

## The Impact of Nurse Role Ambiguity and Role Conflict on Nursing Faculty Commitment in Saudi Arabia

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**Abstract:** Nursing education today is one of the merits of the Ministry of Higher Education. Higher education in the Kingdom of Saudi Arabia was established to enhance the nation's growth and the well-being of Saudis. There is movement toward advanced nursing education in order to keep pace with today's health demand. The Nursing Faculty in Saudi have a mission. Typically, this mission covers teaching, research, and community service. The interaction of these factors may provoke Faculty of Nursing role conflict and role ambiguity that has an impact on their commitments. Purpose: The purpose of this study is to examine the impact of academic nurse role ambiguity and role conflict on nursing faculty commitment in Saudi Arabia. Methods: A non-experimental descriptive cross-sectional correlational study was conducted. Three largest universities were selected. Full-time nurse faculty employees were recruited to participate in the study, with a total of 216 questionnaires returned over a three month period, giving a response rate of 88%. All respondents completed the Meyer and Allen organizational commitment instrument, the role conflict, and role ambiguity scale. Self-reported survey procedures were used to collect the study data. Descriptive procedures, Pearson's product-moment correlation coefficients were used in this study. Results: The majority of participants are expatriates with a mean age of  $36.61 \pm 10.47$ . The results revealed that the nursing faculty faced role ambiguity and role conflict. In addition, Nursing Faculty commitment was normative commitment followed by continuance commitment. Role ambiguity among faculty was negatively correlated to continuance and normative commitment while role conflict correlated to all commitment dimensions. There were significant mean differences between role ambiguity and role conflict and the nationality of nursing faculty. Recommendations: The results of this study reveal that many nursing faculty are experiencing role ambiguity, role conflict, which can lead to a decrease in organizational commitment. Nursing academic administrators ought to create a work environment that dilutes the role conflict and ambiguity in order to enhance excellence in academic scholarship. This will lead faculty to immerse in their own role of teaching, research, and community service and develop a sense of commitment to the organization.

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### 1. Introduction

Higher education in the Kingdom of Saudi Arabia was established to enhance the nation's growth and well-being for Saudis. For instance, the mission of the oldest university, King Saud University (KSU) is to provide students with a quality education conduct valuable research and serve the national and international societies. As well as to contribute to Saudi Arabia's knowledge economy through learning, creativity, the use of current and developing technologies and effective international partnership (KSU, 2009). The role of the nursing faculty in Saudi universities and colleges encompasses three folds: teaching, research, and community service. Nowadays, Saudi universities such as KSU have placed emphasis on reputation, image, and the pursuit for research level status. To sustain a significant link between faculty work and the discipline of nursing, nurse faculty are required to prioritize their work role to meet these changes.

Role has been defined as a prescribed or expected behavior associated with a particular position or status in a group or organization (Tarrant & Sabo 2010). However, these universities did not yet clearly define the faculty role. As result, role ambiguity and conflict may emerge frequently as problems and create an environment for misunderstanding and miscommunication. In this situation, nursing faculty will not have a clear understanding of what is expected of their performance or how they will be evaluated.

Classical organizational theory, Rizzo *et al.* (1970) studied how role conflict and ambiguity disrupt the function of an organization. In this theory, role ambiguity is defined as the predictability of outcomes based on one's behavior, and the existence of environmental guidelines indicating that one is behaving appropriately. However, Katz and Kahn (1966) described role conflict as "the simultaneous occurrence of two or more sets of pressure such that the compliance with one would make the other more

difficult" (p. 184). **Pearce (1981)** defined role ambiguity as the relative unpredictability of the outcomes of a person's behavior. According to **Rizzo et al. (1970)** role ambiguity consists of three types of unclear role expectations: (a) uncertain expectations, (b) disagreeing expectations about the position, and (c) incongruity between the role performer's own expectations and co-workers' expectations.

The stress of role conflict and ambiguity has been well studied in organizational research. **Miller and Anderson (2002)** conducted focus groups to examine how faculty feel about the work role. The findings indicated that mixed messages about expectations for work, needs for faculty development, idiosyncratic evaluation criteria, and lack of clarity of mission.

