

The Effect of Role Conflict on Psychological Stress Levels among Married Working Women: A Field Study in Selected Departments of the Benflis Touhami University Hospital Center in Batna, Algeria

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Abstract:

This study aims to investigate the effect of role conflict on the level of psychological stress among married working women at the Benflis Touhami University Hospital Center in Batna. A convenience sample of 95 individuals was drawn from a total population of 836, representing a sampling fraction of 11.36%. Utilising a descriptive-correlational methodology, data were analysed using the Statistical Package for the Social Sciences (SPSS, v.25). The study yielded the following main findings:

The mean level of role conflict was 2.05.

The mean level of psychological stress was 2.21.

There were no statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the nature of work variable, with *F*-values of 1.85 and 0.82, respectively.

There were no statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the years of experience variable, with *F*-values of 0.18 and 1.60, respectively.

Keywords: Role Conflict, Psychological Stress, Working Women.

1. Introduction

Like other modern Arab and Western societies, Algerian society has undergone profound transformations spanning economic, political, and social dimensions, particularly within the social structure. Notable shifts have emerged regarding the nature of roles within the family and society. Chief among these transformations is the entry of women into the workforce—a reality dictated by contemporary life demands, whether for self-actualisation, financial independence, or elevating the family's standard of living to align with modern needs. This shift presents a major challenge for married working women, who must balance domestic responsibilities with

occupational duties. Consequently, they are compelled to endure various stressors stemming from this choice without compromising or neglecting their primary domestic roles.

The multiplicity of roles assumed by married women in both family and society often induces considerable stress and anxiety, particularly as work demands escalate alongside concurrent, competing responsibilities. Owing to her biological, physiological, and psychological makeup, a woman is particularly vulnerable to psychological stress compared to her male counterparts. This diversity and multiplicity of roles exhaust the working wife's energy, effort, and time. When she senses a deficiency in fulfilling any given role, inter-role conflict arises due to the incompatible demands of her multiple roles. Inability to meet these simultaneous obligations renders the married working woman susceptible to tension, psychological stress, and anxiety—phenomena this study seeks to investigate.

2. Problem Statement

The majority of the literature agrees that female labour force participation increases the number of roles assigned to women. In addition to her roles as mother, wife, homemaker, sister, and daughter, her occupational role as a worker outside the home introduces overlapping duties and concurrent expectations. This subjects the working wife to role conflict, particularly when she perceives a shortfall in meeting the obligations dictated by each role. In light of these competing expectations, overlapping responsibilities, and conflicting duties, the working wife may experience distress, tension, and psychological stress, leading to anxiety and apprehension regarding her professional future. Attempting to satisfy her professional standing may come at the expense of her marital and family status, thereby trapping her in a cycle of psychological stress.

Accordingly, this study addresses the relationship between role conflict and psychological stress among working women at the Benflis Touhami University Hospital Center in Batna through the following research questions:

1. Are there statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the nature of work variable?
2. Are there statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the years of experience variable?

3. Study Objectives

1. To identify statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the nature of work variable.
2. To identify statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the years of experience variable.

4. Study Significance

1. **Applied Significance:** The practical importance of this study lies in utilising its empirical findings to better understand the nature of role conflict experienced by female healthcare workers and its impact on their psychological stress levels, both within and outside the workplace.
2. **Institutional Utility:** Findings can assist healthcare administrators in designing preventive and interventional programs aimed at mitigating psychological stress and improving working conditions. This fosters work-family balance, enhancing both job performance and mental health among female employees.
3. **Theoretical Contribution:** This study enriches the literature in industrial and organisational psychology, addressing the relative scarcity of studies examining these two variables within this specific population, thereby offering a reliable contribution for future research.

4. Operational Definitions of Study Variables

- **Role Conflict:** The conflicting perceptions and expectations reported by working women regarding their performance across concurrent roles as wife, mother, and employee, accompanied by a perceived inability to meet these simultaneous demands or fulfil competing expectations. It is operationally measured using the adopted study instrument across three dimensions: domestic chores, childcare, and marital relationship.
- **Psychological Stress:** A state in which the working woman encounters positive or negative pressures that disrupt her physiological and psychological equilibrium as a result of multiple assigned roles. It is operationally measured using the adopted study instrument across three dimensions: family dimension, occupational dimension, and psychological-health dimension.

