 Factors influencing work engagement among nurses

Previous studies have shown that Job resources that are positively associated with work engagement include social support from supervisors, feedback for one's performance, autonomy and opportunity for learning. On the other hand, job demands such as high workload or lack of autonomy and social support from supervisors have a negative association with work engagement. When organisations fail to provide resources, the employee is hindered from experiencing work engagement. Hence, the gap between the potential of the workplace to create an environment that fosters engagement, and the

reality may cause employees to feel less vigorous and dedicated in their work (Bakker & Leiter, 2010. p.1).

Resources can have an intrinsic motivational role or an extrinsic motivational role. The intrinsic role will satisfy employees' need for autonomy, skill use and a sense of belonging in a group. For example, feedback from one's supervisor will contribute to enhancing knowledge which may, in turn, provide increased competence in one's work. Having the freedom to make one's own decisions will foster autonomy, and social support will give the employee a sense of belonging to a group (Bakker, 2008). The extrinsic motivational role of job resources is instrumental in fostering eagerness to achieve job goals. Supplied with sufficient job resources, the employee tends to be eager and dedicated to the work, and their chances of succeeding in that work will increase. So, by improving job resources, employees tend to succeed, and in the process, will achieve their work goals (Bakker, 2008).

Team and co-worker relationship is another aspect that mostly emphasises explicitly the interpersonal harmony aspect of employee engagement. Kahn (2002) found that "supportive and trusting interpersonal relationships as well as supportive from organisation management can promote teamwork among employees" (p. 3210). Most organisational members should felt safe in their work environments that were characterized by openness and supportiveness. A focus on building engagement in workplaces may contribute to streamlining modern organisations, including healthcare institutions. The supportive environments always allow employees to experiment and most of the time try new things and even fail without fear of the consequences. To start with building engagement instead of dealing with burnout may reduce costs for the working institutions. Maslach and Leitter discovered "6 factors that could contribute to work engagement or burnout, namely, workload, control, reward, community, fairness and values" (Gorgievski & Hobfoll, 2014, p.7).

A study by Gorgievski and Hobfoll (2014) shows that recognition and rewards are important experiences of employee engagement. When employees receive rewards and recognition from their organisation, they feel obliged to respond with higher levels of engagement. They further argue that the team and co-worker relationship is another aspect that emphasises explicitly the interpersonal harmony aspect of employee engagement

(Gorgievski & Hobfoll, 2014). They also found that supportive and trusting interpersonal relationship, as well as a supportive team, promotes employee engagement. Organisational members felt safe in work environments that were characterised by openness and supportiveness. Supportive environments allow members to experiment and to try new things and even fail without fear of the consequences. Relationships in the workplace were found to have an impact on mindfulness, related to engagement. Thus, if the employee is having a good relationship with his co-workers, his work engagement is expected to be high. According to Gorgievski and Hobfoll (2014), "they also further indicated that recognised the relatedness needs that individuals possess, arguing individuals who have rewarding interpersonal interactions with their co-workers also should experience greater meaning in their work" (p.7).

Training and career development is another important dimension that is to be considered in the process of engaging employees that helps the employees in concentrating on the focused work dimension. Gorgievski and Hobfoll (2014), stress that "training and development is an important factor for improving employee engagement" (p.7). Training improves service inaccuracy and therefore impacts service performance and employee engagement. When the employee takes training and learning development programmes, his confidence improves in the area of training that motivates him to be involved in her job. Organisational policies, procedures, structures and systems determine the level at which employees are engaged in an organisation.

Furthermore, teamwork evaporation may result in many conflicts, low respect among team members, and employees working in silos. Personal relationships are a central part of who people are, and when these relationships are lacking, there will be no confidence in working together. It is stated that "social support is a work-related factor that a previous study showed to be a possible buffer against job demands, and an efficient motivator when employees are striving to get the job done" (Demerouti & Cropanzano, 2010, p.147). Social support from one's supervisor can lessen job strains such as heavy workloads, emotional demands, and physical demands by offering these demands another perspective (Demerouti & Cropanzano, 2010). Nurses can, in many settings, experience stressful working conditions such as working with patients direct with different types of diseases/conditions like tuberculosis, HIV/Aids and coronavirus as well as patients with

severe injuries, but when it comes to work engagement among nurses, previous studies have some contradictory findings. It is further argued that social support works as a barrier against the negative impacts of stressful environments (Demerouti & Cropanzano, 2010). Moreover, "a supervisor that excels in giving employees positive feedback, will also contribute to improving workplace communication" (Bakker et al., 2017, p.1).

Bakker et al., 2017, p.1 also said that the organisation's goal would be productive, and the employee's need should have a balance for time to get the work done, and for enough vigour to finish the tasks. When the demands for increased productivity exceed the employees' ability to complete the job at hand in time, they may be "pushed beyond rewards what they can sustain. A study conducted by Demerouti and Cropanzano (2010) indicate that "recognition is a significant antecedent of employees' engagement within the organization" (p.147). Where the employees received rewards and recognition from their organisation, they will feel obliged to respond with higher levels of work engagement.

They also argue that remuneration is an indispensable attribute to employees' engagement that stimulates an employee to achieve high, thus, pay attention to work and personal development. This study also involves both financial and non-financial rewards. Therefore, financial rewards for employees are like services bonuses and allowing employees to work overtime and pay their hours/time they have work in the abnormal shift's examples night shifts or public holidays and Sundays. While non-financial rewards are for example an extra-holiday, voucher schemes as well as promotions among employees.

2.10 Level of work engagement among nurses

Work engagement is very important to all nurses who are engaged and perform better, to realise their fundamental purpose of providing health care services to satisfy public needs. Marelli (2011) argues that employee engagement is connected to a high level of motivation to give a good performance at work, joined with a love for the work, and a feeling of personal connectedness to the team and the organisation.

Work engagement's emotional or affective component involves employees' feelings about their organisation by displaying commitment and dedication as well as being connected to their jobs based on these three aspects. Further, it is argued that work

engagement encourages employees too positively associate with their roles or multiple levels. Besides, the benefits of work engagement in the organisations are high productivity and profitability, the clients become satisfied and loyal, the employees are motivated to experience positive emotions such as pleasure, eagerness and joy for nurses in the health facilities (Bowles & Cooper, 2012). They further argue that the positive organisational outcomes of work engagement also include high job performance, organisational commitment, work motivation, high co-worker support, high levels of self-control, and staff retention.

Additionally, it is argued that nurses regularly go the extra mile, have a passion for their jobs, and have pride in being part of the organisation/hospital. Other researchers claim that greater engagement leads to better financial performance and better financially performing organisations have higher engagement. Generally, organisations expect their nurses to be proactive, show initiative, be highly engaged in their daily work and continue to commit to great quality performance standards.

Nurses often experience a high workload, and sometimes the workload is extremely heavy that the quality of the patients' care becomes poor (Brunetto et al., 2012). Autonomy can be defined as "the amount of job-related independence, initiative, and freedom, either permitted or required in daily work activities". In most working organisations no one has complete control, most of the work done is in cooperation with other employees or one's supervisors. But if the employees have no control over their work at all, there will be a limitation in their productivity, and the employees will be in danger of burnout. Autonomy is considered a positive concept in nursing that can contribute to a higher quality of care and higher job satisfaction and may prevent nurses from leaving their jobs.

Furthermore, autonomy among nurses is connected to how the supervisors are managing the wards. Supervisors who improve their employees' autonomy tend to upgrade their job satisfaction (Gorgievski & Hobfoll, 2014). According to Gorgievski and Hobfoll (2014), nurses' work engagement is a lot, however, many suffer from burning, while others who do the same job keep engaged in their jobs. These are the reasons why some nurses are leaving their jobs and the nursing field entirely. Work engagement is a positive, satisfying, work-related state of mind characterised by vigour, absorption as well as dedication and energy, even when encountering challenges. Lastly, Gorgievski and Hobfoll (2014) state

that “engaged employees are loyal and psychologically committed to the organisation” (p. 7). Thus, a higher level of work engagement is beneficial to the employer as it has an effect on the competitive advantage of the organisation. While the disconnected employees are likely to detach themselves from their roles and withdraw from the current work situation.

2.11 Measures of work engagement

Engagement Scale (WES) and Engagement levels were measured using WES. Within the definition of engagement are “three concepts which include vigour, absorption and dedication” (Schaufeli & Bakker, 2004, p. 295). Considerable research has been done on this instrument and reliability was found to be satisfactory. The WES also has an acceptable internal reliability with Cronbach alpha scores at 0.70. According to Schaufeli and Bakker (2004), “test-retest reliability indicated stability overtimes, as was evidenced by two longitudinal studies” (p. 295). The WES has also been criticised because the items in all three subscales are framed positively. One-sided scales like the WES are seen as “inferior to scales that have items with both positively and negatively framed items” (Bakker, 2008, p. 50).

2.12 Relationship between organisational role stress and work engagement among nurses

Organisational Role Stress literature generally indicates that a negative relationship between role stress and employee’s engagement all involve the emotional and cognitive of both employer and employees. Therefore, “the excessive level of work-related stress can decrease the emotional and cognitive availability of employees” (Velnampy & Aravinthan, 2013, p. 13). It is indicated that “work engagement occurs when individuals are emotionally connected to others and cognitively vigilant, thus, most employees are emotionally and cognitively engaged when they know what is expected from them, have what they need to do their work, perceive that they are a part of something important with co-workers whom they trust and have chances to improve and develop” (Khan, 2014, p. 321). Khan (2014) further argues that the nature of the impact of work-related stress on employee engagement is likely to be deferred on the basis of the levels of role stress that

the employees encounter. Concerning the relationship between organisational role stress and work engagement among nurses, the literature indicates that role stress is presented and identifying the triggers of stress, the nature of stress and its antecedents. It was also indicated that the relationship between role stress and work engagement among nurses can be presented goal attainment, both in organisational and personal domains.

Nurses' engagement can be characterised by positive attitudes and behaviour towards their co-workers as well as to the employers. This can also be done through "fulfilling works which are related state of minds that is characterised by vigour, dedication and absorption, this mostly when individual's involvement and satisfactions with, as well as excitement among nurse" (Velnampy & Aravinthan, 2013, p.13). An engaged nurse is committed to her/his organisation's goals and values, motivated to contribute to organisational success and can improve their sense of well-being and participate in the success of both the employees' and the organisation's goals and objectives. Therefore, the relationship between role stress and employees' engagement should not necessarily be a negative linear relationship, but the nature of the impact of role stress on employee engagement is likely to differ based on the level of organisational role stress experienced by employees. Other researchers suggest that engagement is a two-way process-employers harness organisational members and selves to their work roles. Most nurses engage and express themselves physically, and cognitively and emotionally in their role performances (Kahn, 2015). He further indicated that a performance gap exists in identifying the factors influencing nurses' engagement and guiding practitioners in creating the right environment to harness employee potential. When the conditions are right, when leaders are inspiring and when nurses get the ideal place to use their strengths, engagement occurs naturally. The relationship between organisational role stress and work engagement among nurses may not always be negative, that is why the nature of the relationship inverted that low to moderate levels of role stress, positively relates to employee engagement, but relates negatively at higher levels of role stress. This can make the organisation understand the nature of the relationship between role organisation role stress and work engagement. Some studies had more focus on organisational features in the creation of work engagement and believe that organisations that prevent the growth and satisfaction of their workers decline their work engagement (Knotts, 2003).