The major sources and the degree of role strain in nurse faculty were examined. The faculty experienced moderate to high levels of role strain to high job demands, pressure to conduct research and gain external funding, and poor preparation for their roles (**Mobily, 1991**). As it is well known, the variations in teaching, research, and grant productivity within research universities were strongly attributable to program area differences (**Caykoylu et al., 2007**). Furthermore, many factors can affect faculty commitment to the academic organization that can influence behavior and attitude in the academic workplace. Organizational commitment was defined as multidimensional psychological circumstances that characterize the person's connection with the organization (**Meyer and Allen, 1997**).

The components of commitment are affective, continuance, and normative. The employee's emotional connection and involvement in the organization refers to affective commitment, and continuance commitment refers to an awareness of the employee's costs associated with leaving the organization. As a result, the employee's sense of responsibility to the organization that reflect normative commitment (**Meyer et al., 2002**). **Meyer and Allen (2001)** study reveals a positive correlation between affective commitment and supervisory ratings and a negative correlation between continuance commitment and supervisory ratings.

**Gormley and Kennerly (2010)** explored how commitment is influenced by faculty work role in an educational setting. The study yielded a significant difference between work role, role ambiguity and role conflict. A negative relationship was discovered between affective continuance organizational commitments and between unclear role and role conflict. A study done by **Hinshaw (2001)** showed 45% of nurse faculties are dissatisfied with their work role. **Darwish (2002)** investigated the impact of role conflict and role ambiguity on

organizational commitment in the United Arab Emirates. The results revealed that role ambiguity directly and negatively influences both affective and normative commitments. It was also found that job satisfaction mediates the influences of role conflict and role ambiguity on various facets of organizational commitment, except continuance commitment-high personal sacrifice. Relationship was present between role ambiguity and role conflict, and affective and continuance organizational commitment.

According to **Zakari (2010)**, normative commitment received a high mean score of nursing faculty organizational commitment while organizational climate intimacy reflected the lowest mean score. A study was conducted in Saudi Arabia examine nursing faculty work role in academic setting. The results presented that the majority of nurse faculties never conducted or published research since they were employed in the current organization. In addition, 57% of faculty never participated in community services. The study concluded that around 85% of the faculty spent all of their time in teaching and their role is not well defined or unclear. However, the nurse faculties in Saudi Arabia are experiencing disengagement and production emphasis (**Zakari, 2010**).

The effect of role conflict and role ambiguity on organizational outcomes such as commitment has received less attention, and was typically conducted in non-academic settings. In Saudi Arabia, few research has explored the impact of role ambiguity and role conflict on commitment in academic setting. Organizational commitment in nursing academic settings in Saudi Arabia was not previously well considered and has not been well studied.

The purpose of this study is to examine how dimensions of organizational commitment are influenced by role ambiguity and role conflict in nursing academic settings in Saudi Arabia. Mainly this study will focus on the following objectives

1. To assess the demographical characteristics of nursing faculty in Saudi Arabia
2. To describe nursing faculty organizational commitment domains and role domains
3. To examine the relationships between organizational role ambiguity, role conflict and organizational commitment in nursing
4. To assess the differences between nursing faculty nationality and role domains

## 2. Material and Methods

### Design and Sampling

The design of this study is a non-experimental descriptive cross-sectional correlation.

The three oldest and largest universities under the Ministry of Higher Education responsibility were selected. Full-time nurses with professional ranks range from full Professor to clinical specialist and hold academic degrees ranging from the PhD degrees to baccalaureate degree in nursing were recruited to participate in the study. A total of 250 questionnaires were distributed over a three-month period. A total of 216 were returned, giving a response rate of 86%.

### Instrument

Three questionnaires sent to nursing faculty were: (1) **The Meyer and Allen Organizational Commitment Instrument (1993)** (2) **Role Ambiguity and Role Conflict Questionnaire (Rizzo et al., 1970)** and (3) a demographic questionnaire. Approximately 15 to 20 minutes were needed to complete the questionnaires.

Organizational commitment instrument consists of 18 items seven-point Likert scale. These statements (items) pertain to employees' awareness of their relationships with the organization and their reasons for staying. After faculty read each item, they showed the strength of their agreement by selecting a number from 1 (strongly disagree) to 7 (strongly agree). There are six statements for each of the three commitments scales: affective commitment scale (ACS), continuance commitment scale (CCS), and normative commitment scale (NCS) (Powell & Meyer, 2004). Reverse-keyed statements in the scale were recoded (i.e., 1 = 7, 2 = 6, .... 7 = 1) before scoring. The scores should range in value from 1 to 7 with higher scores indicating stronger commitment. In this study, Cronbach's alpha reliability coefficients for AC, CCS, and NCS subscale were 0.67, 0.73, and 0.77 respectively. Permission was granted by John Meyer to use the commitment scales for the purpose of this study.

