Impact of role conflict and workload on job satisfaction: moderating role of perceived organizational support

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Abstract. The negative workplace behaviors are relevant to understand qualified nurses' job satisfaction and their advance level roles. The focus of this study is to reveal the impact of role conflict and workload on job satisfaction of degree holder nurses and moderating role of perceived organizational support. The data collected through adopted questionnaire from clinical degree holder nurses and nurse educators of public hospitals and nursing colleges and both are degree holder nurses working in clinical setting and academia. The questionnaires were 350 in numbers but only 300 were responded. SPSS software used to analyze the respondents' feedback. The results showed that workload and role conflict are negatively significantly correlated with job satisfaction. The study findings also provide the evidence that perceived organizational support moderates the negative impact of role conflict on job satisfaction of degree holder nurses. The strength of this study is to provide implications for medical and nursing leadership to enhance organizational support and to promote the advance roles such as Advance Nurse Practitioner (ANP) for qualified nurses in health sector.

Keywords: Role conflict, workload, perceived organizational support, job satisfaction, degree holder nurses and advance nurse practitioner.

INTRODUCTION

Background of Study

Research shows that respected news media sources disparage nursing so the society does not get a perception of nurse role as educated lifesaving professionals (Summers & Summers, 2009). Unnecessary workload has negative brunt on job satisfaction. Degree holder nurses are kept busy in direct patient care at bedside like maintaining intravenous lines and giving medicine (Hobgood et al., 2005).

Research provides evidence that workplace incivility (WPI) in nursing can be controlled by modern leadership styles, despite their education degree holder nurses (DHNs) are victim of this lack of regard. Uncivilized behavior qualifies as incivility when it is vague and lethal (Pearson et. al., 2001). In today's modern healthcare system incivility perched as new issues leading to poor role execution and job dissatisfaction among degree holder nurses (Alshehry at. al., 2019). Degree holder nurses are **BSN Generic** (Bachelor of Science, four years degree program), **Post RN** (Two years nursing degree program with prerequisite nursing diploma), **MSN** (Master of Science degree in nursing), **PhD** (Doctor of Philosophy) and **DNP** (Doctor of Nursing (De Celle, 2015). The roles of BSN and MSN are manipulated in clinical setting (Younas, Rasheed & Sommer, 2019).

Research provides a strong evidence that there is a growing trend toward nurses pursuing a doctoral degree necessary for teaching and research and doctor of nursing practice to proceed in advance clinical careers. Harrison mentioned in his work that hospitals having more nurses with baccalaureate degrees have better outcomes for patients (Harrison, et al., 2019). Professional fulfillment considered as the schmaltzy reaction resulting from a valuation of the work circumstances (Wang et al., 2019). Literature revealed that in case of degree holder nurses the professional satisfaction is an aspect related to work usefulness, yield, patient wellbeing and excellence of care (Gouzou et al., 2015). Professional satisfaction considered as the schmaltzy reaction resulting from a valuation of the work circumstances (Wang et al., 2019).

Problem Definition/Research Gap

In advance era of healthcare qualified nurses are the need of time and retention of such nurses is only possible by ensuring their professional satisfaction. As literature supports that satisfied employees are more fecund and devoted to their organizations and there is direct correlation between staff satisfaction and patient satisfaction in health care organizations (Al-Almeri, 2000). In current archetype where every profession has some problems that must be addressed so the organizations tackle the issues which effect their benevolence, helpfulness and productivity. In past researches different scholars highlighted the different issues in healthcare organizations specifically related to diploma holder nurses but almost no research work is conducted on differentiation of diploma and degree holder nurses and their role execution standards in the perspective of professional incivility. In the new perspective, the main emphasize of this research work is on the contact of workplace incivility, role conflict, workload, perceived organizational support, job satisfaction and nurse practitioner role execution. Research supports that the quality of care cannot be value-added without participating

healthcare providers, without giving credit to the healthcare professionals and distinguish various roles of professionals (Koh & Bakker, 2010).

The research problem is therefore to conclude the factors leading to degree holder nurses' less work satisfaction. The selection of this topic is based on the understanding that nurses' work satisfaction and workplace impoliteness are negatively associated and has more lethal effects on degree holder nurses' job satisfaction in context of prescribing role execution initiation (Phillips, MacKusick & Whichello, 2018). The increasing contest in healthcare system leads to maximize yield and novelty of nurse prescribing role (Twigg & McCullough, 2014).

Underpinning Theory

The literary essence of this study is two factor theory. This theory supports this research work by stating that there are two types of factors in workplace, **motivating factors** (achievement, recognition and work itself) and **hygiene factors** (organizational policies, salary and work environment). The occurrence of motivating factors causes workers to work stiffer. The truancy of hygiene factors will cause workers to work less hard and less precise. The presence of motivating factors cause job satisfaction while absence of hygiene factors causes job dissatisfaction and both work independently of each other (Herzberg, 1964).

The use of motivating factors in nursing is important managerial aspect such as recognition that make qualified nurses feel that they have done something valuable and impartial organizational policies make them satisfied that they are treated on equal grounds like other qualified healthcare professionals, this can minimize workplace incivility, role conflict and workload. Degree holder nurses' motivating factors are their educational career ladder and recognition, they are highly educated and well paid but still not satisfied because of less professional recognition these can only be enhanced by organizational support. This theory best describes that Degree holder nurses in

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Pakistan healthcare system are not getting sufficient motivating factors as they are not delegated work according to their competence levels, they are not professionally recognized and their professional achievements are not as appreciated as other healthcare providers' achievements. The research frame work shows that too much trivial tasks, impolite organizational environment and hazy roles deprive degree holder nurses of these motivating factors and make them dissatisfied. The model of this study predicts that organizational support can moderate these negative factors by recognizing their qualified nurses' competence levels and can initiate prescribing roles for them to enhance their job satisfaction.

Research Questions

This research study has following research questions:

- Does role conflict negatively affect job satisfaction of degree holder nurses?
- Does workload negatively affect job satisfaction of degree holder nurses?
- Does perceived organizational support moderates between role conflict and job satisfaction?
- Does perceived organizational support moderates between workload and job satisfaction?