Although employees' work engagement is influenced by individual characteristics and by their previous experiences as well as working environment and organisational situations, they are also important in the enhancement of work engagement (Heidari & Moradi, 2011). Employees who are working in conducive and safe as well as healthy workplaces happen to have a good and better working environment. According to previous studies, they indicated that employees with high work engagement are more likely to be satisfied with their work, and their absence from the job is very low than the others (Varela, Gonzalez & Garcia, 2006). Work-related to organisational role stress is a chronic disease and link to intense physical and emotional reactions of the individual employee against organisation or workplace conditions. However, this situation occurs when the conditions and resources do not fit the expectations, needs as well as abilities of the individual, make way for physical and mental failures and can affect employees' physical and mental health and performance (Nekouei & Mahmoudi, 2013).

The tension that employees experience is an interaction between working situations and characteristics of the workers, in such a way that work demands are more than the individual's capacity (Kawano, 2008). Nurses are mostly part of the patient care chain that started from the admission to the discharge of the patients and are the first respondents to patients in case of emergency. It is expected that individual nurses practising this profession perform their role in difficult as well as in unpredictable and changing situations regardless of any situation or type of organisation in which they are practising their role. Nurses may work for long hours with limited information, and resources to fulfil their work mission (Ebrahim, Navidia, Ameri & Sadeghi, 2014). This is the reason why there is a need to study the relationship between organisational role stress and work engagement in this study. It is obvious that the nursing department is a stressful environment with high working pressure, high tension, and unpredictable as well as too much information; required the vitality of understanding problems as well as expectations of clients/patients companions to assist and save patients life differentiate these departments from other hospital units and wards (Vali, Amini, Sharifi, Oroomiei & Mirzaee, 2014).

A study conducted by Vali et al. (2014) reveals that on other hand, time restrictions in doing the job, limited decision-making power in critical conditions, emotional stress,

accidents, fatigue, infectious agents, high workloads, fear of incompetency in saving lives and infectious agents, occupational injuries and patient's critical situation and their companions' expectation with the factors associated with human resources create tense and stressful condition among nurses. This is the main reason why we must consider the above-stated factors and the importance of studying the relationship between organisational role stress and work engagement. This is also because of work-related stress and considering that it may negatively influence nurse's sense of well-being and work engagement and make nurses face stressful situations. This study aimed to determine the relationship between organisational role stress and work engagement among nurses in IHO.

2.13 Conclusion

Reportedly, job demands are regarded as aspects of the job that require physical or mental effort which could negatively affect work engagement. Job resources includes aspects of the job that can help in achieves the work goals, lessen job demands or motivate personal growth may support this relationship. Thus, the literature review has indicated that there is a link between Organisational Role Stress and work engagement among healthcare professionals, especially nurses that are faced with several job stressors that can badly affect both their physical and mental health which reduces their work engagement (Fiabane, Giorgi, and Sguazzin & Argentero).

Fabiane et al. (2013) further indicate that nurses' turnover is also a costly problem that will continue as healthcare face the impending nursing shortage in the entire world. Other researchers reveal that nurses are faced with a wide range of organisational role stressors that may cause dissatisfaction, leading to absenteeism and make them leave their work. In additional, Fabiane et al., (2013), there is ample literature that supports work engagement that it plays an important role in driving the organisation's goals and is useful in supporting and endorsing a healthy work environment. Another literature review about the study that was conducted by the European Agency for Safety and Health at work, found that 50%-60% of nurses' absence globally is linked to organisational role stress and work engagement (Ebrahim, et al., (2014).

Organisational role stress generally occurs due to the occupation of an organisational role where there is an imbalance between one's work requirements, conditions, and abilities. Recent research has positively focused on the factors that add value to a working environment that fosters work engagement. Also, studies have shown that organisations have profited from the cultivation of such an environment.

2.14 Summary of Chapter Two

Chapter Two was about a literature review outlining factors that can influence organisational role stress and work engagement among nurses. The review also provided background information on organisational role stress and work engagement in both sub-Sahara Africa and International communities with different scholars' views.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focused on the methods used to achieve the research objectives in this study. The purpose of the study was to investigate the relationship between organisational role stress and work engagement among nurses working in Intermediate Hospital Oshakati (IHO). The objectives were two-fold and required the identification of organisational role stressors and the level of work engagement among nurses working in Intermediate Hospital Oshakati (IHO) as well as to determine the level of work engagement among nurses working in Intermediate Hospital Oshakati. According to Kallet (2016), the methods section of a research paper provides information to judge the validity of the study. Therefore, the chapter presents an overview of the methods to be used in the study, such as the research design, study population, eligibility criteria, sampling, data collection (instrument and process), data analysis, validity and reliability, and the important aspects on research ethics. The research methodology is a section that gives information on what the researcher did systematically to solve the research problem and answer the principal research question.

3.2 Research design

The study used was a quantitative cross-sectional and analytical design and it helped the researcher to identify factors associated with organisational role stress and work engagement among nurses at Intermediate Hospital Oshakati. Quantitative research is defined as a formal, objective, and systematic process in which numerical data are used to obtain information about the world that can be measured and analysed numerically (Burns & Grove, 2009). The principles of quantitative research provided the researcher with tools to collect and convert data on organisational role stress and work engagement into numerical form to enable statistical calculations, and conclusions. The research objectives were answered by measuring the association between two or more variables using different statistical methods and tests that enable the researcher to analyse the data which

include conclusions about possible relationships between different variables. A cross-sectional survey is a type of observational study that collect data from a population who are similar in most characteristics, or a representative subset, at a specific point in time and are descriptive of nature (Burns & Grove, 2009).

This study is cross-sectional because the purpose of the study is to determent the level of organizational role stress and work engagement among the nurses (homorganic population) working in the Intermediate Hospital Oshakati by doing a survey that was descriptive, in a once-off process at a specific point in time.

The study was analytic which was enabled the researcher to quantify the relationship between organisational role stress and work engagement among nurses.

3.3 Study population

Population refers to all elements that meet the sample criteria for inclusion in a study. The study population is defined as the entire group of persons or objects that is of interest to the researcher and meet the criteria of researcher's study interest ((Burns & Grove, 2009). In this study, the study population was entire nursing staffs for Intermediate Hospital Oshakati. This researcher utilized opportunity sampling of the nurses, 323 registered nurses and 289 enrolled nurses (n=612) working in Intermediate Hospital Oshakati. It consisted of taking the sample from the nurses who were available at the time the study was carried out and all the nurses working in the state hospitals fit the criteria needed for the study. The entire process of sampling was done in a single step with each subject selected independently of the other members of the population. There was no bias as each nurse had an equal opportunity of being selected based on the 58 time the questionnaires were distributed to the nurses. The risk was that some participants declined to take part and therefore the participants chosen may have been a biased sample as those participants responding may be a particular type of person. It was incumbent upon the researcher to rely on logic and judgment to define the target population. The population was defined in keeping with the objectives of the study. Ideally, the sample corresponded to the larger population on the characteristics of interest. The target population for this study were nurses working in Intermediate Hospital Oshakati.

3.4 Study Setting

IHO is allocated in Oshana region, and is a referral hospital, where the district hospitals from other regions such as Kunene, Ohangwena, Omusati and Oshikoto used to refers their patients for specialized care. Intermediate Hospital Oshakati is a state and training hospital, with a bed capacity of 754. According to the Human Resources department staff establishment database of the Intermediate Hospital Oshakati (IHO) of 2018, hospital has a total number of 612 nurses, which was composed of 323 registered nurses and 289 enrolled nurses. Therefore, the target population (N=612) of the study was all nursing staff from the Intermediate Hospital Oshakati.

3.5 Sampling

3.5.1 Definition

Sampling refers to the statistical process of selecting a number for a study, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population (Burns & Grove, 2009). Sampling is essential in research as it entails inferring about an entire population without going the trouble of measuring every member of the population (Robson, 2002).

3.5.2 Sampling methods

The Intermediate Hospital Oshakati population size for nurses (N) is 612: Registered Nurses (RN) equaled 323 and Enrolled Nurses (EN) was 289.To ensure the representativeness of all nurses and the hospital, a two-stage sampling procedure was done in the study. In stage one, the researcher listed all registered nurses and enrolled nurses per ward. Nurses on leave during the month of data collection were excluded at this stage. In stage two, the researcher allocated numbers and the entire process of sampling was done in a single step with each subject selected independently of the other members of the population. There was no bias as each nurse had an equal opportunity of being selected based on the 58 time the questionnaires were distributed to the nurses. The risk was that

some participants declined to take part and therefore the participants chosen may have been a biased sample as those participants responding may be a particular type of person. and randomly selected 122 registered nurses and 100 enrolled nurses. Consideration was given for proportions of staff per ward, thus more staff were picked from wards with more staff. If a selected participant refuses to participate, the researcher randomly selected a replacement in the same ward. This was done till the target sample size was reached.

3.5.3 Sample size

A sample of 222 nurses was used for this study. This means that 122 registered nurses and 100 enrolled nurses constituted the sample to find out the statistical significant differences between registered nurses and enrolled nurses mean scores in the relation to the level of organisational role stressors (ORS) and work engagement The sample size was calculated with the statistical calculation in Epi Info 7.3 version, for example, $\underline{Z^2}_{P(1-P)}/E^2$, where Z at a significance level of 1.96 with *95% CI* (Confidence Interval/level). *p*= 0.5, *q*=1, p and expected margin error of 5%.

$\underline{Z^2}_{P(1-P)}/E^2 = 1.96^2 x 0.5\ (1-0.5)/0.05^2$

n = 222

The sample of the study n=222 composed of a purposive sampling of both registered nurses and enrolled nurses working at the Intermediate hospital Oshakati and the study sample was including both male and female nurses who were available at the time of data collection and who accepted to participate, as well as those fit the criteria needed for the study. It was also used to compare between the ranks and position of nursing as one of the demographic variables and to establish the statistically significant differences about organisational role stress work engagement for variables such as sex, marital status, years of experiences and education level.

3.6 Data collection tools

A self-administrative questionnaire was used to collect data for the study, which consisted of three sections. Maree (2000) advises that if the questionnaire is short and to the point so that the respondents can complete it in a short time, it motivated the respondents to

complete it and a high rate of participation can be expected. The questionnaire was in English and it was self-administering because the target population were educated and literate. The questionnaire, which consists of three sections were namely, Section A: Socio-demographic data, Section B: Organisational role stress and Section C: Work Engagement Scale (WES). In section A, Burns and Grove (2001) state that demographic information is used to analyse and provide a picture of the sample, which is referred to as the sample characteristics. The demographic questionnaire (Section-A) used in this research is an 8-item researcher-developed measure. This was used to gather socio-demographic data such as gender, age, home language, marital status, number of years employed, specialised unit, education qualification, and rank. Respondents were asked to tick the appropriate box or the one that was best applicable to them.