Role Ambiguity and Role Conflict Questionnaire developed by **Rizzo et al. (1970)**. This questionnaire uses self-reporting to measure employees' perceptions of their jobs, work roles, and organizational features. **Rizzo et al. (1970)** reported construct validity for the two subscales labeled role conflict and role ambiguity. Internal reliability coefficients of .90 were reported for role ambiguity and .94 for role conflict. In the current study Cronbach's alpha reliability coefficients for role ambiguity and role conflict were .83 and .78 respectively. The questionnaire was comprised of 14-items divided into two subscales: six items for role ambiguity and eight items for role conflict. Subjects are asked to respond to each item according to their perceptions of how each statement applied to their role using a seven-point scale: 1 = Very False, 2 = Somewhat False, 3 = False, 4 = Neutral, 5 =

Somewhat True, 6 = True, and 7 = Very True. Scores for the two scales ranged from 6 to 42 for role ambiguity and 8 to 56 for role conflict. Items measuring role ambiguity were worded positively and were reverse scored, so that a high score indicates high role ambiguity.

The faculty demographic form was developed to measure characteristics of participants such as age, gender, nationality, highest degree earned, academic ranks, and years employed in baccalaureate nursing education.

### Procedures

Self-reported survey procedures were used to collect the study data. Faculty was contacted upon received of the college's agreement to participate. Study participants received data collection packets. Each packet contained (1) a cover letter that explained the study purpose, procedure, outlined participants' rights and confidentiality (2) a set of self-administered questionnaire. Data was collected on site. There was no identifying information on any of the data collection forms.

### Statistical analysis

Data were managed and analyzed with SPSS 14.0 (SPSS Inc., Chicago, IL, USA). Descriptive analyses were used to examine demographic information and level of measured variables. Pearson's product-moment correlation coefficients were used in this study. The t-test was used to assess whether the means of nursing faculty nationality and role domains are statistically different from each other. An alpha level of .05 was the criterion level of significance for this study and .01 levels were reported as well.

### Ethical consideration

The study was approved by the ethical committee on deanship of research at King Saud University. Permission was obtained to conduct the study in selected universities. Throughout the study, protection of human rights was assured and adherence to ethical principles was secured. Thus, the researcher ensured that each individual's autonomy was supported. Participation was voluntary, and there was no penalty for withdrawal from or termination of the study. In addition, the research methodologies were non-invasive, and there were minimal or no anticipated risks to participants. A written consent form was obtained from all participants. Total confidentiality of information was also assured by de-identified all answers and data were coded. No written or computerized records were linked to the collected data with consent forms or the participants' identifying information.

### 3. Results

Table 1 presents demographic data of the participants, their ages ranged from 34 to 57 years ( $M = 36.61 \pm 10.47$ ). The majority are expatriates (135, 62.5%). Female nursing faculty dominate the workforce (192, 89%). The majority of faculty (114, 52.6%) have earned a Ph. D degree. From those who have earned doctoral degree, only 2.6% are Saudi nationals. However, faculty ranks are distributed across assistant professor (74, 34.2%) associate professor (37, 17%), and professor (3, 1.4%). Nursing faculty range from one to 24 years in experience ( $M = 5.97 \pm 5.61$ ).

The results in Table 2 revealed that the highest mean score of nursing faculty commitment was normative commitment ( $28.42 \pm 6.09$ ) followed by continuance commitment ( $26.75 \pm 6.6$ ) then affective commitment ( $23.73 \pm 5.7$ ). Thus, the nursing faculty are experiencing a sense of responsibility toward their academic organization. However, the nursing faculty had higher perceptions of role conflict ( $35.26 \pm 8.21$ ) and moderate of role ambiguity ( $29.88 \pm 6.60$ ).