Research Objectives

This study has following research objectives:

- To examine the negative impact of role conflict on job satisfaction of degree holder nurses.
- To find out the negative impact of workload on job satisfaction of degree holder nurses.
- To explore the moderating role of Perceived organizational support between role conflict and job satisfaction
- To find the moderating role of perceived organizational support between workload and job satisfaction

Significance of the Study

The organizational impoliteness and its blow on performance and job satisfaction of degree holder nurses is not adequately addressed in Pakistan in context of higher nursing education and adoption of nurse prescribing role, therefore it is necessary to generate relevant evidence through this study to guide higher management levels to develop strategies of enhancement of authority of degree holder nurses. As research work supports that acknowledgement by the manager and community are more central rousing factors in health workers (Dieleman et al., 2006). The need to feel esteemed and braced was much greater and to be reliable in the community was an essential aspect for professional impulse (Manongi et al., 2006). The evidence from this study can feed into new performance appraisal of degree holder nurses and makes them as self-sufficient as medical practitioners. This research evidence can help in controlling the negative behaviors and can change the social image of nurses when community will find them in practicing and autonomous roles. This research work can contribute in policy making and enable healthcare managers to review their policies to accommodate qualified nursing work force. This study findings can pave the way for cost effective care in too much expensive health system in Pakistan and can make easy approach of qualified and skilled health care providers.

LITERATURE REVIEW

This chapter describes the research based literature about workplace behaviors like workplace incivility (WPI), role conflict (RC), perceived organizational support (POS), workload (WL) and their impact on job satisfaction of degree holder Nurses

(DHNs) and obstacles in introducing advance nurse practitioner role (ANP). This study uses Freirs' assumption of Oppression. In his theory Freire accentuates that a circumstances of repression are the result of an unfair communal constitution not destiny and it can be altered (Freire, 2008). Nurses used to act under suppression in a system controlled by male doctors as policy makers (Roberts, Demarco & Griffin, 2009). Nurses were explained in conventional roles in early 1900s and considered as subordinates in health care settings (Ashley & Reverby, 1993).Today, degree holder nurses are accountable for treating the patients and making their health decisions yet they have less sovereignty (Kluska, Laschinger & Kerr,2004).

The literature searches revealed that unquestionably the nurses have been the sufferer of work place incivility, role conflict and less organizational support. The intensity of these factors is sterner. The impact of these factors is not limited to degree holder nurses (DHNs) but healthcare system that gets affected by dissatisfaction and poor utilization of qualified nursing workforce.

Hypothesis Development

This research study has following hypothesis

H1: Workload has negative impact on job satisfaction of degree holder nurses.

H2: Role conflict has negative impact on job satisfaction of degree holder nurses.

H3: Perceived organizational support moderates the negative impact of role conflict on job satisfaction of degree holder nurses.

H4: Perceived organizational support has moderating role between workload and job satisfaction of degree holder nurses.

Workload and Job Satisfaction

Research work provides evidence that Workload is the relative capacity to respond to various situations (Lysaght, et. al., 1989). Human factors researchers have long been interested in the association between workload and human performance. Earlier studies quickly revealed the deleterious effects of workload (Hoonakker, et. al 2011). This study also use job characteristic model, describes that task in itself is the key to the employee's motivation. In short, a boring and monotonous job is disastrous to an employee's motivation whereas a challenging versatile job has a positive effect on motivation (Hackman, Oldham & Pearce, 1976).

Humans who are overworked inclined to speed up their performance, consign more mistake, show poor accurateness happen to be exhausted and have reduced wakefulness of surroundings (Hoonakker, 2012). Humans who have low work show nuisance, tiredness and poor responsiveness and they turn into boredom. Degree holder nurses' psychological exhaustion (thinking) is often disregarded and their actual abilities are not exercised (Kiekkas, et. al., 2008). Clinician nurses are unsure about protected communications that can affix to their activities especially in case of elevated memorandum quantity (Hoonakker et al., 2012). Literature review verifies that humans give their best yield when their aptitude is recognized and timings are justifiably managed (Kiekkas, et al., 2008). Psychological encumber of degree holder nurses ignored and their actual abilities are not exercised. Psychological encumber is superior dilemma than corporeal exhaustion (Demerouti, Bakker, Nachreiner & Schaufeli, 2001).

Patient care deficiently exaggerated by less time to execute care duties (Ross, Rogers, & King, 2019). Sky-scraping activities facilitate psychological grievance in nurses and making DHNs dissatisfied (McManus, Keeling & Paice, 2004). Psychological trauma leads to declined resilience and leaving intentions (Austin, Saylor, & Finley, 2017). Physical exhaustion is a main peril to eminence of clinical services and optimistic approach that are considered a shield against the off-putting penalty of exhaustion (Baethge, Müller & Rigotti, 2016). In current health system researcher has not observed such method

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in hospitals of Pakistan. Fatigue has full and complex consequences related to activities, understanding and feelings (Gawron, French & Funke, 2001).

"Hence, after the literature review the following hypothesis can be formed:"

H1: Workload Has Negative Impact on Job Satisfaction of Degree Holder Nurses

Role Conflict and Job Satisfaction

Role postulation throws light on compactness, intricacy and vagueness of the qualified nurse's role (Brookes et al., 2007). Past research provides information that Role was initially an old-French word that is derivative of the Latin word "rotula" meaning round log. The rotula used to roll on sheets of parchment to keep the parchment from breaking. In ancient Rome and Greece the parts of the play was written on rolls and then could be read by the prompters to the actors thereby providing the actors with the transcript of a role to chip in (Moreno, 1953). The role theory has strong link with this study. This theory states that there is a conceptual framework that defines how individuals behave in social situations and how these behaviors perceived by external observers. These philosophical perspectives provide a useful framework to investigate the roles of degree holder nurses in the contemporary health care system.