Section: **Organisational Role Stress Scale (ORSS),** this instrument was selected primarily because it was designed to measure the intensity and frequency of nursing stressors. Udai Pareek is a pioneer in the field of organisational role stress and a developer of the ORSS instrument. According to Pareek (2008) the instrument has been widely used in India especially in health sectors as well as outside health sectors. It was also used in the Philippines to assess role stress among public nurses and has been identified as a classing tool for measuring Organisational Role Stress worldwide, based on a Likert rating scale (Srivastava & Pareek, 2008). This tool is a public domain used as a non-commercial tool by other scholars.

The "0" in the scale is indicated "If you never or rarely feel this way", "1" If you occasionally feel this way, "2" If you sometimes feel this way, "3" If you frequently feel this way, while "4" If you very frequently feel this way. Therefore, the ratings of all four items are totalled to get the total score for every role of the stressor and score up to "4" which is categorised as low stress, moderate, high and very high.

In **Section C: Work Engagement Scale (WES).** This instrument has been widely used worldwide, including countries in Southern Africa (Brand-Labuschagne, Mostert, Rothmann, 2012; Goliath-Yarde & Roodt, 2011; Naude & Rothmann, 2004; Naude & Rothmann, 2006; Rothmann & Rothmann, 2010; Storm & Rothmann, 2003). The author

of this tool has also published a manual on work engagement scale/tool that is freely available and has explained how to use it in publications which makes it a public domain (Schaufeli et al., 2004). It was also used in the University of Namibia in a published master thesis in clinical psychology by (Awuku, 2013). The researcher used some variables that he modified them to use in the tool that he designed as they are the commonly used ones to measure work engagement (Bakker et al., 2006). It will address the different variables about work engagement among nurses in the organisation/hospital following the Likert Scale which consists of items for each work engagement, statement scored from "1 to 4".

3.7 Pilot study

According to Brink (2006), a pilot study is a tool for testing the practical aspects of several issues concerning the target population, and it helps to determine the feasibility of the study. A pilot study is a smaller version of the study, conducted to develop and refine the methodology such as the treatment, instruments or data collection process to be used in the large study (Burns & Grove, 2011). A pilot study was carried out on 22 respondents because it is 10% of 222 which is the sample size of the study. The researcher went to Onandjokwe Intermediate Hospital and met with the respondents (22 nurses) in person, subsequently explaining the aim of the study and what is required from the respondents as well anonymity during after piloty study. After this clarification, the researcher handed out the questionnaires and collected them after they had been completed. The instrument for the pilot test with a sample of 22 nurses from a similar target population before actual data collection was composed of 11 registered nurses and 11 enrolled nurses in Onandjokwe Intermediate Hospital in Oshikoto Region. This was to enable the researcher to assess the relevance and accuracy of the questionnaire in terms of information retrieval and relevance. As is described above, the aspect of inter-rater reliability was instituted during the pilot-testing phase and the identified problem with the design was corrected to refine it. The pilot study was conducted at the Onandjokwe Intermediate Hospital with 22 participants from a similar target population before actual data collection. Thus, the pilot study aimed to test and ensure reliability and validity, to ascertain the clarity as well as the applicability of the data collection tools. During the pilot study, the identified problem with the design was to be corrected to refine it, but during this pilot study no problem with

design was identified. The pre-test was administered to assess if the instrument would provide the information needed to answer the study questions, to test the understanding of the questions by the respondents. The pilot study was carried out in the Intermediate Hospital Onandjokwe in Oshikoto Region between 16 and 20 July 2020. The researcher went to the general wards and met the nurses in person, subsequently explaining the aim of the study and all that was required from the nurses. After this clarification, the researcher handed out the questionnaires and collected them after they had been completed.

3.8 Data collection procedure

A written letter requesting permission to conduct the study at the Intermediate Hospital Oshakati, which is, together with the research proposal and copies of the research instruments were sent to the Office of the Executive Director. After perusal by the Research Ethics Committee of the Ministry of Health and Social Services, a letter of permission to carry out the study at the hospital, namely, Intermediate Hospital Oshakati was granted. After the permission was granted from hospital management, participants were selected from the different units in the Intermediate Hospital Oshakati.

The researcher explained the purpose of the research, the nature of the study, assured respondents of the anonymity and confidentiality of the research and outlined the instructions, and reassurance of the confidentiality of the responses as was mentioned to all the participants in the research, before questionnaires were distributed to them. The researcher explained the purpose and nature of the study sample. The researcher ensured that participants consented to participate in the study before questionnaires were distributed to them. Participants completed the questionnaires in their own time and without influence from the researcher and responders were told not to put their names to ensure privacy. It took approximately 25 minutes to complete the questionnaire, so the researcher collected the questionnaires from the participants on the same day. The research data collection should be over two to three weeks, or until the sample size is reached. Data collection activities resumed from July to September 2020.

3.9 Data analysis

Data analysis is a way of looking at underlying themes and other patterns that characterise the case more broadly than a single piece of information (Leedy & Ormrod, 2005). The aim of the data analysis is to answer the research questions asked by the researcher and which prompted the study (Burns & Grove, 2005). Data were analysed and presented according to the different items in the questionnaires (A), (B) and (C) of the study. Data was entered in computer (in Microsoft excel sheet) by a researcher, cleaned, coded, edited for inconsistencies and then analyzed using Microsoft excel with the Analysis tool Pak add-in and Epi Info 7.2version to: generate frequencies and proportions. Data were summarised using descriptive statistics and then were presented as tables, charts and graphs.

Further, the Chi-square was used to test the association between organisational role stress and work engagement among nurses in IHO. The correlation between variables was evaluated using Pearson's correction coefficients measure only linear relationships.Consequestly, if your data contain a curvilinear relationship, the Pearson's correlation coefficients will not detect it.For example, the correlation for the data in the scatterplot below is zero. However, there is a relationship between the two variables, but it's just no linear. "The correlation between two data points *X* and *Y* is the measure of the linear relationship between the attributes *X* and *Y*. Pearson correlation takes a value from −1 (perfect negative correlation) to +1 (perfect positive correlation) with the value of zero being no correlation between *X* and *Y*. Since correlation is a measure of *linear* relationship, a zero value does not mean there is no relationship. It just means that there is no linear relationship, but there may be a quadratic or any other higher degree relationship between the data points."(https://www.sciencedirect.com/topics/computer-science/pearson-correlation). Therefore, statistical significance will be accepted at p-value <0.05 for interpretation of results of tests of significance. Descriptive statistics were used to describe the sample characteristics and evaluate whether the results were normally distributed. Pearson's correlation coefficients were used to determine the strength and direction of relationships between variables. Besides, Cronbach's alpha was computed to estimate the internal consistency of each of the three instruments. Therefore, In a Cronbach's alpha analysis, a score of was between 0.7 and above it was considered well, that is, the scale is internally consistent. A score of 0.5 or below means that the questions

needs to be revised and in some cases that the scale needs to be redesigned. The two tools contents were developed and tested for its content validity through three expertise. Based on their recommendations the necessary modifications were made. Reliability test was estimated using Cronbach's Alpha Coefficient for the two questionnaires which indicate that both questionnaires were highly reliable. It was 0.94 for work engagement, and 0.89 for ORS.To analyse the data, the researcher enlisted the assistance of a professional statistician's information obtained with the structured questionnaire was assembled as a database.

3.10 Validity and reliability of the study

The validity of an instrument was used to determine how well the instrument reflects the abstract concepts being examined (Burns & Grove, 2011). The purpose of assessing the validity and reliability of a study is to determine whether the data collected provide a true picture of the phenomenon under examination (Polit & Beck, 2004). The questionnaires that were being used were adopted from previous research and tested for validity and be reliable in those studies (Awuku, 2013). For this study, the researcher ensured face-value validity by submitting the questionnaire to four experts, nursing managers in the Intermediate Hospital Oshakati who evaluated the questions concerning the objectives of the study as well as the Namibian contexts. Therefore, the validity was achieved through an extensive literature search on organization role stress and work engagement to ensure that the data collection instrument capture all the relevant concepts and was asking all the questions necessary for addressing these issues. Therefore, the researcher used the following validity content table in this study as indicated in table:2

Table 1: The content validity table for Organizational Role Stress rate feeling in relationship in their role in the Organization/hospital in accordance with Likert Scale (0-4).

Questionnaire Statements in ORS Scale	Link to Literatures
• **Inter-Role Distance Stress:**	

1. My role tend to interfere with my family life. 2. I am afraid I am not learning enough in my present role for taking up higher responsibility.	Pareek, U. (1983). Role stress scale: ORS scales booklet, answer sheet, and manual. Ahmadabad: Naveen Publications. Awuku .E.N.(2013),Stress,*Wrok engagement and psychological well-being of nurses at state hospitals in Windhoek, Rehoboth and Okahandja*,University of Namibia, Windhoek
• **Role Stagnation Stress:** 1. I do not have adequate knowledge to handle the responsibilities in my role. 2. I have to do the things in my role that are against my better judgement.	Fiabane E1, Giorgi I, and Sguazzin C, Argentero P. (2013): Work engagement and occupational stress in nurses and other healthcare workers: the role of organizational and personal factors. *Journal of clinical nurse* 22 (17-18): 2614-24. Doi: 10.1111/jocn.12084. Epub 2013 Mar 29.
• **Role Expectation Stress:** 1. I am not clear on the scope and responsibilities. 2. I do not get the information needed to carry out the responsibilities assigned to me.	Kairanna, S & Suresh, R. (2014): A Study on Organizational Role Stress among Women Working In Private Colleges in Mangalore using ORS scale. IOSR *Journal of Humanities And Social Science* (IOSR-JHSS) Volume 19, Issue 10, PP 25-28 e-ISSN: 2279-0837, p-ISSN: 2279-0845. www.iosrjournals.org www.iosrjournals.org.
• **Role Erosion Stress:** 1. Many functions what should be a part of my role have been assigned to some other role. 2. The amount of work I have to do interferes with the quality I want to maintain.	Awuku .E.N.(2013),Stress,*Wrok engagement and psychological well-being of nurses at state hospitals in Windhoek, Rehoboth and Okahandja*,University of Namibia, Windhoek
• **Role of Overload Stress:** 1. I do not get enough resources to be effective in my role.	Pareek, U. (1983). Role stress scale: ORS scales booklet, answer sheet, and manual. Ahmadabad: Naveen Publications. Awuku .E.N.(2013),Stress,*Wrok engagement and psychological well-being of nurses at state*

2. My role does not allow me to have enough time with my family.	*hospitals in Windhoek, Rehoboth and Okahandja*,University of Namibia, Windhoek
• **Role Isolation Stress:** 1. I do not have time and opportunities to prepare myself for the future challenges of my role. 2. I am not able to satisfy the demands of clients and others, since these are conflicting with one another.	Ratan, R., Chawla, S., &Mittal. (2013).Organizational role stress: Level of stress, major stressor and its differences. *International Journal of Indian Culture and Business Management*, 7(3), 359-383.
• **Personal Inadequacy:** 1. I wish there was more consultation between my role and other roles. 2. I have not had pertinent training for my role.	Ratan, R., Chawla, S., &Mittal. (2013).Organizational role stress: Level of stress, major stressor and its differences. *International Journal of Indian Culture and Business Management*, 7(3), 359-383.
• **Self-role distance stress:** 1. The work I do in the organization is not related to my interests. 2. Several aspects of my role are vague and unclear.	Pareek, U. (1983). Role stress scale: ORS scales booklet, answer sheet, and manual. Ahmadabad: Naveen Publications. Awuku .E.N. (2013), Stress, Work *engagement and psychological well-being of nurses at state hospitals in Windhoek, Rehoboth and Okahandja*, University of Namibia, Windhoek.
• **Role Ambiguity Stress:** 1. My organizational responsibilities interfere with my extra-organizational roles. 2. There is very little scope for personal growth I my role.	Pareek, U. (1983). Role stress scale: ORS scales booklet, answer sheet, and manual. Ahmadabad: Naveen Publications.
• **Resources Inadequacy:** 1. there is no evidence of involvement of several	Ratan, R., Chawla, S., &Mittal. (2013).Organizational role stress: Level of stress, major stressor and its differences. *International*

	roles (including my role) in joint problem solving or collaboration in planning action. 2. I wish I had more financial resources for the work assigned to me.	*Journal of Indian Culture and Business Management*, 7(3), 359-383.