5. Literature Review

1. Boubaker, A. (2007): *The Relationship between Role Conflict and Psychological Stress among Working Wives*. This study aimed to investigate the potential relationship between role conflict among working wives (assumed across the roles of mother, homemaker, and spouse) and their psychological stress levels. Additionally, it examined the impact of specific demographic and occupational variables—namely, nature of work and family structure (nuclear vs. extended)—on the working wife's perceived role conflict and psychological stress. A descriptive-analytical methodology was applied to a sample of 90 working wives across three healthcare units in Tolga, Biskara Province, encompassing occupational roles ranging from physicians to nurses. The primary findings revealed:

- A statistically significant relationship between working wives' role conflict (mother, homemaker, spouse) and psychological stress.
- Statistically significant differences in role conflict between physicians and nurses.
- Statistically significant differences in role conflict between working wives residing in nuclear families and those in extended families.

- Statistically significant differences in psychological stress between physicians and nurses.
- Statistically significant differences in psychological stress between working wives residing in nuclear families and those in extended families (Boubaker, 2007).

2. Ben Moussa, S. (2015): *Role Conflict and Its Relationship to Psychological Stress Among Working Women*. This study addressed the nature of the relationship between role conflict and psychological stress among working women, while assessing significant variance across personal variables. Applying a descriptive-correlational methodology, the author selected a sample of 60 female healthcare workers (nurses, midwives, and administrative staff) at Ibn Sina Hospital in Frenda, Tiaret Province, using simple random sampling. The main findings indicated:

- A statistically significant positive correlation between role conflict and psychological stress among working women.
- Significant variance in role conflict levels according to marital status, favoring widowed women.
- Statistically significant differences in role conflict levels relative to the number of children (Ben Moussa, 2015).

3. Al-Jabour, F. Q. (2022): *Work-Family Role Conflict and Psychological Stress Among Nurses in Irbid Hospitals*. This study examined the relationship between work-family role conflict and psychological stress among practicing nurses in Irbid, Jordan. Utilizing a descriptive-correlational approach, the investigation sampled 730 nurses. The main findings showed:

- High overall levels of both work-family role conflict and psychological stress among the sampled nurses.
- A statistically significant positive correlation between work-family role conflict and psychological stress.
- Statistically significant differences in work-family role conflict attributable to marital status, family size, and hospital unit/department.
- Statistically significant differences in psychological stress levels attributable to marital status and hospital unit/department (Al-Jabour, 2022).

6. Study Hypotheses

1. There are statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the nature of work variable.
2. There are statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the years of experience variable.

2. Theoretical Framework

2.1. Definition of Role Conflict

- **Hunt (1967):** Conceptualised role conflict as occurring when an individual occupies multiple social roles that are characterised by overlap, discrepancy, and incompatibility (Zahran, 2003, p. 171).

- **Hamed Abdel-Salam Zahran:** Defined it as a state arising when an individual performs multiple social roles that are mutually conflicting or contradictory.
- **Abdel-Moneim El-Hafni:** Defined it as the psychological conflict resulting from the contradiction between roles an individual is required to perform within their social environment.
- **Askar (2000, p. 96):** Described role conflict as the clash between role demands, or when an individual is subjected to a situation that simultaneously imposes mutually exclusive expectations.
- **Talcott Parsons:** Noted that role conflict is a phenomenon reflecting systemic integration problems within the personality structure, structural breakdown within the social system, or dysfluency between personality and social structure, often serving as the net outcome of their dynamic interaction (Marei, 1984, p. 128).

2.2. Role Conflict sources

- **Single-Source Role Conflict (Intra-Sender Conflict):** Occurs when an individual in a work environment is subjected to incompatible or contradictory expectations originating from a single person.
- **Multiple-Source Role Conflict (Inter-Sender Conflict):** Occurs when an individual faces opposing demands from two or more individuals simultaneously.
- **Inter-Role Conflict:** Occurs when an individual occupies multiple social or professional roles whose respective demands mutually collide (Abu Qahf, 2001, p. 190).
- **Person-Role Conflict:** Arises when role expectations collide with the individual's core values, beliefs, or self-concept. It also occurs when an individual perceives themselves as performing multiple roles suited for distinct, incompatible situations.
- **Expectation-Based Conflict:** Inherent in mismatched expectations between the self and significant others.
- **Multiple Role Demands (Role Overload/Incompatibility):** Occurs when a single role requires conflicting behavioral repertoires. Performing diverse and heterogeneous role sets inevitably precipitates role conflict (Othman, 2013).