Role conflict occurs when there are contrary demands imposed on a person relating to their job. Persons experience role conflict when they find themselves pulled in various directions. Nurse Role is important for quality care of patient outcome. Several researchers have been studying the factors influencing performance in healthcare organization and accentuating workers factors and work environment, where WPI is prominent among these factors and leading to poor role performance (Essani & Ali, 2011). Unclear roles and responsibilities affect employee's acts (Daron, 2012). Degree holder nurses find role divergence when executing these roles as **BSN**-(Read and significantly review studies, help out in

problem detection and data collection), **MSN-** (decisively review and synthesis studies, build up and revise protocols, execute best research evidence in practice), **DNP-**(Conduct clinical studies in partnership with nurse researchers), **&PhD-**(directs research programs and mentor PhD researcher). MSN and BSN nurses' role is manipulated in clinical setting, some time they have to perform according to diploma holder nurse job description (Causin &Donnell., 2012).

There is constitution now to execute nurse prescription role that were formerly reticent for doctors only (Plum, Tanniru & Khuntia, 2020). Changes including medical doctor's deficiency, increase inter - professional teamwork and an increase in nursing education lead to innovation of nurse prescribing role (Everett &Davidson, 2020). Advance practitioner nurse role thought as disturbing novelty in healthcare system (Essani & Ali, 2011). Move forward nurse practitioner role have expediency not only for the nurses but also influenced by policies and organizational environment (Ruiz, 2020). Modern prescribing role depends on several factors: the expertise level, medicine types and lawful accountability (Jiang, Brooks, Tong, Heintzman &2020). In Pakistan healthcare setting there are well skilled qualified MSN and BSN Nurses who are clinically skilled (Yaqoob, 2020).

Research work supports that nurses are as proficient in advising medicines as doctors and use self-governing and supplementary nurse prescribing models (Boonen, Rankin, Vosman & Niemeijer 2020). Self-governing and incremental practice models makes nurses authoritative to focus prescriptions independently, the latter model includes continued prescribing after a diagnosis and cure map has been recommended by a doctor (Wondmieneh et al., 2020). Nurses certified to advise medicine to levy the scope of prescribing and differentiate between initial prescribing (IP) and continued prescribing (CP) (Casey et al., 2020). Nurse practitioner role is escalating universally (Gosselin & Ireland 2020). Despite the prescribing approval still

nurses in Pakistan and many other countries find conflicts in performing prescribing roles.

Nursing profession a way of social representation, it generates knowledge, skills and attitudes related to professional distinctiveness (Howart, 2006). Professional autonomy is only promising by adopting advance practice roles with augmentation of social representation of nurses as qualified practitioner (Hilton, Graham, Taylor, Ali & Faulkes, 2019). Less self-sufficiency is based on knowledge of society on the professional independence of nurses with less sentimental and handy scope (Salhani & Coulter, 2009).

The research crams throw light on three depiction extents, namely metaphor, working and normative. The descriptions portion: facet of the depiction, working characteristic: matter-of-fact part of role and third aspects pass on to the standards to continue the lucidity of appearance (Acosta, Gomes, Oliveira, Marques, & Fonseca, 2018). Researcher observed that qualified DHNs still striving in these three dimensions of social aspects. Research evaluation offers confirmation that nurse practitioner's (NPs) recital was secure and in a small number of case studies the brilliance of care was more than doctors (Cassiani, Canaveral & LaGrappe, 2020). NPs compressed the price of health care (Perron, Gascoyne, Kallakavumkal, Kelly & Demagistris, 2019). Literature supports that advanced nursing practice minimizes span of hospitalization, enhances patient contentment and decreases health care price.

The role of degree holder nurses (DHNs) as practice prepared nurse is not socially well spoken and therefore the value the degree holder nurses bring to the profession, socially not well defined (Falkenberg-Olson, 2019). Advancement in nursing education brings nurses' administrative roles and changes the mindset (Hoff, Carabetta & Collinson, 2019). Literature also supports the view that the connection between the medical and nursing discipline is an example of an overriding discipline controlling a

subordinate discipline (Berduzco-Torres, et al., 2020). Role blurring and untailored entrance of professional margins occur between doctors and nurses (Pritchard, 2017). Medical discipline tries to maintain its top position whereas the nursing Discipline strives to enhance its social rank (Germov, 2019). Nurse prescribing role viewed as novelty in the marginal dispute between the medical and nursing disciplines (Shuai, 2020). Professions can take over the clout of other profession so medical profession is not the only owner of prescribing tasks (Kroezen, et al., 2017).

The withhold information makes degree holder nurses'(DHNs) role more imprecise as Bakker emphasized in his work on appropriate information about role performance to enhance role efficacy (Bakker et al., 2010; Schaufeli & Bakker, 2004). Crawford et al. (2010) searched on that Communication represents the access to information about the issues and functioning of the organizations. DHNs professional communication is not clear, they hardly receive clear messages about their work (Crawford et al., 2010; Van Veldhoven et al., 1997). Researcher empowered her write-up by reviewing the literature that in health system disciplines subsist in an inter-dependent coordination with hard-hitting laws (Bhanbhro, et. al., 2011).

The research work proved that degree holder nurses may seek expert advices of medical profession for complicated cases and treat uncomplicated with full professional sovereignty (Kroezen et al., 2012). In healthcare research societies as Bonadio, Carney & Gustafson (1994) picked up social figure of nurses, there is a current inclination that leads to development of social image of qualified nurses (Bonadio et al., 1994). Primary Researcher in her fieldwork observed and found her notion compatible with previous literature that there are degree holder nurses in Pakistan having higher nursing degrees like nurses mentioned by Bonadio et al. (1994).

"Hence, after the literature review the following hypothesis can be formed:"

H2: Role conflict has negative impact on job satisfaction of degree holder nurses.

Perceived Organizational Support, Role Conflict and Job Satisfaction

Perceived organizational support was connected with less psychological fatigue and temperate the role conflict and psychological fatigue relationship (Jawahar, Stone & Kisamore, 2007). Mobility of health professionals leads to strengthen health system (Pogue, 2007). Based on research work the researcher observed that with revolution of degree holder nurse practitioner role, the lucrative nursing practice can be promoted. Literature provides evidence that Nurse's authoritative role stems from the existing assortment of nursing work which has increasingly gained new contours and often promotes practices that are biomedical model centered (Miyashita et al., 2007).