Table 2: Validity Content Table for Work Engagement Scale (WES).

Questionnaire Statements in WE Scale	Link Literatures
• **Vigor:** 1. At my work, I always feel tired 2. When I get up in the morning, I feel like going to work 3. I can continue working for very long periods at a time	Awuku, E. N. (2013): Stress, work engagement, and psychological well-being of nurses at state hospitals. Windhoek, Rehoboth, Okahandja. Published master thesis in clinical psychology. University of Namibia. P: 93-96. Schaufeli, W. B., & Bakker, A. B. (2012). Job demands, job resources and their relationship with burnout and engagement - A multi-sample study. *Journal of Organizational Behaviour*, 25, 293–315. http://dx.doi.org/10.1002/job.248
• **Dedication:** 1. I find the work that I do full of meaning and purpose 2. I am enthusiastic about my job 3. My job inspires me	Awuku, E. N. (2013): Stress, work engagement, and psychological well-being of nurses at state hospitals. Windhoek, Rehoboth, Okahandja. Published master thesis in clinical psychology. University of Namibia. P: 93-96. Schaufeli, W. B., & Bakker, A. B. (2012). Job demands, job resources and their relationship with burnout and engagement - A multi-sample study. *Journal of Organizational Behaviour*, 25, 293–315. http://dx.doi.org/10.1002/job.248
• **Absorption:** 1. Time flies when I'm working 2. I feel happy when I am working intensely	Awuku, E. N. (2013): Stress, work engagement, and psychological well-being of nurses at state hospitals. Windhoek, Rehoboth, Okahandja. Published master thesis in clinical psychology. University of Namibia. P: 93-96.

3. It is difficult to detach myself from my job	Schaufeli, W. B., & Bakker, A. B. (2012). Job demands, job resources and their relationship with burnout and engagement - A multi-sample study. *Journal of Organizational Behaviour*, 25, 293–315. http://dx.doi.org/10.1002/job.248

Reliability is defined as the extent to which an instrument consistently measures a concept (Burns & Grove, 2011). To ensure the reliability of the questionnaires, items that strongly correlated with the variable associated with organisational role stress and work engagement were included in the questionnaires. To establish the reliability of the instrument, the pilot study was conducted, with 22 participants from Onandjokwe Hospital, to test and ensure reliability and validity as well as to ascertain the clarity and applicability of the data collection tools/questionnaire. Reliability also helped to estimate the time needed to fill in the questionnaire. Based on the results of the pilot study, modifications rearrangement of some questions were done. The purpose of assessing the validity and reliability of the data collection tools was to determine whether the data collected provided a true reflection of the phenomenon under examination (Polit & Beck, 2004).

The Cronbach's Alpha Coefficient was also used to test the internal consistency reliability of the different parts in the questionnaires. Coefficients represent standardised estimates and the generally accepted value for internal value is 0. 7, nevertheless many researchers accept slightly lower numbers (Bano & Jha, 2012). The value that was Calculated for Cronbach Alpha Coefficient for internal Consistency using a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

3. 11 Ethical considerations

Conducting research implies the acceptance of responsibilities. A researcher is responsible to fellow researchers, to respondents, to society as a whole and most importantly, to himself (De Vos et al., 2007). Therefore, a high professional standard regarding confidentiality was strictly maintained. De Vos et al. (2007) identify ethical issues that are of utmost importance for the researcher. Permission to conduct the study was sought from the MoHSS. Authorisation was also obtained from the managers of the Intermediate

Hospital Oshakati and the Regional Director of the Oshana Region. Leedy and Ormrod (2010) suggested that researchers should not expose participants to unnecessary physical or psychological harm; therefore, this study was not compromised on the physical and psychological safety of the participants, because confidential strictly done. Leedy and Ormrod (2010) further urge researchers to keep the nature and quality of participant's performance strictly confidential, which means that ethical issues of participants' rights and privacy need to be considered in the research.

Before every respondent participates in the study, an explanation regarding the aims, steps, and risks, as well as the benefits of the study were explained to them. The respondents were told that participating in the study is voluntary and that they can withdraw any time they want to until the questionnaire is posted without any negative implications on them. Completion of the questionnaire served as consent (see attached questionnaire). The consent form attached to the questionnaire had to be completed and signed by both the participants and the researcher to serve as consent for participation in the study. Each participant signed a consent before completing a questionnaire. The signed consent forms were collected separately from every respondent, and they were stored separately from the anonymously completed questionnaires.

The identity of the respondents for this study was treated confidentially and based on anonymity. This means that the names and positions of the participants were not disclosed anywhere in the report. Anonymity was guaranteed, as participants were not be required to identify themselves. The survey questionnaire requires case numbers for filing purposes, and for confidentiality purposes, all questionnaires were locked in a cabinet, whereby unauthorised people were not allowed to access them. Finally, the researcher acquired permission from the relevant authorities to conduct the study and approval was granted before the study commenced. The procedures to be followed, the time involved for each activity and the total time required were fully explained.

3.12 Summary of Chapter Three

This chapter discussed in detail the research methodology used in the study, concentrating on the research design, study population, sampling, research instrument, data collection method/procedure, validity and reliability of the data collection instrument, data analysis and research ethics. It is also described in detail how the research methods used in the information gathering process to answer the research questions in this study. The section was an essential part of the paper as it aimed to provide the information needed to judge the validity of this study.

This chapter described how instruments used in this study were designed, that was demographic data survey questionnaire, Work Engagement Scale (WES) that was used to measure work engagement among nurses and the Organisational Role Stress Scale (ORSS) that measure the ten role stressors among nurses at the Intermediate Hospital Oshakati. However, it also described how a convenience sampling of nurses was used to gather data and the data was organised according to categories to facilitate the analysis. Several principles of ethics were taken into consideration in the study to safeguard the identity of respondents and to acknowledge the work of other authors.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATIONS OF FINDINGS

4.1 Introduction

This chapter provides the findings of the research on the Organisational Role Stress and Work engagement among Nurses working in Intermediate Hospital Oshakati.

Data were entered in a Microsoft Excel spreadsheet of the computer by a researcher, cleaned, coded, edited for inconsistencies and then analyzed using Epi Info 7.2version to generate frequencies and proportions. Data of socio-demographic 9 characteristics were summarized using descriptive statistics and presented in tables, charts and graphs. Mean and standard deviation was calculated for quantitative variables. In this study, levels of ORS and WE were determined by categorizing the total scores into three and four categories (refers to 4.2.2 and 4.2.3). Bivariate analysis to determine the relationship between organizational role stressors (ORS) and Work Engagement (WE). Chi-square test was used to test the relationship between ORS and WE and statistical significance has been accepted at p-value≤0.05. Linear regression was used to estimate the strength of correlation between the ORS (exposure variables) and total WE (outcome variable).

4.2 Descriptive analysis

4.2.1 Socio-demographic characteristics of the study population

A total number of 222 individuals participated in this study. The majority of participants 176 (79.3%) were female while males were only 46 (20.7%). Out of 222 participants, only 2 (0.9%) were non-Oshiwambo speaking as their home language. The mean age of the study population was 36 ± 10.5 years with a representation of participants from all the age groups. Among the participants, 79 (35.6%) were from the age group of 30 – 39 years, followed by the age group of 20 – 29 years with 74 (33.3%). The least participants were in the age group of 40 – 49 years with 29 (13.1%). This is presented in Figure 1.

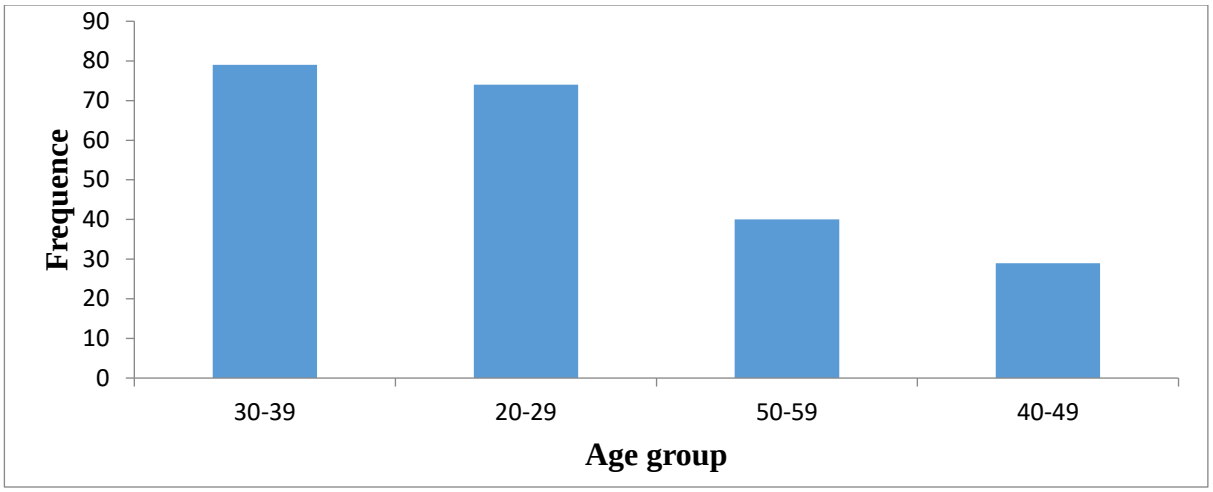

Figure 1: Distribution of study participants by age group, Intermediate Hospital Oshakati (*n*=222).