Synthesising the above, the sources of role conflict can be subsumed under two primary domains:

- **Social Sources:** Conflict emerges prominently during socio-structural shifts in an individual's life. Examples include downward or upward social mobility caused by changes in economic status, or developmental transitions such as adolescence to adulthood accompanied by family-formation planning—essentially, whenever societal demands collide during role performance (Salama, 2007, pp. 135–136).
- **Individual Sources:** Rooted in the individual's subjective perception of executing multiple roles suited for contradictory contexts (e.g., a judge trying a relative, a law enforcement officer arresting a loved one, or a teacher evaluating a family member).

Kamal Alwan Al-Zubaidi (2003, p. 167) corroborates that stressors stem from intra-individual attributes as well as the social environment, highlighting:

- Self-perception of performing dual or multiple roles with context-bound incompatibilities.
- Divergent role expectations held between the individual and others.
- Inter-role conflict arising from competing domain demands.
- Incompatible behavioral patterns required within a single role.

2.3. Role Conflict in Working Women: Role conflict among working women manifests through competing expectations and disparate demands encountered when fulfilling marital, maternal, and occupational roles simultaneously. The multiplicity of obligations, coupled with perceived self-efficacy deficits or feelings of helplessness in satisfying these concurrent expectations, generates psychological strain. It reflects opposing expectations regarding her performance as a woman, employee, and homemaker, where achieving equilibrium across these domains becomes increasingly difficult (Ben Moussa, 2015, p. 157).

In light of the modern status of working Algerian women, managing concurrent social roles generates internal personality conflicts as well as interpersonal and societal tensions, triggering structural role incompatibility (Boubaker, 2007, p. 29). The paramount challenge remains articulating work-family balance—the articulation between domestic labor and professional employment. Role conflict specifically pits traditional domestic and child-rearing duties against the demands of external employment. Domestic duties consume substantial temporal and mental bandwidth, causing cognitive distraction, disorientation, and reduced focus at work, ultimately compromising both the quantitative and qualitative indicators of job productivity.

2.4. Consequences of Role Conflict: Role conflict exerts adverse effects on personality structure, precipitates multiple psychological difficulties, and is linked to various mental health manifestations (Zahran, 2003, p. 171). It reflects structural social disintegration and a lack of congruence between personality structure and self-concept. When conflict between roles impairs the fulfilment of expectations in one domain due to prioritising another, individuals may resort to defensive mechanisms or inner rationalisations, rendering them vulnerable to intrapsychic conflict (Al-Waqfi, 2003, p. 710; Alwan, 2003, p. 167).

Empirical research confirms that various manifestations of role conflict produce damaging consequences for both the individual and the organisation, including:

- **Strain and Anxiety:** Experiencing persistent tension and state anxiety due to an inability to reconcile conflicting expectations.
- **Frustration:** Feelings of frustration stemming from unfulfilled goals across life domains.
- **Social Withdrawal:** Disengaging from social networks due to perceived inadequacy in meeting interpersonal expectations.
- **Somatic and Mental Health Problems:** Manifesting as insomnia, tension headaches, clinical depression, elevated blood pressure, tachycardia, heightened situational anxiety,

occupational burnout, elevated absenteeism, and turnover intentions (Ma'aytah, 2000, p. 198).

- **Organisational Consequences:** Diminished job satisfaction, reduced performance and productivity, exacerbated family dysfunction, social isolation, pervasive pessimism, and eroded trust in organisational leadership and organisational culture (Abu Qahf, 2001, p. 191).

2.5. Definition of Psychological Stress

- **General Conceptualisation:** Stress denotes a spectrum of human conditions arising as systemic reactions to intense external stimuli. It results from environmental factors—such as information overload leading to emotional exhaustion—and emerges under perceived threat or danger, inducing cognitive shifts, emotional volatility, altered motivational structures, and impaired verbal and motor behaviour (Petrovsky & Yaroshevsky, 1996).
- **Cox's Transactional Model:** Defines stress as the outcome of a cognitive appraisal process involving a perceived imbalance between environmental demands and individual coping resources (Taha & Salama, 2006, p. 20).
- **Greenberg & Baron define** stress as a complex affective, emotional state and psychological response paired with physiological reactions to external environmental stressors.