Literature supports the tasks according to educational proficiency, to be executed by nursing and medical disciplines rather than by one discipline only (Beeber, et al., 2019**).** Research verifies that highly qualified nurses found uncertainty in their career due to their professional and social role conflict and least prop up (Schieman, Milkie & Glavin, 2009). Concerning job resources, the information refers to the available information about employees' work and in particular concerning the performance feedback. In case of degree holder nurses such information about their work has no social admittance that can strengthen their social figure (Bakker et al., 2010).

Degree holder nurse's task change has become a challenge because nurses with higher professional degrees now need more autonomous prescribing role. Pakistan healthcare system has no such organizational nursing positions to offer them and medical practicing model still central. Research provides evidence that even in modern healthcare system there is still ascendancy of medical model but their nurses continuously striving to face this challenge and are successful in achieving their autonomous role (Bakker, et al., 20).

"Hence, after the literature review the following hypothesis can be formed:" 03). These challenges positive interference of health organizations to be resolved.

H3: Perceived organizational support moderates the negative impact of role conflict and job satisfaction.

Perceived Organizational Support, Workload and Job Satisfaction

Research studies propose to retain nurses who are approaching, who are qualified and replace retiring nurses to maintain practice ladder of profession and workload management (Yami et al., 2011). The aged nurses show activity issues such as thoughtfulness and corporeal capabilities turn down by the time and with increasing demands of aptitude (Auerbach, Buerhaus & Staiger, 2017). Degree holder nurses warfare the situation by showing perceptual, corporeal and cognitive abilities (Sanders & McCormick, 1993). The degree holder nurses have to work for longer shifts like diploma holder nurses and such workload scenarios and manipulations of degree holder nurse job descriptions are huge obstacles in initiating and executing nurse practitioner role (Houle, 2001). There is a mounting agreement that nurses' delegation of cases should not exceed four to six patients (Qureshi et al., 2019). Degree holder nurses make clinical decisions for patients and they are not supposed to provide bed care like diploma and auxiliary nursing personnel (Wynendaele, Willems & Trybou, 2019).

Research supports that DHNs face so many Interruptions, interferences, Miscommunication, Miscalculations, nervous tension exhaustion and too little professional space (Yami et al., 2011). Talent is affected by diversion of attention and leads to psychological discomfort and mistakes (Härkänen, et al., 2020). In case of degree holder nurses' work distractions, interruptions and nurse-patient ratio are main issues. Mental workload and physical workload initiated by delegation of trifling tasks impaired their cognition (Smith-Han, et al., 2020). The organizational positive work management according to
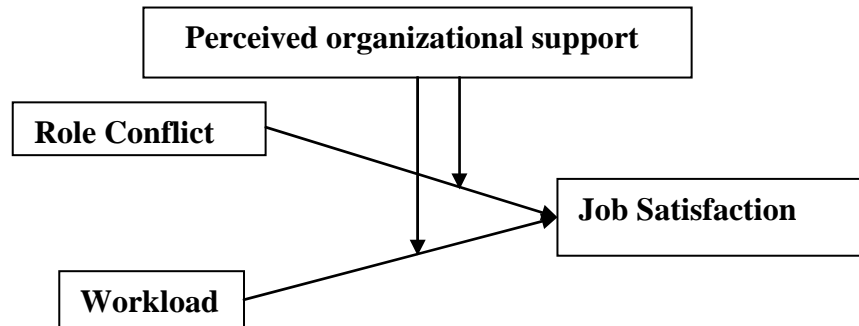
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competence levels of workers can minimize these problems.

"Hence, after the literature review the following hypothesis can be formed:"

H4: Perceived organizational support has moderating role between workload and job satisfaction.

Research Model

The conceptual model of study showing best connections between independent variables and dependent variables and predicting that organizational support can moderate these negative behaviors.

RESEARCH METHODOLOGY

This segment makes clear the stratagem that follows right through the research work. It contains research intend, population and sampling, data drawing together, instrument spreading out and data scrutiny procedure.

Study Type

This is a quantifiable research study where the brunt of role conflict, and workload on degree holder nurses' job satisfaction and controlling role of perceived organizational support were calculated on respondents' feedback.

Population and Sample

The populace for this research study was consist of degree holder nurses of diverse hospitals and nursing colleges of public hospitals, with basic degree in nursing as BSN and different postgraduate degrees like MSN, and MPH.

Sampling Techniques

This research study based on non probability convenient sampling due to time limitations and the justification for which data collection from this population showed educational malleability with nurse prescribing role. Male nurses with minimum nursing education could not be the part of this study. Data collection done through self-administered questionnaire from 350 respondents but only 300 out of 350 responded. This method helps the respondents to retort in the questionnaires unperturbed and allows them for realistic and deliberative response.

Instrument Development

Data gathered through self-directed opinion poll. There is five point likert scale where 1=strongly disagree to 5= strongly agree. The scales include Role conflict, Workplace incivility, Workload, Job satisfaction and Perceived organizational support. There were some demographics such as gender, age, education, designation and experience.

Measures of Role Conflict

Role conflict was measured using items from instruments developed by Rizzo et al., 1970 containing 20 items.

One sample item is

"I have to do things that should be done in a different way".

Measures of Workload

Workload was measured by using task questionnaire developed by Van Veldhoven et al. (1997) containing 18 items that assessed physical workload.

One sample item is

"You work under time pressure?"

Measure of Job Satisfaction (Dependent Variable)

Job satisfaction was measured using items from instrument Job Satisfaction Index derived from nurse Executive survey developed by Schriesheim and Tsui (Fields, 2002) containing 6 items.
One sample item is
"You are satisfied with the opportunities which exist in this organization for advancement and promotion.