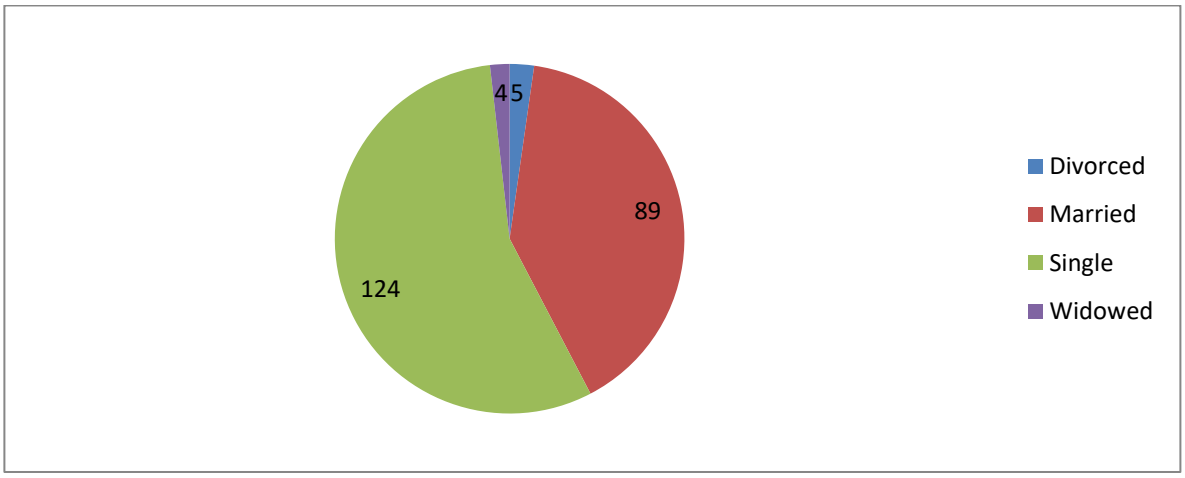

Figure 2: Frequency distribution of study participants by marital status, IHO (n=222).

Figure 2 shows that most of the participants were single 124 (55.9%), married 99 (40.0%) and the least is widowed with 4 (1.8%).

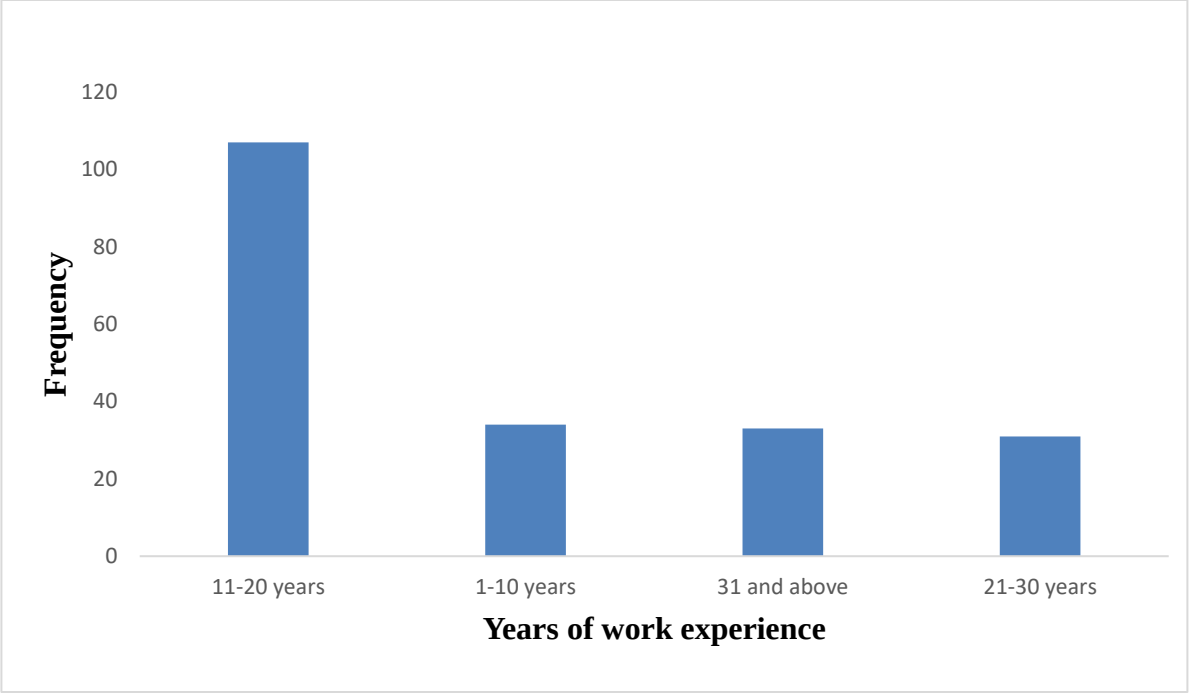

Figure 3. Distribution of study participants by year of work experience, IHO (*n*=222).

Figure 3 represents that most study participants 107 (48.2%) had one to ten years of work experience, while 33 (14.9%) had at least 21 to 30 years of experience. Only 17 (7.7%) of participants had 31 and above years of working experience.

Analysis of the distribution of the study population by specialized unit/ward shows that maternity and medical ward shared equal percentages (18.9%) (n=?) Of participants each, while ICU was the lowest with 7.7%. (n=?)

Table 3: Frequency distribution of study participants according to the level of education and rank, IHO (N=222)

VARIABLE	FREQUENCY	PERCENT (%)
Education		
Bachelor's degree	66	29.7
Certificate	101	45.5
Diploma	48	21.6

Master's degree	7	3.2
TOTAL	**222**	**100**
Rank/category		
Registered nurse	122	55.0
Enrolled nurse	100	45.0
TOTAL	**222**	**100**

The distribution of the study participants by their education levels showed that 101 (45.5%) had acquired a certificate, while 66 (29.7%) respondents had a bachelor's degree. Only 7 (3.2%) of participants had a master's degree.

4.2.2 Organisational role stressors among nurses working in Intermediate Hospital Oshakati (IHO)

The levels of organizational role stress were determined by using the frequency and Mean (*m*) (X) scores. The scores were divided into three categories, such as low, moderate and high. Table 2 and Table 3 present the levels of organizational role stressors (ORS) among the study population according to frequency scores and mean scores. Probability scores were in the range of 1to80, with higher stress indicated by higher scores. The stressor was considered high if the score was greater than 67, moderate if the score was ranged from 34 to 66 and low if the score ranged below 34 (Table 2). The mean scores were categorised as low (1-5), moderate (6-10) and high (≥11), Table 3.

Table 4: Frequency and percentage distribution of organizational role stressors according to the scales among study participants, IHO (n=222)

ORS (stressors)	**Scales' frequency (%)**			
	0-Never/rarely feels this way	1-Occasionally feels this way	2-Sometimes feels this way	3-Frequently feels this way

1-Inter role distance (IRD	23(10.4)	66(29.7)	75(33.8)	58(26.1)
2-Role stagnation (RS)	32(14.4)	61(27.5)	76(34.2)	53(23.9)
3-Role expectation conflict (REC	30(13.5)	74(33.3)	79(35.6)	39(17.6)
4-Role erosion (RE)	20(9.0)	45(20.3)	94(42.3)	63(28.4)
5-Role overloads (RO)	26(11.7)	70(31.5)	77(34.7)	49(22.1)
6-Role isolation (RI)	22(9.9)	59(26.6)	85(38.3)	56(25.2)
7-Personal inadequacy (PI)	36(16.2)	73(32.9)	65(29.3)	48(21.6)
8-Self-role distance (SRD)	42(19.0)	82(36.9)	60(27.0)	38(17.1)
9-Role ambiguity (RA)	43(19.4)	78(35.1)	61(27.5)	40(18.0)
10-Resource inadequacy (RIn)	26(11.7)	58(26.1)	83(37.4)	55(24.8)

Table 4 shows that the majority (52.5%) of the participants were in the moderate level of Organisational Role Stress category, followed by 30% in high level, and while in low level were the least with 17.5%.

Table 5: Level of organizational Role Stressors among study participants according to Mean scores, IHO (n=222)

ORS (stressors)	**Mean**	**SD**	**Level**
1-Inter role distance (IRD)	2.76	0.96	Low
2-Role stagnation (RS)	2.68	0.99	Low
3-Role expectation conflict (REC)	7.71	2.80	Moderate
4-Role erosion (RE)	5.81	1.73	Moderate
5-Role overloads (RO)	5.33	1.88	Low
6-Role isolation (RI)	5.58	1.72	Moderate
7-Personal inadequacy (PI)	2.56	1.00	Low
8-Self-role distance (SRD)	4.87	2.04	Low
9-Role ambiguity (RA)	4.89	1.01	Low
10-Resource inadequacy (RIn)	11	3.70	High
Total ORS	48.32	15.79	

Table 5 illustrates that there is a level of organizational role stressors among nurses, with a high level of ORS in resource inadequacy (m=11, SD=3.70) according to the scoring system. This table also clearly shows the moderate stress level in some organizational role stressors, such as role expectation conflict, role erosion and role isolation.

4.2.3 Level of work engagement among nurses working in Intermediate Hospital Oshakati (IHO)

As with ORS, the levels of Work Engagement (WE) were also determined by using the distribution frequency and Mean (X) scores. The scores were divided into three (Frequency) and four (Mean) categories, such as low, moderate, high and very high. Table 4 and Table 5 present the levels of Work Engagement among the study population, according to frequency scores and Mean scores. Possible scores were ranged from 1-68, with higher work engagement indicated by higher scores. The scores ranging below 34 was low, from 34 to 66 was moderate and greater than67 would be considered a high level

of work engagement (Table 4). The mean scores were categorised into four (4) categories, such as low (1-5), moderate (6-10), high (11-15) and very high (16-20), Table 5.

Table 6: Frequency and percentage distribution of work engagement according to the scales among study participants, IHO (n=222)

Work Engagement domain	**Scales' frequency (%)**			
	0-Never/rarely feel this way	1-Occasionally feel this way	2-Sometimes feel this way	3-Frequently feel this way
1-Vigour	11(4.95)	41(18.5)	104(46.85)	66(29.7)
2-Dedication	6(2.7)	26(11.7)	107(48.2)	83(37.4)
3-Absorption	10(4.5)	40(18.0)	109(49.1)	63(28.4)

Table 4 shows the distribution of the studied participants according to their levels of work engagement in the study setting. It shows the majority of nurses had a high level of work engagement as evidenced by despondency under the rating scale 3 (Agree).

Table 7: Level of Work Engagement among study participants according to Mean scores, IHO (N=222)

Work Engagement domain	**Mean**	**SD**	**Level**
1-Vigour	18.09	4.59	Very high
2-Dedication	16.00	3.54	Very high
3-Absorption	18.12	4.69	Very high
Total work engagement	52.21	12.82	

Table 7 illustrates the very high level of work engagement in all domains among nurses with the highest mean and standard deviation score in absorption (18.12±4.69).

4.3 Analytical analysis

4.3.1 Relationship between organisational role stress and work engagement among nurses in Intermediate Hospital Oshakati (IHO)

Analytical analysis results to determine if there is a relationship between Organizational role stressors (ORS) and total Work engagement (WE) are presented in Tables 6. Linear regression was used to estimate the strength of correlation between the ORS (exposure variables) and total WE (outcome variable).