2.6. Sources of Psychological Stress According to Andrew Szilagyi and Marc Wallace, primary sources of stress fall into three distinct levels:

- **2.6.1. Environmental Sources:** Macro-environmental dynamics significantly moderate stress experiences. External factors include macroeconomic conditions and market trends. Fluctuations in economic stability—whether inflationary or recessionary—trigger acute job insecurity and livelihood anxiety (Szilagyi, 1991, pp. 182–183).
- **2.6.2. Organisational Sources:** Organizations comprise policies, goals, and interpersonal networks that collectively or independently generate stress. Organisational stressors operate across three distinct tiers:
 - **Organisational Level:** Whether higher organisational echelons experience greater strain remains empirically complex. Literature demonstrates mixed (positive, neutral, and inverse) correlations between job characteristics (e.g., salary, workload) and health outcomes like cardiovascular disease. This has prompted micro-level analyses of specific job characteristics—such as task variety, decision autonomy, and performance feedback—and their impacts on stress outcomes. Additionally, rigid authority structures, internal political dynamics, and bureaucratic procedures can function simultaneously as sources of stress or job satisfaction (Szilagyi, 1991, pp. 182–183).
 - **Group Level:** Individual and organizational performance are mediated by intra-group and inter-group dynamics. Group-level stressors include ambiguous role definitions (who performs what, and when), interpersonal friction, limited

opportunities for participation or peer support, inter-group conflict, and leadership style disagreements.

- **Individual Level:** Personal life events and life-stage transitions introduce acute stress, impacting both well-being and workplace performance. Furthermore, personality traits interact with stress perception; Type A behavioral patterns—characterized by high achievement striving, time urgency, and competitiveness—exhibit differential vulnerability and tolerance to prolonged strain (Al-Omiyan, p. 162). (*Szilagyi and Wallace illustrate these occupational stress sources and their strain outcomes in the accompanying structural model*).