Measures of Perceived Organizational Support (Moderating Variable)

Perceived organizational support was measured by questionnaire developed by Eisenberg, et al. (1986) containing 36 items.
One sample item is
"The organization values my contribution to its well-being."

Data Analysis Tool

SPSS software used to scrutinize the data. The overall analysis such as descriptive statistics, regression, correlation, reliability, validity and moderation done to get the results.

Control Variable

ONE-WAY ANOVA used to deal with Demographic variables.

Demographics

For the idea to acquire consistent results demographics trivia of respondents also composed such as; gender, age, qualification and experience. In existing research efforts demographics proscribed in regression analysis. Demographics shows momentous upshot of these variables on the hypothesized model in ONE-WAYNOVA.

Data Analysis Procedure

Firstly, the data is tested for detection of absent values after clarifying that there were no absent values in data, in next step data is examined for out liar analysis. Secondly, afterwards, the reverse coded questions are tested in the results. Some statements from WPI scale and POS scale were reverse coded. Thirdly, the frequency analysis for populace has been revised. Co-relationship and Moderation regression analysis was performed in the last concise statistics to determine the findings of the research.

RESULTS AND ANALYSIS

This chapter describes the results of gathered data. SPSS software used to analyze the data. Analysis comprises the summary of demographics, reliability analysis, correlation analysis and regression analysis. Stepwise regression also done.

Table: 4.1. Demographic Characteristics of a Sample

There are six demographics included in this research study. The summary of each demographic variable elucidated distinctly in following table.

Table 4.1. *Demographics Table*

Demographics		Frequency	Percentage	Valid	Cumulative
Gender	Female	300	300	100	100
	Male	0	0	0	0
Age	25 – 30	195	65	65	65
	31 – 50	105	35	35	100
Marital Status	Married	245	81.7	81.7	81.7
	Unmarried	55	18.3	18.3	100.0
Education	BSN	271	90.3	90.3	90.3
	Masters	29	9.7	9.7	100.0
Designation					
	Nursing Lecturer	24	8.0	8.0	8.0
	Clinical Nurse	276	92.0	92	100
Experience					

5 – 10	44	14.7	14.7	14.7
11-20	256	85.3	85.3	100.0

The above table shows that all the respondents are females. In Military set up, there is no male degree holder nurses, there are only male nursing assistants who are auxiliary nurses and do not meet eligibility criteria of study. There are 65% respondents who are between age limit of 25years to 30 years and 35% respondents who are between the age limit of 31years to 50years. From total population of 300 respondents, there are 81.7% nurses are married and 18.3% nurses are unmarried. From total population of 300 respondents there are 92 % respondents whom designation is Clinical Nurse and other 8 % are nursing lecturer. The qualification distribution of target audience shows that 92.3% respondents are graduates (BSN) and 9.7 % respondents are master's degree (MPH, MSN). From total population of 300 respondents, there are 14.7 % nurses have 5 to 10 years of experience of job and there are 82.3% nurses in organization who have 11 to 25 years of job experience.

DESCRIPTIVE ANALYSIS

The table shows mean value 3 that means most respondents on likert scale are between three and 4. Mean value of WPI (3.1), RC (3.1) WL (3.0), POS (3.2) and JS (3) indicate that greater part of respondents agreed that workplace incivility, role conflict and workload decrease their job satisfaction. In case of data about workplace incivility, role conflict SD is 0.5 this value is less so the spread of the scores is less indicating that scores are very close to the Mean. In case of data about POS, SD is 0.4 this value is less so the spread of the scores is less indicating that scores are very close to the Mean. In case of data about JS SD is 0.6 this value is less so the spread of the scores is less indicating that scores are very close to the Mean. The high means support this study.

Table 4.2

	WPI	RC	WL	POS	JS
Mean	3.1	3.1	3.0	3.2	3.0
Standard deviation	0.5	0.5	0.6	0.4	0.6

Reliability Analysis

By doing reverse coding of negative statements transforming from 4 (agree) to 2 (disagree) in POS and WPI scales I succeeded to improve POS chronbach's alpha .839 and WPI chronbach's alpha (.864) and JS (.744).

Table 4.3. *Reliability Analysis*

Variable	Cronbach Alpha
Perceived Organization Support	.839
Workload	.863
Job Satisfaction	.744
Role Conflict	.760

Table 4.4. *Correlation Analysis*

		1	2	3	4
POS	1				
RC	- .055**	.656**	1		
WL	-.076**	.542**	.351**	1	
JS	-.002**	.632**	.431**	.797**	1

n = 300, p < 0.05*, p < 0.01**Table 4.3

The Correlation Analysis in table discloses the direction of relationship (either positive or negative) among variables. In this study, correlation analysis shows that variables, workplace incivility, role conflict and workload are negatively correlated with job satisfaction with P value from coefficient table, .755**, .343**, .189**. POS is positively correlated with job satisfaction at P value, .967**. POS is positively correlated with job satisfaction.

Table 4.5. *Correlation Regression Analysis*

Predictors	Job satisfaction			
	B	**R²**	**△R²**	**Significance**
Step1		**.109**		
Control Variables				
Step2				
RC	**-.793****			
WL	**-.866****	**.701**	**.587****	**.005*****

In above table and in step 1 effect of demographic variables are controlled that are age, gender, experience, education, designation and marital status. In step2 variables WPI, RC and WL incorporated, 1 unit change in predictor WPI will bring .882 unit decrease in JS. 1 unit change in predictor RC will bring .793 unit decrease in JS. 1 unit change in predictor WL will bring .866 unit decrease in JS. The above model is able to explains more than fifty percent data (**.587****) according to predicted hypothesis so model is significant at p value .005

Table 4.6. *Moderation Regression analysis*

Predictors	B	Significance
POSXRC	**.258**	**.008****
POSXWL	**.066**	**.381**

In step 3 interaction term, POSXRC, POSXWPI and POSXWL was added. POS does not moderate the negative impact of workplace incivility on job satisfaction as (ß= .180 P= .261) as the P > .05 so hypothesis 4 is rejected and POS does not **Accepted / Rejected Hypothesis:** moderates the negative impact of workload on job satisfaction as(ß =.066 p= .381) as P>.05 so hypothesis 6 was rejected. POS moderates the negative impact of RC on JS as (ß =.258 p= .008) as P< .01 so hypothesis5 is accepted.