NO	ORS	Total Work Engagement (yes=177, No=45)		
1	**Inter-role distance (IRD**)		X^2	p-value
	Yes	133		
	No	89	19.763	0.000*
2	**Role stagnation (RS)**			
	Yes	129		
	No	93	23.226	0.000*
3	**Role expectation conflict (REC)**			
	Yes	118		
	No	104	33.981	0.000*
4	**Role erosion (RE)**			
	Yes	157		
	No	65	4.363	0.037*
5	**Role overload (RO)**			
	Yes	126		
	No	96	25.981	0.000*
6	**Role isolation (RI)**			
	Yes	141		
	No	81	13.574	0.000*
7	**Personal inadequacy (PI)**			
	Yes	113		
	No	109	39.459	0.000*
8	**Self-role distance (SRD**)			
	Yes	98		
	No	124	58.124	0.000*
9	**Role ambiguity (RA**)			

	Yes	101		
	No	121	54.119	0.000*
10	**Resource inadequacy (RIn)**			
	Yes	137		
	No	85	16.544	0.000*
	ORS Total			
	Yes	**125**		
	No	97	26.93	0.000*

Table 8: Cross-tabulation analysis between Organisational Role Stressors and total Work Engagement in Nurses, IHO (n=222) *Values in bold and * are statistically significant at P-value < 0.05* X^2 *=Chi-square*

It is clear from Table 6 that there was a statistically significant relationship between all the Organizational Role stressors and total Work Engagement among nurses working in IHO.

The data in table 6 are statistically significant because all probability values are smaller than the significance level which is less than 0.05. And this means that there is an association between stressors and total work engagement.

Table 9: Correlation between Organisational Role Stressors and total Work Engagement among nurses, IHO (N=222)

ORS Stressors	Work Engagement	
	R	**P**
1-Inter role distance (IRD)	0.06	**0.00***
2-Role stagnation (RS)	0.08	**0.00***
3-Role expectation conflict (REC)	0.06	**0.00***
4-Role erosion (RE)	0.07	**0.00***
5-Role overloads (RO)	0.08	**0.00***
6-Role isolation (RI)	0.04	**0.00***
7-Personal inadequacy (PI)	0.02	0.05
8-Self-role distance (SRD)	0.13	**0.00***
9-Role ambiguity (RA)	0.16	**0.00***
10-Resource inadequacy (RIn)	0.09	**0.00***
total ORS	0.02	0.05

*Values in bold and * are statistically significant at P-value < 0.05 X^2 =Chi-square*

Table 9 indicates the strong statistically significant relationship between ORS stressors and total WE among nurses except for personal inadequacy. However, there was a very weak correlation observed between two ORS (SRD, 0.13, RA, 0.16) and total work engagement as indicated in Table 7. The same table also shows that there is no relationship between total ORS and total WE (r = 0.02). This means that the majority of correlation (r) values in the table contains zero (0), while zero value in the correlation coefficient indicates no relationship between two compared variables.

4.4 Summary Chapter Four

Analysis of data was done according to the study objectives. Descriptive and analytical analysis and interpretation of data were done. The next chapter is a discussion of the study findings (Chapter Five).

CHAPTER 5

DISCUSSIONS OF FINDINGS

5.1 Introduction

Nurses are exposed to a wide range of organizational role stressors that may create dissatisfaction, leading to absenteeism and intention to discontinue their jobs. Work engagement plays an important role in driving the organization's goals and is instrumental in supporting and promoting a healthy work environment. This study aimed to investigate the relationship between organizational role stress and work engagement among registered nurses and enrolled nurses. Therefore, the findings of the present study revealed that there was a statistically significant differences between registered nurses and enrolled nurses mean scores in relation to level of organizational role stressors. Moreover, when comparing between Nursing categories as one of demographic variable and ORS it was revealed that there was a statistically significant differences between total ORS and nurses' categories. As enrolled nurses had highest mean scores and high level of organizational role stressors compared to registered nurses who scored moderate level in the following subscales: role erosion, role isolation, personal inadequacy, self-role distance, and role ambiguity.

Having presented the findings of the study in the previous chapter, it is necessary to discuss and draw certain conclusions and recommendations based on these findings. This chapter provides a summary of the main findings and a discussion of the value and limitations of the study. Recommendations for future research and practice are also included in this chapter.

The chapter evaluates if the primary goals and objectives of this study which were to (a) identify organisational role stressors among nurses working in IHO (b) determine what is level of work engagement among nurses working in IHO and (c) establish if there is a relationship between organisational role stress and work engagement among nurses working in Intermediate Hospital Oshakati, were reached. Organisational role stress generally arises due to the occupation of an organisational role where there is no balance

between one's work requirements, conditions, and abilities (Kumar, et al., 2018). This study aimed to determine the relationship between organisational role stress and work engagement among nurses working in Intermediate Hospital Oshakati (IHO). This was achieved by employing the Utrecht Work Engagement Scale (UWES) to measure work engagement and the Organisational Role Stress Scale (ORSS) to measure the role stressors among nurses. The study findings are discussed and compared with studies previously done in other countries. The limitations are highlighted, and the conclusion and recommendations are generated in this chapter.

5.2 Discussion of the study findings

5.2.1 Socio-demographic characteristics of the study population

The majority (79.3%) of participants in the current study were female. These findings support Sathiya et al.'s (2016) findings which also indicates that the majority (70%) of the participants were females. Males were only 46 (20.7%). Out of 222 participants, only 2 (0.9%) were non-Oshiwambo speaking as their home language. However, there was no statistically significant mean score between males and females, same as findings of the study done in other countries like Egypt and India (Diab & Nagar, 2019; Sathiya et al, 2016). The mean age of the study population was 36 years with a representation of participants from all the groups. According to the findings, more participants are from the middle age group (30 – 39 years), with 79 participants, (35.6%). The mean age of the study population was 36 (± 10.5 SD) years as indicated in Figure 1.

The marital status of the participants was enquired in this study and Figure 2 shows that most participants were single 124 (55.9%) followed by married 99 (40%) and the least is widowed with 4 (1.8%). Figure 3 presents the distribution of the study participants by year of work experience and shows that years of experience in a ward did not impact the average levels of demographic characteristics. Although, the number of years of experience clarified that participants 107 (48.2%) had 1-10 years of work experience, followed by 33 (14.9%) participants who had at least 21-30 years of experience, the least 17 (7.7%) of other participants were above years of working experience. Therefore, the

study revealed that the demographic characteristics of participants' number of years of experience were not statistically significant.

5.2.2 Organizational role stressors among nurses working in Intermediate Hospital Oshakati (IHO).

The result from this study shows that a high percentage of the participants have chosen level two (2) and level three (3) of scale, which represent "Sometimes feel this way" and "Frequently feel this way". The means scores that were categorized as low (1-5), moderate (6-10) and high (>_11) were less frequently chosen as indicated in Table 3. The organizational role stress category, followed by 30% in high level, while in low level was the least with 17.5%. From the researcher's point of view, this indicates that most of the participants had a certain level of organizational role stressors.

Table 2 shows and presents the frequency and percentage distribution of the level of organizational role stressors among study participants, IHO (N=222). According to the results, it is clear from the table that the majority 52.2% of the participants were in the moderate level of Organizational role stressors, followed by 30% in high level, and while in low level were the least with 17.5%. These findings support the study by Seada (2017) which also found that nurses had a very great level of organizational role stressors, related to the following subscales, role overloads, resource inadequacy and role expectation conflict, role stagnation, role erosion, role isolation, personal inadequacy's-role distance, role ambiguity which is reflected in total means scores respectively. Therefore, Table 3 illustrates that there is a level of organizational role stressors among nurses, with a high level of ORS in Resource inadequacy (RI) (X=11, SD=3.70). The scoring system shows the resource inadequacy was found to be the most significant role stressor among nurses working in Intermediate Hospital Oshakati. The high scores for resource inadequacy indicate that nurses often felt that they do not have the resources and the power to make decisions in their work.

The results of the study revealed that inadequate resources such as human or material resources allocated are inadequate to meet the demands of the role and lead to a high level

of organizational role stress among nurses, because they want to be effective in their work, perform their role effectively. Moderate dimension level in Organizational Role Stress was also indicated by some nurses in the role erosion (RE) (X=5.81, SD=1.73). This means there were perceptions among nurses that the functions and roles belong to them, were taken away from them and the same is given to others and consequently, they become less important in the hospital. Thus, this can also raise when an individual performs adequately in the work, but credit is given to someone else. This means the function and tasks belonging to a specific role are being performed or shared with others (Thian, Kannusamy, 2015). Role erosion is likely to occur in organizational changes and when the organization creates new roles or redefining the roles.

Results from a previous study revealed that nurses had a very high level of organizational role stressors regarding role expectation conflict, role overloads and resource inadequacy, as they found their respondents having medium scores regarding role expectation conflict while they scored high in the inter-role distance (Kairanna & Suresh, 2014).

5.2.3 Level of work engagement among nurses working in Intermediate Hospital Oshakati (IHO).

Regarding the level of work engagement among nurses, the present study findings indicated generally high levels of work engagement as evidenced by despondency under the rating scale 3 (Frequently feel this way). The first part of the results shows that some of the levels of organizational role stress among participants in this study were high. However, the results also indicate that most of the levels of work engagement among nurses working in IHO were equally high. The results in Table 4 shows the distribution of the scores of the participants according to their levels of work engagement in the study setting. It shows that the majority of nurses had a high level of work engagement as evidenced by despondency under the rating scale 3 (Frequently feel this way). The results of the three sub-scales of the WES in this study were also analyzed and compared, the participants fared best high level of work engagement in all domains among nurses with the highest mean and standard deviation score in absorption (18.12±4.69) in Table 5.

Work engagement is a term used to describe how a nurse is involved and absorbed in their work roles. There is evidence supporting that there is a significantly high level of work engagement among nurses in Intermediate Hospital Oshakati as nurses score high in absorption in Table 5. This shows that the nurses had the experience of concentrating fully and being happily engrossed in one's works. In such a case, time passes quickly, and one has difficulties with detaching oneself from the work of interest (Yobas, 2015). The nurses scored second highest mean and standard deviation scores in vigour (18.09±4.59). Vigour represents characterized high levels of energy and mental resilience while working, the willingness to invest effort in one's work, and persistence even in the face of difficulties. It can therefore be inferred that the nurses in this study are slightly more absorbed or have vigour. However, Table 5 shows that dedication came out third with the lowest mean and standard deviation scores (16.00±3.54). This shows that the nurses working in IHO were proud of their work, feel inspired and enthusiastic about it and have a general sense that their work is significant and challenging for them (Schaufeli et al., 2002).

The results on the ORS questionnaire showed a high level of organizational role stress among nurses, but in contrast, this study revealed that the majority of nurses has high positive affectivity toward their work engagement in Intermediate Hospital Oshakati.

5.2.4 Relationship between organization role stress and work engagement among nurses in intermediate Oshakati (IHO)

The findings of this study revealed that there was not statistically significant between work engagement and the socio-demographic characteristics of the study participants. Contrary, results of a study done elsewhere by Diab and Nagar, (2019) found high statistically significant between work engagement and the demographic characteristics of study participants. Seada (2017) only found statistically significant differences between age, rank and work engagement. The study examined the relationship between individually organizational role stress variables/subscales and work engagement variables/subscales and the findings were as follows: The analytical analysis results to determine if there is a relationship between organizational role stressors (ORS) and total work engagement (WE)

are presented in Table 6 and linear regression was used to estimate the strength of correlation between the ORS (exposure variables) and WE (outcome variable).