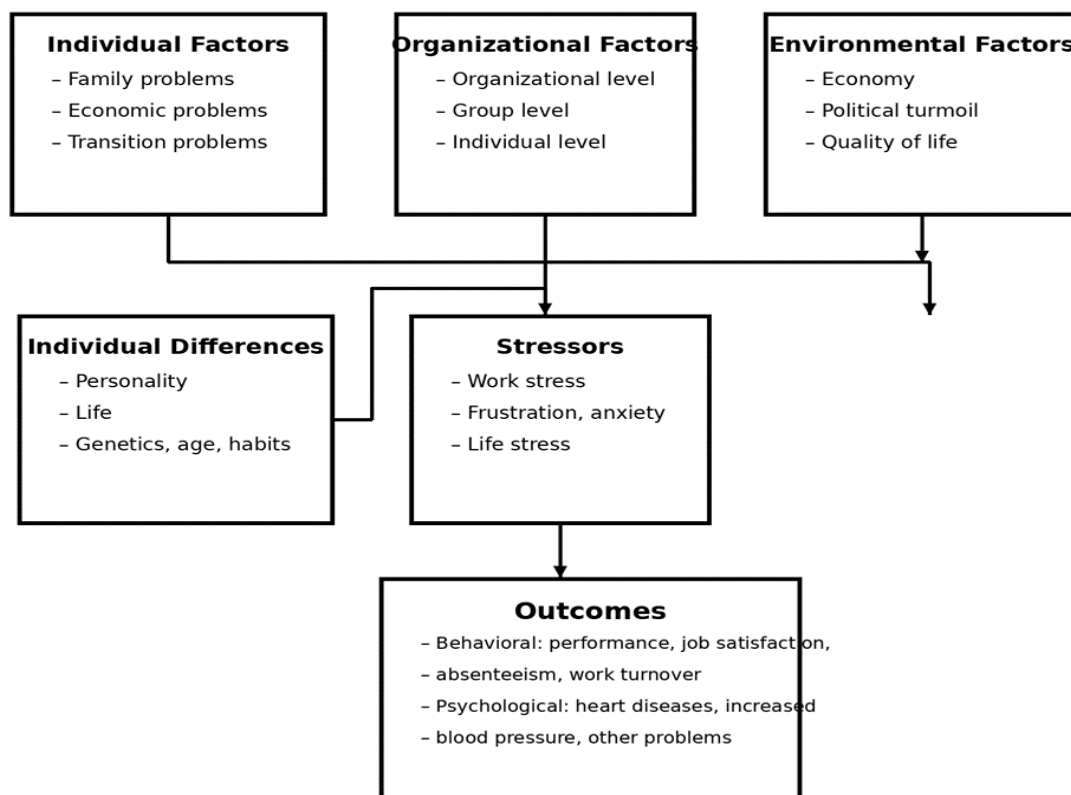


Figure (01): Operational Framework of Occupational Stress Analysis

Source Citation Note:

Szilagyi, A. D., & Wallace, M. J. (1991). *Organizational Behavior and Performance* (Ar-Rifai, A. M., Trans.). Institute of Public Administration, Riyadh, Saudi Arabia.

According to management and organizational behavior scholars, the sources and antecedents of stress are multifaceted. Quick and Quick (1984) delineate four primary categories of stressors:

- Task Demands
- Role Demands
- Physical/Physiological Demands

- **Interpersonal/Intrapsychic Demands**

First: Task Demands

Work, by its inherent nature, comprises a set of tasks performed by an individual employee, whether a manager, administrative officer, or front-line worker. Each task consists of specific activities and requirements that generate strain. Occupational classification plays a crucial role in determining the nature of these stressors. A study examining occupational types in relation to stress revealed that office managers, lower-level supervisory managers, and administrative secretaries experience novel work stressors. In contrast, human resource personnel and university professors report significantly lower stress levels.

Second: Role Demands

Role demands refer to the behavioural expectations others hold for an individual's performance within organisational roles. Thus, as Quick and Quick posit, roles represent "the behavioral expectations communicated by various individuals and groups to the person at work." Role conflict occurs when an individual encounters specific expectations regarding how they should behave, but satisfying these expectations makes it difficult or impossible to meet other behavioral expectations. Consequently, stress arises from the inability or difficulty to reconcile these conflicting behavioral expectations.

Third: Physical / Physiological Demands

The physical environment serves as a significant stressor in contemporary work organizations. The physical (physiological) environment encompasses ambient conditions surrounding workers, including air conditioning, illumination, office furniture, acoustics, architectural layout, ventilation, and workspace orientation—all of which can induce occupational strain.

Fourth: Interpersonal / Intrapsychic Demands

This category of stress antecedents relates to individual-level interpersonal factors. Every individual possesses a distinct personality structure characterized by unique traits and attributes. Consequently, interpersonal interactions within work organizations play a central role in triggering psychological stress. Human interactions generate stress responses that may range from maladaptive to moderately tolerable; an analysis of organizational environments reveals a wide array of complex personality patterns (Al-Adeely, 1993, pp. 144–173).

2.7. Women's Roles and Psychological Stress

The social role of women underwent a radical transformation during the final quarter of the twentieth century across Arab societies. Women increasingly share familial responsibilities and shoulder life burdens—whether as single women living with their families or as married women actively sharing their spouse's aspirations. This structural shift is compounded by heightened stress stemming from domestic duties, childcare, and

maintaining family well-being under routine conditions or during socio-historical crises. Living in societies shaken by crises, instability, and social fragmentation due to escalating aspirations, the pursuit of physical safety and avenues for self-expression has become a paramount concern for both men and women.

Consequently, women have experienced displacement, insecurity, and the continuous struggle for a stable future to the same degree as men. However, while male stress responses often manifest as transient dysphoria, overt depression, or externalized vocalizing while walking, female stress responses frequently manifest as somatization and physiological dysregulation. These include secondary amenorrhea, menstrual irregularity, premenstrual tension, somatic headaches, postpartum depression, early onset menopause symptoms, and appetitive dysregulation (anorexia, hyperphagia, or oral neuroses). Women are thus exposed to a dual taxonomy of stressors: stressors linked to their biological identity, and stressors tied to familial responsibilities (Benjamin, 1997, p. 49).