Table 4.7. *Summary of Hypothesis Acceptance / Rejection*

Hypothesis	Statements.	Results
H1:	Workload has negative impact on job satisfaction of degree holder nurses.	*Accepted*
H2:	Role conflict has negative impact on job satisfaction of degree holder nurses.	*Accepted*
H3:	Perceived organizational support moderates the negative impact of role conflict on job satisfaction.	*Accepted*
H4:	Perceived organizational support has moderating role between workload and job satisfaction.	*Rejected*

DISCUSSION AND CONCLUSION

Discussion

Though there are many research work conducted on job satisfaction, workload, role conflict and perceived organizational support in past with different constructs. The vigor of this study is the new standpoint to explore he impact of these factors on job satisfaction of

degree holder nurses in context of modern nurse practitioner role and propositions of supporting leadership to moderate negative impact of these variables. This research work on proposed hypothesized model is been conducted in public hospitals and nursing colleges where there is no ease to perform proper modern nurse practitioner and nurse researcher roles. Nurses still optimize for positive workplace behaviors and autonomy.

Additionally public sector is one of the input indicators of any state and affirmative work behaviors are very imperative for them to enhance job satisfaction of nursing workforce in new era of modern nursing education. Modern leadership styles are integral in healthcare setting to initiate and promote new nurse practitioner roles. Public sector's organizations specifically the healthcare organizations are somehow the ethical mirror of state where humanity is treated with dignity by dignified health professionals specially nurses.

The discussion about following hypothesis and their results is the matter of interest in this study.

Hypothesis (H1): Workload has Negative Effect on Job Satisfaction of Degree Holder Nurses

The regression analysis shows the results of direct negative effect of workload on job satisfaction of degree holder nurses. These results challenged by the theory of job characteristic model that states that task itself is the key to the employee's motivation.

The model also elucidates that job satisfaction arises when the work situation encourages innately. This model provides the guidelines to healthcare leaders dealing with qualified nursing workforce to adopt the five key job characteristics. Job characteristics include handiness variety, task uniqueness, task worth, self-sufficiency and recognition. Adoption of job characteristics means nurses must have variety of challenging tasks according to their educational capability, sure about task level, its importance of productivity and feel themselves autonomous while performing some task. In short, a tedious and repetitive career is ruinous to an employee's enthusiasm while an exigent flexible career has a constructive effect on enthusiasm (Hackman & Oldham, 1976). So degree holder nurses must be given

challenging tasks up to their competencies and never let them busy in lower level workload.

According to Mehmood and Sajid (2020), workplace bullying has adverse effects of performance of frontline workers like female nurses in AJ&K, Pakistan. It is also revealed by them that workplace bullying contributes to reduce the psychological well-being of the employees and finally there is low employee performance that affects overall productivity of the health related organizations in AJ&K Pakistan. Further it is also revealed that POS moderates the relationship among negative events at work place and job satisfaction. In short, a tedious and repetitive career is ruinous to an employee's enthusiasm while an exigent flexible career has a constructive effect on enthusiasm (Hackman & Oldham, 1976). So degree holder nurses must be given challenging tasks up to their competencies and never let them busy in lower level workload.

Another literary contribution strengthens this hypothesis is task load index. Emotional workload, corporal endeavor, subordinate level tasks, vagueness about the opportunity, liaison with higher, and dependence in work are serious factors affecting degree holder nurses altitude of satisfaction (Schneider, Forster & Mealer, 2020). Mental workload represents the cognitive job demands that chiefly disrupt brain processes implicated in information dispensation (Chrisopoulos et al., 2010). Emotional workload characterizes emotional job demands that submit to the hard work considered necessary to deal with most wanted organizational emotions. Degree holder nurses face such job strains with great endurance (Bakker et al., 2010). Poignant job hassle alters desired emotions of nurses and dwindle their productivity and job satisfaction (DeJonge & Dormann, 2006; Van Veldhoven et. al., 1997).

Hypothesis (2): Role Conflict has Negative Effect on Job Satisfaction of Degree Holder Nurses

The regression results shows that role conflict unconstructively negatively associated with job satisfaction. The results propped up by role theory that throws light on compactness intricacy and vagueness of role (McInnes et al., 2019). Degree holder nurses interact with role vagueness because of less

understanding of their practicing role. This study also strengthened by role conflict theory. Role conflict concept states that role divergence arises when there are conflicting demands forced on a person relating to their profession or position. Persons experience role conflict when they find themselves pulled in various directions. Unclear roles and responsibilities affect employee acts (Daron et al., 2015). Conflict theory further explains society as a struggle for inadequate assets. This viewpoint is a command-level approach and saw society as being made up of persons in diverse social modules who must participate for societal, physical, and administrative resources such as food, occupation, education, and relaxation time. Societal organizations like government help maintain the unequal social structure. Some individuals and organizations are capable to gain and keep more assets than others, and these "conquerors" use their control and impact to uphold societal foundations. Several theorists suggested variations on this basic theme (Fuchs & Mosco, 2012).

Polish-Austrian sociologist Ludwig Gumplowicz (1838–1909) further support this hypothesis that social and traditional conflicts lead to situations being defined by an overriding cluster that had influence over other clusters (Irving, 2011). Weber's research work contributes to this hypothesis that diverse clusters of people were affected differently based on education, race, and gender, and that individual's responses to discrimination were diluted by rates of societal movement and positive opinion about the rightfulness of those in authority (Weber, 2009). German sociologist Georg Simmel (1858–1918) contributed that the force of the conflict depends on the sensitive connection of the parties, and lucidity of the goals. Determining conflicts can diminish strain and unfriendliness and can surface the way for forthcoming promises (Fuchs, & Mosco, 2012).