It is clear from Table 6 that there was a statistically significant relationship between all the organizational role stressors and total work engagement among nurses working in Intermediate Hospital Oshakati (IHO). This is because all probability values are smaller than the significance level which is less than 0.05. This means that there is an association between stressors and total work engagement as indicated in Table 6. The results support the relationship between organizational role stress and work engagement, findings confirmed that organizational role stress was negatively correlated to work engagement (Bakker et al., 2010; Demerouti & Bakker, 2011, Schaufeli & Bakker, 2004). An employee's engagement level will decrease when presented with increased organizational role stress. In addition, the JDR model found that as job demands (role stress) goes up, engagement goes down. Poorly designed job demands exhaust employees' mental and physical resources, leading to the depletion of energy, absorption, and dedication related to engagement (Bakker & Demerouti, 2007).

The results revealed a strong relationship between the multiple variables of Organizational Role stress and Work Engagement among nurses. Table 7 shows the strong statistically significant relationship between ORS stressors and total WE among nurses except for personal inadequacy. However, there was a very weak correlation observed between two ORS (RA, 0.16, SRD, 0.13) and total work engagement as indicated in table 7. The same table also clearly shows that there is no relationship between total ORS and total WE (r=0.02). This means that the majority of correlation (r) values in the table contains zero (0), while, zero value in correlation coffined indicates no relationship between two compared variables.

The results are supported by other studies (Diab & Nagar, 2019; Seada, 2017; Sathiya et al., 2015; Ramos, Ales & Sierra, 2014). One study reported that ORS was negatively correlated to work engagement, indicating that, when a nurse presented with increased stress, the work engagement level decreases (Diab & Nagar, 2019). Thus, this study proposed that programs focused on reducing organizational role stress, enhancing motivation and job satisfaction among nurses should be considered by IHO and the Ministry of Health. The findings further indicated that the most frequently reported

sources of stressor for nurses were nature and work conditions followed by Resource inadequacy, role overload, role stagnation, inter role distance, role expectation conflict, role isolating, personal inadequacy respectively.

Regarding the total work engagement domain among the studied sample, work engagement had a negative correlation with nature and work conditions, and work engagement had a negative correlation with role ambiguity. The finding from this analysis shows that there was a negative and significant relationship between role ambiguity and work engagement.

Yamada (2018) reported that nurses' abilities to maintain high levels of work engagement are too often hampered by an increase in workload and other factors that negatively affect workplace culture. As indicated by the total work engagement and role ambiguity and self-role distance domains among study participants, work engagement had a negative correlation with the role ambiguity, and work engagement had a negative correlation with the self-distance role. Hence, these findings are consistent with other studies in which perceived support from co-nurses, collaboration with the hospital management team, and support from supervisors were reported as strong influences on work engagement (Yamada, 2018). It is also indicated that when nurses are expected to cope with high workloads without the needed resources, they will experience a higher level of burnout even faster which can lead to organizational role stress and reduced work engagement among nurses. This was also shown by the results of this study, with resources having a negative relationship with work engagement.

Moreover, resources, organizational support and advancement opportunities reported also a negative relationship with work engagement. In addition, work engagement is influenced by both individual characteristics such as age and work experience and organizational characteristics such as the freedom of nurses, their involvement in decision-making, and feeling of job security. Likewise, Hontake and Ariyoshi (2016) concur with the latter as they point out that a negative correlation, although weak between job demands and work engagement, which the negative correlation between interpersonal relationship difficulties at work engagement. The current study shows that there was no statistical significance between organizational role stress (ORS) and the socio-demographic characteristics of the study participants.

5.3 Summary

In this final chapter, limitations and recommendations produced from the analysis of the findings in chapter 4 were presented. In brief, recommendations were formulated, limitations highlighted, and conclusions were drawn. The organisational role stress and work engagement have been dealt with immense care. The major "role variables' were used to detect the role related to organisational role stressors among nurses in Intermediate Hospital Oshakati. The established variables used by different scholars to measure the different levels of work engagement among nurses and the relationship between organisational role stress and work engagement have been analysed and discussed from the participants of the sample of nurses. Therefore, the results of this chapter showed that work engagement can influence organisational role stress. There was a negative association between work engagement and organisational role stress among nurses working in Intermediate Hospital Oshakati.

This chapter set out to identify organisational role stressors among nurses working in Intermediate Hospital Oshakati and to determine what their level of work engagement was. Also, to establish if there was a relationship between organisational role stress and work engagement among nurses working in Intermediate Hospital Oshakati, as it was also the purpose of this study. To achieve this, a quantitative research design was used to investigate the relationship between organisational role stress and work engagement among nurses working in Intermediate Hospital Oshakati. This was done with aid of the tools, such as the work engagement scale (WES) and Organisational Role Stress Scale (ORSS). This chapter also showed that there was a statistically significant relationship between all the organisational role stressors and total work engagement among nurses working in Intermediate Hospital Oshakati. These findings contribute to the limited amount of research available concerning organisational role stress and work engagement in Intermediate Hospital Oshakati.

CHAPTER 6

LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

6.1 Limitations of the study

Some limitations were encountered during this study as described in the content of limitation of the study. It is essential to identify the associated limitations of a particular research protocol when interpreting the study findings. Generally accepted practice of measuring stress by simply asking subjects to comment on the degree and the frequency to which certain situations are perceived as being present in their work results in a process of simplification that may give limited attention to the intensity and meaning of the various stressors.

The sample was taken from nurses who were available at the time the study was carried out. The fact that the research investigation was conducted in only one facility that is Intermediate Hospital Oshakati (IHO) caused the population and sample to have limited statistical value, thus, results could not be generalised. To generalise the findings, a bigger study needs to be done. As discussed in this chapter of this study, there is a paucity of empirical work on the levels and relationship between the organisational role stress and work engagement among nurses working in Intermediate Hospital Oshakati. It would be prudent not to over-interpret the present findings concerning practical implications without further corroborative research. Future research plans can be made to replicate this study in various settings and an international context. However, some recommendations can be made concerning the findings of this study.

6.2 Conclusions

Conclusions of this study are drawn from the findings and discussed below as per the research objectives as follow:

Objective 1: Identify organisational role stressors among nurses working in Intermediate Hospital Oshakati (IHO).

The study used a comprehensive framework to identify the organisational role stressors among nurses working in Intermediate Hospital Oshakati. Under this objective, the study

conclusions were firstly drawn from the resource inadequacy and were found to be the main role stressors with high mean scores among nurses. Therefore, the study results concluded that nurses are prone to organisational role stress and the scoring system shows the inadequacy of the resources was found to be the most significant role stressor among nurses working in Intermediate Hospital Oshakati.

High scores for resource inadequacy indicate that nurses often felt that they do not have the resources as well as the power to make decisions in their work. Moderate dimension level in Organisational Role Stressor was also indicated by some nurses in the role erosion, which means, there were perceptions among nurses, that the functions and roles belong to them, were taken away from them and the same is given to others and consequently, they become less important in the hospital.

The results of the study revealed that inadequate resources such as human or material resources allocated are inadequate to meet the demands of the role and lead to a high level of organisational role stressors among nurses because they want to be effective in their work and perform their role effectively. Therefore, the researcher believes that the objective of the study which was to identify the organisational role stressors among nurses working in Intermediate Hospital Oshakati has been achieved, and this is evident in the discussion on the conclusions.

Objective 2: To determine the level of work engagement among nurses working in Intermediate Hospital Oshakati (IHO)

The level of organisational role stress among nurses does not affect the level of work engagement, which was high among nurses. Based on the findings presented in the study, it can be concluded that there was no numeric significant correlation between organisational role stress and work engagement.

The results of the three sub-scales of the work engagement scale in this study were also analysed and compared. The participants fared best high level of work engagement in all domains among nurses with the highest mean and standard deviation score in absorption. Work engagement is a term used to describe how nurses are involved and absorbed in their work roles, therefore, there is evidence supporting that there is a significantly high level of work engagement among nurses in Intermediate Hospital Oshakati, as nurses score high in absorption in this study.

The study also shows that nurses were fully concentrating and being happily engrossed with their work. The nurses scored second highest mean and standard deviation scores in vigour. This represents characterised high levels of energy and mental resilience while working, the willingness to invest effort in one's work and persistence even in the face of difficulties. This study shows that dedication came out third with the lowest mean and standard deviation scores and this shows that the nurses working in IHO were proud of their work, feel inspired and enthusiastic about it and have a general sense that their work is significant and challenging. The results on the Organisational Role Scale questionnaire showed a high level of organisational role stress among nurses, but in contrast, this study revealed that the majority of nurses has high positive affectivity toward their work engagement in Intermediate Hospital Oshakati, hence, the objective was achieved.

Objective 3: Determine the relationship between organisational role stress and work engagement among nurses working in Intermediate Hospital Oshakati (IHO)

The study examined the relationship between individually organisational role stress variables/subscales. All the analytical analysis results to determine if there is a relationship between organisational role stressors and total work engagement were presented in form of a table and linear regression was used to estimate the strength of correlation between the organisational role stress (exposure variables) and work engagement (outcome variable). There was a statistically significant relationship between all the organisational role stressors and total work engagement among nurses working in Intermediate Hospital Oshakati.

Finally, this study revealed that nurses remained actively engaged in their work, their positive responses to the demands they faced showed a significant relationship to their organisational role stress, and the objective was reached. Therefore, there is a need for research to develop some norms of desirable or acceptable levels of organisational role stress and work engagement.

6.3 Recommendations

The study recommended the following:

The hospital administrators should create an attractive work environment in an attempt to reduce the stress levels among nurses, to increase their participation and engagement in

work settings. Hospital managers have a responsibility to check workloads and working hours to guarantee that nurses in the hospital are not overloaded, as well as to provide adequate resources for nurses to engage them to perform their activities and tasks effectively. Hospital managers must implement strategies for handling work stressors and promoting work engagement among nurses.

They can also design an educational program that focuses on empowering work participation among nurses in the hospital.

Provide nurses with appropriate training and preparing them for the activity about the job in the hospital.

In order to decrease stressors among nurses working in Intermediate Hospital Oshakati that arise from personal inadequacy, work should be given according to nurses' level of experience, qualifications, knowledge and skills, so that they can cope easily with the role given to them and provide them with appropriate developmental opportunities.

The recommendations based on the finding of this study can be made regarding future research and is needed to examine the relationship between work engagement of nurses and quality of patient care and evaluate an intervention program that focuses on fostering engagement among nurses. Enrol with a Wellness Company to improve the job-related motivation.

6.4 Summary of Chapter Six

This chapter focused on the limitation of study and final conclusions that the researcher reached in the study. Recommendations were made regarding organizational role stress and work engagement among nurses in practice, management, and educational program, as well as for possible future research. It is evident from the research findings that the importance of the organizational role stress and work engagement among nurses cannot be overestimated. It is however evident from the study findings that decreasing stressors among nurses requires nurses to fulfill many functions, roles and responsibilities.

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ANNEXURE A: ETHICAL CLEARANCE CERTIFICATE UNIVERSITY OF NAMIBIA

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UNIVERSITY OF NAMIBIA

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SON /1/2020 **Date: 23 March**

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: Organisational Role Stress And Work Engagement Among Nurses In Oshakati Intermediate Hospital

Researcher: PETRUS SHIGWEDHA ASHIPALA

Student Number: 200433181

Supervisors: *Dr Wilma Wilkinson (Main) Ms Julia Amadhila (Co)*

Faculty: School of Nursing
Take note of the following:

(a) Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the UREC. An application to make amendments may be necessary.
(b) Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the UREC.
(c) The Principal Researcher must report issues of ethical compliance to the UREC (through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by UREC.
(d) The UREC retains the right to:
(i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,
(ii) Request for an ethical compliance report at any point during the course of the research.