**Table 1: Demographics Data of Faculty Members (N= 216)**

Demographics Data		Frequency	Percent
Age Group	23-32	93	43.1
	33-42	51	23.6
	43 +	72	33.3
Mean Age	36.61	Std. Deviation	10.475
Nationality	Saudi	81	37.5
	Expatriates	135	62.5
Gender	Female	192	88.9
	Male	24	11.1
Academic Degree	Ph.D	114	52.8
	Master	54	25
	Bsc	48	22.2
Professional Rank	Professor	3	1.4
	Assoc. Prof.	37	17.1
	Assist. Prof.	74	34.2
	Lecturer	54	25.1
	Clinical Specialist	48	22.2
Years of Experience	0-5	43	59.7
	6-10	16	22.2
	11+	13	18.1
Mean	5.97	Std. Deviation	5.61

Table 3 presents the matrix of statistically significant ( $P \geq .05$ ) correlation between organizational commitment domains and role domains. Role ambiguity among faculty was negatively correlated to continuance ( $r = -.24$ ) and significant negative relationship was observed between normative commitment and role ambiguity ( $r = -.48$ ). Role conflict negatively correlated to continuance ( $r = -.40$ ) and normative commitment ( $r = -.24$ ). A moderately positive relationship ( $P \geq .01$ ) was present between role conflict and affective commitment ( $r = .49$ ).

The findings in Table 4 shows expected differences between nationalities in a nursing faculty. A significant difference was found between nursing faculty expatriates and Saudi related to role domains. Nursing faculty expatriates experience higher role ambiguity ( $M = 32.17$ ) than Saudi nursing faculty ( $M = 26.07$ ). In addition, role conflict is higher among nursing faculty expatriates ( $M = 35.60$ ) than Saudi nursing faculty ( $M = 34.70$ ) in Saudi nursing universities.

**Table 2. Descriptive Statistics of Commitment Domains and Role Domains**

Commitment Domains	Mean	SD(Standard deviation)
Affective Commitment	23.73	5.76
Continuance Commitment	26.75	6.68
Normative Commitment	28.41	6.09
Role Domains		
Role Ambiguity	29.88	6.60
Role Conflict	35.26	8.21

**Table 3. Correlations Matrix between Organizational Commitment Domains and Role Domain**

Correlations	Role		Organizational Commitment		
	Ambiguity	Conflict	Affective	Continuance	Normative
Role Ambiguity	—				
Role Conflict	.088	—			
Affective Commitment	.055	.494**	—		
Continuance Commitment	-.243**	-.400**	.412**	—	
Normative Commitment	-.482**	-.247**	.168*	.432**	—

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

**Table 4. T-Test Differences between Nationality and Role Domains among Nursing Faculty**

Role Domains	Nationality	N	Mean	Std. Deviation	Levene's Test for Equality of Variances	
					F	Sig.
Role Ambiguity	Saudi	81	26.0741	7.64817	40.262	.000
	Expatriates	135	32.1778	4.58887		
Role Conflict	Saudi	81	34.7037	9.62347	11.015	.001
	Expatriates	135	35.6000	7.25464		

#### 4. Discussion

The new environment and the advanced movement in higher education in Saudi Arabia will make the faculty role more complex as it transforms from the job of instructor worker to the more fluid role of learning process manager. New paradigms and roles increase the probability of role conflict among faculty (Tarrant & Sabo, 2010). Clear task requirements help minimize confusion and increase

productivity. Faculty will experience role ambiguity when job-related expectations are in transition. Negative relationships existed between role ambiguity and role conflict, and affective, continuance, and normative organizational commitment in this study.

The findings from this study were similar to other studies that examined role ambiguity, role conflict, and organizational commitment domains.



**Gormley and Kennerly (2010)** found that role ambiguity and role conflict influenced all dimensions of organizational commitment negatively. When nursing faculty experienced high role ambiguity and role conflict, organizational commitment was diminished. **Wasti (2005), Karsh et al. (2005), and Piko (2006)** found that role ambiguity, role conflict, and organizational climate were antecedents to all dimensions of organizational commitment. When role ambiguity and role conflict were present, all dimensions of organizational commitment were lower. When nurse faculty experienced role ambiguity, and role conflict, the commitment to the organization was diminished. This result designated that the nursing faculty commitment is the obligation (normative commitment) base and they *have to* do so but their commitment is not desire (affective commitment) based and they *want to*. From culture perspectives obligation to the organization whether of necessity or of one's choosing is a bond of moral duty. Normative commitment is established through socialization, it is evident when an individual receives benefits and needs to reciprocate this social contract (**Herscovitch & Meyer 2002**). **Meyer and Allen (2001)** published work showing that individuals that received high scores in affective commitment tended to have higher performance levels. The discrepancy in the results can be attributed to difference in sample characteristics and demographics. Saudi citizens might place focus on desire to achieve and excel differently than other population due to cultural or environmental factors. In contrast, employees who experience a required need to maintain their employment and cannot afford to lose their jobs have little incentive to go beyond their job description. The academic field of nursing in Saudi Arabia is diverse; international expatriates dominate the workforce. Based on this composition, the development of affective continuance and normative commitment may be greatly affected. Affective commitment development needs to be altered to address the new desires and relevance of the international workforce (**Meyer & Herscovitch 2001**).