Research shows that degree holder nurses find such transactions stressful while moving towards advance roles. Degree holder nurses are part of research at various levels of education but they face obstacles and stress in performing researcher roles and autonomous clinical roles in society (Grove et al., 2009). This all may lead to less professional satisfaction among degree holder nurses.

The role of degree holder nurses (DHNs) is not socially well spoken as practice prepared nurses and therefore the value the DHNs bring to the profession is socially indeterminate (Falkenberg-Olson, 2019). Advancement in nursing education brings the degree holder nurses' administrative roles and changes the mindset (Hoff et al., 2019). Literature supports that task to be executed by nursing and medical professionals must be assigned according to their educational proficiencies rather just considering the proficiencies of medical professionals only (Beeber et al., 2019). Research verifies that degree holder nurses found uncertainty in their career due to their professional and social role conflict and least prop up (Schieman et al., 2009).

In healthcare research societies as Bonadio et al. (1994) mentioned in his work that the pickup of social figure of nurses is a current inclination that leads to development of social image of qualified nurses (Bonadio et al., 1994), so nurses with best social image of prescribing professional can execute this role well. Primary Researcher in her field work observed and found her notion compatible with previous literature that degree holder nurses in Pakistan holding higher nursing degrees like nurses mentioned by Bonadio et al. (1994) and Pakistan health system can be strengthen by utilizing this qualified work force.

Hypothesis (3): Perceived Organizational Support Moderates the Negative Impact of Role Conflict and Job Satisfaction

The regression results shows that POS moderates the negative impact of role conflict on job satisfaction of degree holder nurses. This hypothesis is strengthened by the research work of Niezen and Mathijssen (2014) that explains that nurse practitioners in healthcare requires organizational revamp and reframing of professional border by organizational posts (Niezen & Mathijssen, 2014). Previous studies squabble that organizational help weakens the unconstructive outlay of exterior work on career behaviors (Federici & Skaalvik, 2012). This study discovered that exterior working had no momentous alliance with career contentment but connected with organizational pledge and profound working has important link with career contentment but no

momentous link with institutional accountability (Yang & Chang, 2008). Workers work according to organizational policies rather than their own and their perceptions are rooted in secretarial demeanor (Ristig, 2009). The study proved the hypothesis that professional yield and satisfaction of degree holder nurses based on organizational support. This study supported by the literature that Advance Nurse Practitioner (ANP) role is taxing and groundbreaking (MacNaughton et al., 2013). Literature ropes that organizational help is important to move forward information, clinical competency, private distinctiveness and to execute nurse practitioner role (Kselwood, 2006). Organizational prop up promotes the norms of give and take and ensure that performance in favor of organization will be time-honored (Hekman et al., 2009). Workers propped up by the organization do uphill struggles (Shaheen et al., 2016). Workers search for equilibrium in their connection with the organization by mounting accommodating behaviors steady with organizational help (Gupta, Agarwal & Khatri, 2016).

Nurse prescribing role can be promoted by constitution on nurse prescription that were formerly reticent for doctors only (Plum, Tanniru, & Khuntia, 2020). Changes such as medical doctor's deficiency, increase inter - professional team work and an increase in nursing education lead to innovation of nurse prescribing role (Everett, & Davidson, 2020). Advance practitioner nurse role thought as disturbing novelty in healthcare system (Essani, & Ali, 2011). Research provides an evidence of determinants of nurse prescribing role promoting by controlling negative organizational factors. Nurse practitioner role has expediency not only for nurses but also influences policies and organizational environment (Ruiz, 2020). Modern prescribing role depends on several factors: the expertise level, medicine types and lawful accountability (Jiang et al., 2020).

In Pakistan healthcare setting there are well skilled qualified MSN, BSN Nurses who are clinically skilled (Yaqoob, 2020). Research work supports that nurses are as proficient in advising medicines as doctors and use self-governing and supplementary nurse prescribing models (Boonen et al., 2020). Self-governing and incremental practice models

make nurses authoritative to focus prescriptions independently. This can only possible to make their roles free from conflict. Role conflict of degree holder nurses can also be controlled by permitting the certified nurses to advise medicine, to levy the scope of prescribing, differentiating between initial prescribing (IP) and continued prescribing (CP) (Casey et al., 2020). Nurse practitioner role is escalating universally (Gosselin & Ireland 2020). Despite the prescribing approval the nurses in Pakistan and many other countries find conflicts in performing prescribing roles.

Hypothesis (H4): Perceived Organizational Support has Moderating role between Workload and Job Satisfaction

Another finding of regression analysis does not support the hypothesis that POS moderates the negative impact between variables like WL and JS. The regression results findings are scorched by the research work that explains that mental workload is larger dilemma in association with physical workload as reported by nurses (Kiekkas et al., 2008; Schaufeli & Le Blanc, 1998). Findings are supported by Logan's view that too much work is unconstructive for the nurses and patients (Logan, 2016). Regression result is supported by the view of mental exhaustion that work burden is a major cause of suffer exhaustion that ease psychological injury in nurses. Mental exhaustion collapses nurses in dealing with their actual tasks and making degree holder nurses disgruntled and unrecognized (McManus, Keeling & Paice, 2004). Psychological hurt leads to declined hardiness and leaving intentions (Embriaco et al., 2007). The main strength of hypothesis was supported by the literature that nursing activity management makes it easy to construe inadequate muster and promotes nursing work that facilitates critical thinking and research work (Abdollahzadeh et al., 2017). At present, no such method is intact in hospitals of Pakistan. The finding powered by the regression results of absence of organizational support to moderates between workload and job satisfaction.

This study strongly negate the theory of balance model provides, states that there are incarcerate interactions among system factors and emphasizes that nervous tension can be condensed by harmonizing optimistic and off-

putting ingredient of work (Carayon, 2009). The research finding challenges the literature evidence that control of human performance expressed in the terms of physiological responses, one-sided experiences and understanding of the performed tasks (Hockey, 1997). Degree holder nurses need to be capable of such human performance control expression in Pakistan but there is not sufficient organizational support to moderate the negative impact of workload on job satisfaction.