UREC wishes you the best in your research.

Dr. J.E. de Villiers: Chairperson

Ms. P. Claassen: Secretary

ANNEXURE B: PERMISSION LETTER FROM INTERMEDIATE HOSPITAL OSHAKATI-OSHANA REGION

9 - 0/0001

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 5501 — Tel: + 264 65 2233000

OSHAKATI — **INTERMEDIATE HOSPITAL OSHAKATI** — Fax: + 264 65 224564

Enq: Ms. H. Konstantin/ Ms. S. Mwandingi — 13 July 2020

TO: Mr. Petrus S. Ashipala
P. O. Box 2457
Oshakati
Namibia

Dear Mr. Ashipala

AUTHORIZATION TO CONDUCT A RESEARCH STUDY.

This is to inform you that your request to conduct a research study in Oshakati Intermediate Hospital has been approved.

Kindly be informed that confidentiality on the information collected during your research must be observed. In case of breach of confidentiality, you will be charged by the Nursing Council of Namibia Regulation Act.

We wish you all the best during your research.

Yours sincerely

.....

DR. A. KIBANDWA
CHIEF MEDICAL OFFICER
INTERMEDIATE HOSPITAL OSHAKATI

MINISTRY OF HEALTH AND SOCIAL SERVICES
PRIVATE BAG 5501
14 JUL 2020
HAKATI 9000 NAMIBIA
OSHAKATI HOSPITAL

"Your Health is our concern"

ANNEXURE C: PERMISSION LETTER FROM MINISTRY OF HEALTH AND SOCIAL SERVICES NAMIBIA

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 – 203 2507
Fax: 061 – 222558
E-mail: itashipu87@gmail.com

OFFICE OF THE EXECUTIVE DIRECTOR

Ref: 17/3/3 PSA
Enquiries: Mr. A. Shipanga

Date: 06 June 2020

Mr. Petrus S. Ashipala
PO Box 2457
Oshakati

Dear Mr. Ashipala

Re: Organisational Role Stress and Work Engagement among Nurses in Oshakati Intermediate Hospital-Oshana Region, Namibia.

1. Reference is made to your application to conduct the above-mentioned study.

2. The proposal has been evaluated and found to have merit.

3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**

3.1 The data to be collected must only be used for academic purpose;

3.2 No other data should be collected other than the data stated in the proposal;

3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;

ID, 13785

3.4 A quarterly report to be submitted to the Ministry's Research Unit;

3.5 Preliminary findings to be submitted upon completion of the study;

3.6 Final report to be submitted upon completion of the study;

3.7 Separate permission should be sought from the Ministry for the publication of the findings.

4. All the cost implications that will result from this study will be the responsibility of the applicant and **not** of the MoHSS.

Yours sincerely,

BEN NANGOMBE
EXECUTIVE DIRECTOR

ANNEXURE D: CONSENT FOR PARTICIPANTS

Consent Form

Dear Participant

I am a student currently studying at the University of Namibia for a Master degree in Nursing Science. I am currently undertaking a survey on Organizational Role Stress and Work Engagement among nurses in Intermediate Hospital Oshakati (IHO).

By taking part in this research, you can provide valuable insight into factors that enable nurses in state hospitals to stay in their jobs despite the various challenges and concerns. Moreover, interventions may be formulated to decrease level of Organizational role stress and enhance work engagement among nursing staffs.

Accompanying this information letter, you will find questionnaires. The questionnaires will take you approximately 45 minutes to complete. It is important to answer all the questions honestly otherwise, we may not be able to gain insight from this work. Please kindly take note that all information will be treated with the outmost confidentiality and anonymity. Please do not write your name on your answer sheet. Remember, there are no 'right' or 'wrong' answers, just select the answers that are most appropriate to you. To agree to take part in this study, please sign the consent at the bottom of this cover letter.

I will be collecting the questionnaires within two day at your ward/unit.

If you have any questions about the study contact me(Petrus S.Ashipala,0812559620) or my thesis supervisor, Dr. W. Wilkinson at School of Nursing, at University of Namibia, tel: (061) 206 3825 or email: wwilkinson@unam.na. This study has been approved by the Ministry of Health and Social Services too.

I thank you for making a personal contribution to academic research.

Yours sincerely,

Petrus S. Ashipala

MNSC Student

……..

I hereby give consent for the information that I have provided in the attached questionnaires to be used in this research project by Mr. Petrus S. Ashipala.

Nurse's Signature _____ Date _____

ANNEXURE E: RESEARCH QUESTIONNAIRE

ORGANIZATIONAL ROLE STRESS AND WORK ENGAGEMENT AMONG NURSES WORKING IN INTERMEDIATE HOSPITAL OSHAKATI

ID CODE: ……..

SECTION A: SOCIO - DEMOGRAPHICDATA

"Please write your age and mark with X in the relevant column"

1. AGE

2. GENDER/SEX

MALE	
FEMALE	

3. MARITAL STATUS

Single	
Married	
Divorced	
Widow	

4. HOME LANGUAGE

Oshiwambo	
English	
Other Specify…….....	

5. YEARS EMPLOYED AS A NURSE

< _1year	
1-10	
11-20	
21-30	
31 and above	

6. SPECIALISED UNIT/WARD

ICU	
Pediatrics	
Theatre	
Maternity	
Surgical ward	
Medical ward	
Orthopedics'	
Casualty	

7. EDUCATIONAL LEVEL

Certificate	
Diploma	
Bachelor degree	
Master degree and PhD	

8. RANK:

Registered Nurse	
Enrolled Nurse	

SECTION: B

ORGANIZATIO NAL ROLE STRESS

Read the following statements and rate your feeling in relation to your role in the Organization/hospital in accordance with Likert scale (0-4)

Scales

0-If you never or rarely feel this way

1- If you occasionally feel this way

2- If you sometimes feel this way

3- If you frequently feel this way

4- If you very frequently feel this way

Statements	**Scale-Response**				
	0	1	2	3	4
1. My role tend to interfere with my family life.					
2. I am afraid I am not learning enough in my present role for taking up higher responsibility.					
3. I am not able to satisfy the conflicting demands of various people over me.					
4. My role has recently been reduced in importance.					
5. My work load is too heavy.					
6. Other role occupants do not give enough attention and time to my role.					
7. I do not have adequate knowledge to handle the responsibilities in my role.					
8. I have to do the things in my role that are against my better judgement.					
9. I am not clear on the scope and responsibilities.					

10. I do not get the information needed to carry out the responsibilities assigned to me.					
11. I have various other interests (social, religious, etc.) which remain neglected because I do not get the time to attend to these.					
12. I am too preoccupied with my present role responsibilities to be able to prepare for talking higher responsibilities.					
13. I am not able to satisfy the conflicting demands of the various peer level people and my juniors.					
14. Many functions what should be a part of my role have been assigned to some other role.					
15. The amount of work I have to do interferes with the quality I want to maintain.					
16. There is not enough interaction between my role and other roles.					
17. I wish I had more skills to handle the responsibilities of my role.					
18. I am not able to use my training and expertise in my role.					
19. I do not know what the people I work with expect of me.					
20. I do not get enough resources to be effective in my role.					
21. My role does not allow me to have enough time with my family.					
22. I do not have time and opportunities to prepare myself for the future challenges of my role.					
23. I am not able to satisfy the demands of clients and others, since these are conflicting with one another.					
24. I would like to take more responsibility than I am handling at present.					
25. I have been give too much responsibility.					

26. I wish there was more consultation between my role and other roles.					
27. I have not had pertinent training for my role.					
28. The work I do in the organization is not related to my interests.					
29. Several aspects of my role are vague and unclear.					
30. I do not have enough people to work with me in my role.					
31. My organizational responsibilities interfere with my extra-organizational roles.					
32. There is very little scope for personal growth I my role.					
33. The expectations of my seniors conflict with those of my role.					
34. I can do much more that what I have been assigned.					
35. There is a need to reduce some parts of role.					
36. There is no evidence of involvement of several roles (including my role) in joint problem solving or collaboration in planning action.					
37. I wish I had prepared myself well for my role.					
38. If I had the full freedom to define my role I would be doing some things different from what I do now.					
39. My role had not been defined clearly and in detail.					
40. I am rather worried that I lack the necessary facilities needed in my role.					
41. My family and friends complain that I do not send time with the due to heavy demands of my work role.					
42. I feel stagnant in my role.					
43. I am bothered with the contradictory expectations different people have from my role.					
44. I wish I had been given more challenging tasks to do.					
45. I feel overburdened in my role.					

46. Even when I take initiative for discussions or help, there is not much response from the other roles.					
47. I need more training and preparation to be effective in my work role.					
48. I experience conflict between my values and what I have to do in my role.					
49. I am not clear as to what are the priorities in my role.					
50. I wish I had more financial resources for the work assigned to me.					

SECTION: C

Work Engagement

Please read the following statements and rate your feelings about your job, by marking with X in the columns according to the Likert scale (0-4).

Scales

0- If you never or rarely feel this way

1- If you occasionally feel this way

2- If you sometimes feel this way

3- If you frequently feel this way

4- If you very frequently feel this way

Statements	**Scales-Response**			
	1	2	3	4
1. At my work, I always feel tired				
2. I find my work that I do full of meaningful to me				
3. Time flies when I'm working				
4. At my job, I feel strong and vigorous				

5. I am always felling's passionate about my job				
6. When I am working, I forget everything else around me				
7. My job inspires me				
8. When I get up in the morning, I feel like going to work				
9. I feel happy when I am working intensely				
10. I am proud of the work that I do				
11. I am engulfed in my work				
12. I can continue working for very long periods at a time				
13. To me, my job is challenging				
14. I get carried away when I'm working				
15. At my job, I am very flexible				
16.It is difficult to detach myself from my job				
17. At my work I always persevere, even when things do not go well				

END... THANK YOU FOR PARTICIPATING!!!

JML

P. O Box 98462, Windhoek latendamtuleni@gmail.com
Cell: +264 811289616

PROFESSIONAL PROOFREADING & COPY-EDITING

25 July 2021

To whom it may concern:

RE: Confirmation of proofreading and editing

This letter serves to confirm that the document detailed below has been proofread and edited by Dr Justina Amakali. The editor has concentrated on the following: spelling, grammar, accuracy, consistency and cohesion. Upon completion, two documents were sent to the author, the document with the track changes and the ready-to-submit document.

Title: ORGANISATIONAL ROLE STRESS AND WORK ENGAGEMENT AMONG NURSES WORKING IN INTERMEDIATE HOSPITAL OSHAKATI

Student: Petrus Shigwedha Ashipala

Student No: 200433181

Sincerely,

Dr Justina Amakali

Justina Amakali, PhD (English Studies) UNAM; MPhil (Second Language Studies) Stellenbosch University; B. Hons (ETD)UJ; Further Diploma (English Language Teaching) UJ; Diploma (Proofreading & Copy-editing) Black Ford Centre, UK.