In addition, **Zakari et al. (2010)** studied conflict and professionalism perception among nurses. Their findings pointed to a low perception among the participating nurses regarding their professionalism, which includes the personal interest in the nursing profession. They conclude that due to the personal background of the nurses, which includes the personal interest in the nursing profession, as well as the family's, societies and the consumers' views of the profession may have an impact on their commitment. Suggestions for more systematic primary research concerning cultural

differences in professionalism and commitment is warranted (**Bhuian et al., 2001; Bentein et al., 2002**).

Furthermore, **Zakari's (2010)** and **Gormley and Kennerly's (2010)** studies results show that faculty members experience deliberation, disengagement, and lack of intimacy in the academic sitting. The reasons for this finding may be attributed to the imbalance in faculty role; these affected the deliberation relationship among faculty and increased the role conflict and role ambiguity. Therefore, this disengagement decreases work productivity, facilities welfare and increases ambiguity of role. Role ambiguity may increase as nurse faculty focus on one role rather than the other. It is important to implement balance between teachings, research, and community services as described in **Hinshaw's (2010)** and **Miller and Anderson's (2004)** studies. Furthermore, the creation of a bridge between official and unofficial roles of faculty members can aid in restoring this balance. Affective and normative commitment are likely to be required to ensure a willingness to work cooperatively with others and exert extra effort to achieve the objectives of the organization (**Chen, & Francesco, 2003; Wasti, 2003; Wasti, 2005**). The study shows that role ambiguity and role conflict is higher among expatriate nursing faculty. This study also highlights the need for improved guidance for new faculty in their roles as researcher and educator.

The findings of this investigation suggest several implications for both administrators and faculty. There is a need to improve the higher education climate in Saudi Arabia. Consequently, King Saud University (KSU) developed specific initiatives to promote academic climate to excel in all teaching and research fields. Furthermore, KSU established deanship of skills that aids in the development of faculty, lecturers, and teaching assistants skills to reach teaching excellence (**KSU, 2009**). Moreover, focusing on efficiency, flexibility and productivity is important to achieve this objective.

### Conclusion and Recommendations

Overall, role ambiguity, role conflict and organizational commitment are an important area of research; it provides evidence of the relationship between different organizational factors. Organizational commitment is a vital part of the organizational development of a college, and had been linked to motivation and behavior of faculty (**Christmas & Hart 2007**). It is important to understand how organizational commitment affect nursing faculty. The current national nursing faculty shortage in Saudi Arabia is evident as the number of colleges of nursing increase. This will create an

increase in the workload of full time nursing faculty that may inflame role conflict and role ambiguity. According to **Kaufman (2007)**, the average weekly workload of nurse educators has increased to 56-hours.

The results of this study have important implications in recruitment and retention of nurse faculty through the development of effective strategies that addresses both affective and normative commitment. For example, commitment can be improved through proper places socialization of faculty. The deans of the universities should be able to better match faculty goals and institutions. This can be done through interactive dialogue between both parties. Furthermore, other aspects of this study that yields questions can be answered by future research. Additional research can examine the difference in commitment components that interlink with higher education behavior over an extended time and how quality of work role is affected.

### Limitations

Findings from the current study offer an initial step to exploring organizational commitment, and nurse faculty role conflict and role ambiguity in Saudi academic settings. However, generalisability of the study's findings is limited because of the sampling method, which was based on responses from nurses working in three universities in Saudi Arabia.

To increase the power of generalisability of results, it is recommended that future investigations include nurses working in other governmental and private universities. Additional limitation in this study was the use of a cross-sectional design. A one-time measure does not permit testing causal effects relationship.

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