The literature provides the strength to this hypothesis with research work about poor work management in organizations as humans who are overworked inclined to speed up their performance, consign more mistake, show poor accurateness happen to be exhausted and have reduced wakefulness of surroundings (Hoonakker, 2012). Humans who have low work show nuisance, tiredness and poor responsiveness and they turn into boredom. Degree holder nurses' psychological exhaustion (thinking) is often disregarded and their actual abilities are not exercised (Kiekkas et al., 2008).

Withholding information about work activities in organizations provides strength to this hypothesis as Clinician nurses are unsure about protected communications that can affix to their activities especially in case of elevated memorandum quantity (Hoonakker et al., 2012). This hypothesis rejects that humans give their best yield when their aptitude is recognized and timings are justifiably managed (Kiekkas, et al., 2008). The strength of this hypothesis is based on literature contribution that Psychological encumber of degree holder nurses ignored and their actual abilities are not exercised. Psychological encumber is superior dilemma than corporeal exhaustion (Demerouti et al., 2001).

Conclusion

The level of job satisfaction is still not as per their capability because of this importance of job satisfaction as of grave work outcomes, it has always been a variable of attention. Job satisfaction has been extensively studied as a function of many experiences. Possibly one of the widely-covered experiences of job satisfaction in research is a worker's observation of fairness. According to Adams (1963), judgment of fairness is the degree to which a worker observes, he is treated fairly relative to comparable others inside and outside the organization. A worker's perception of fairness is determined through linking his contributions/outcomes proportion to that proportion of others inside and outside the paying organization. On the one side, contributions here contain all the offerings that the worker brings to the organization such as capability, time and determination. On the other side, consequences contain all the plunders that the worker gets from his organization in return to his offerings, and these contain persuaders and maintenance elements. The tighter the worker observes the breach amid his own rewards/contribution ratio and the same proportion for others, the more his perception of fairness will be. Qualified nurses in Pakistan find this gap much broader, their professional inputs are not balanced with organizational outputs in form of recognition and rewards. This study also contributes to importance of Performance and accentuates its regular appraisal. This appraisal will stimulate the organizational communication in nurses so that every degree holder nurse will know the real contributions added by her colleague to avoid indecorous insights of unfairness. This study also promote the relationships between worker awareness of fairness and job satisfaction. The outcomes of this study provide a kind of an unintended backing to Herzberg's discoveries that refining maintenance elements would not lead to upgrading in worker's job satisfaction. Consequently; administrators should seek for the evenhandedness levels of their nursing brains to enhance their productivity and decrease dissatisfaction, stress in qualified nursing workforce.

This study adds to current health system in such a way that there should be proper organizational supervision to sustain their qualified nurses and help them to adopt modern practice levels according to their education. In other words, this study highlights the need of nurse practitioner role for degree holder nurses and for up gradation of cost effective health system and suggests the policy makers to establish a proper law for nurses who protect them when they adopt advance nurse practitioner role.

Implications (Practical and Theoretical)

There are some matter-of-facts and hypothetical implications of current study.

They will discuss one by one in coming paragraphs.

Practical Insinuations

The existing study has some handy implications for nursing profession. Pakistan health system can augment its performance and efficiency.

- Firstly, when the organization will clearly declare the importance of qualified nurses the degree holder nurses will perceive that their organization is doing fair enough with them and this will boost their professional satisfaction.
- Secondly, best utilization of nursing work force and promotion of nurse practitioner role will increase the capacity of Pakistan healthcare system to provide cost effective care to the community.
- Thirdly, will enable nurses to practice by adopting practicing models, independent and shared.
- Fourthly, by controlling the negative workplace behaviors Pakistan health system can protect their nursing brains and become the part of countries who promote nurse practitioner legislation.
- Furthermore, the policy makers will establish strict monitoring of execution of nurse role according to nursing standards.
- Lastly, this study highlights the importance of empowered degree holder nurses at work place who will consider it as their duty and responsibility to report any kind of wrong doings to the responsible authorities.

This research work makes policy makers to pay special attention towards the government side where there is a need of proper legislation to initiate and protect nurse prescribing role as in western countries they provide protection to their nurse practitioners. The solution of all issues mentioned in research gap are basically linked with innovation, motivation and satisfaction. The role of Pakistan Nursing Council (PNC) in making practice legislation and its execution to empower degree holder nurses is very important.

Theoretical Implications

Firstly, Existing study emphasizes that health system in Pakistan need such kind of nurses who are capable to perform nurse prescribing role and face negative workplace behaviors with hardiness and zeal. It is also important for the better performance of degree holder nurses who are the actual backbone of health system.

Secondly, study also turned the attention towards the importance of prescribing role and an initiative to perceive nurses in advance role. Usually workplace incivility, role conflict and unnecessary workloads are major hurdles to bring in prescribing innovations in nursing. This study highlight the role of organizational leadership and that has to be to become equally ethical in their actions and practical in controlling negative behaviors for nurses.

Thirdly, in this study the moderating role of organizational support highlighted in a positive way. This study contributes to job satisfaction concept in such a way that job satisfaction for degree holder nurses is a matter of intrinsic motivation not the remuneration. The lacking areas of nursing practices will be addressed by using this theoretical information.

Limitations

Each research study has some confines and necessitates more totaling in other facets. The existing research study also has numerous confines, which has necessity to be overcome in future by other researchers.

- Initially the current study appears not to be generalized due to purposive sample (degree holder nurses) on all nursing work force in Pakistan.
- Furthermore, the present study discovers observations from precise geographic locality that is Punjab health sector only.
- Moreover, the existing study fixated only on negative workplace behaviors as basis of degree holder nurses' job dissatisfaction.
- Finally, the current study only focuses on self-report feedback rather dyad etc.

Commands for Future Research

- Future researchers are required to collect data with an augmented sample size.

- Future researchers are required to collect data from other regions of Pakistan.
- Future research is required to find out other obstacles in adopting and executing nurse prescribing role in Pakistan.
- The future crams should scrutinize the other superseding variables between negative behaviors and degree holder nurses' job satisfaction.

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