When exposed to stressors linked to their biological role—alongside associated somatic tension, hyper-reactivity, irritability, sleep disruption, and chronic headaches—these manifestations signify depleted physiological resistance. Over time, adaptive capacity collapses, leaving women vulnerable to organic illnesses, chronic morbidity, and elevated mortality. Conversely, stressors stemming from family roles—such as preserving family cohesion under adverse conditions, frequent residential or international relocation, and pervasive familial instability—constitute major stressors for the head of the household. The loss of purpose and future ambiguity fall heavily on women, who actively absorb their partner's apprehensions by instilling safety and dispelling fear among family members. By assuming this protective role, women actively preserve family resilience in the face of financial strain, economic hardship, and future uncertainty (Hamdash, 2003, p. 75).

A married woman's entry into the labor force introduces the professional role while retaining her traditional roles as mother, wife, and homemaker. Managing these diverse obligations renders her exceptionally vulnerable to role incompatibility and chronic inter-role conflict (between traditional and modern roles). This dynamic adversely impacts her personality structure and influences significant others within her role set—including spouse and children (familial domain) as well as colleagues and supervisors (occupational domain) (Hamdash, 2003, p. 75).

Inter-role conflict represents a primary source of psychological stress for women, as society often expects women in high-ranking administrative positions to perform impeccably across all domains. Women in management face a distinct set of stressors unencountered by male counterparts, such as gender discrimination, false generalizations that stereotypic female traits are incompatible with effective managerial leadership (or vice versa), work-family conflict, and social isolation. The latter occurs when women are

reduced to singular stereotypical archetypes (e.g., strictly as homemakers or mothers), inhibiting the full utilization of their professional competencies and resulting in social alienation (Hassan, 2003, p. 404).

3. Research Methodology

This study utilizes a **descriptive-correlational methodology**, defined as an approach that "focuses on uncovering relationships between the variables under study and examining how they interact with one another" (El-Sayed, 2014, p. 155). This methodology aligns directly with the primary objective of this investigation: examining the relationship between role conflict and psychological stress among married working women within the investigated healthcare institution.

3. Study Scope and Boundaries

- **Spatial Scope (Setting):** The investigation was conducted at the Benflis Touhami University Hospital Center in Batna.
- **Temporal Scope (Timeframe):** Refers to the duration allocated for field data collection, spanning from March 1, 2026, to April 2, 2026, within the target hospital.
- **Human Scope (Target Population):** The human scope comprises 836 married female employees distributed across various clinical departments and administrative offices at the host institution.

4. Study Population and Sampling Strategy

4.1. Target Population

The target population consists of all married female personnel employed at the Benflis Touhami University Hospital Center in Batna, totaling $N = 836$ employees ($n_1 = 261$ physicians, $n_2 = 479$ nurses, and $n_3 = 96$ administrative staff).

4.2. Sample and Sampling Technique

A **purposive sampling procedure** (non-probability sampling) was employed to recruit the participants. The final sample comprised $n = 95$ married female employees, yielding a sampling fraction of 11.36% relative to the total target population ($N = 836$).

4.3. Demographic and Professional Characteristics of the Sample

- **4.3.1. Distribution of Participants According to the Nature of Work Variable:**

Table (01): *Distribution of Female Employees According to Nature of Work*

Occupation	Frequencies	Percentage
Physician	36	38 %
Nurse	30	32 %
Administrative Staff	29	30 %
Total	95	100 %

Source: Output of SPSS v.25.

As shown in **Table (01)**, the largest proportion of female employees (38%) serve as physicians, whereas administrative personnel constitute the smallest proportion at 30%.

4.3.2. Distribution of Participants According to Years of Professional Experience:

Table (02): *Distribution of Female Employees According to Years of Professional Experience*

Professional Experience	Frequencies	Percentage
01_ 05 years	26	27
06_ 10 years	24	25
More than 10 years	45	48
Total	95	100

Source: Output of SPSS v.25.

As shown in **Table (02)**, the majority of female employees (48%) possess more than 10 years of professional experience, whereas the smallest subgroup (25 %) has between 1 and 5 years of professional experience.

5. Research Instruments

- **The Questionnaire:** A structured psychometric instrument comprising interconnected items designed to measure the variables and fulfil the research objectives.
The instrument was adapted from a prior study by **Boubaker (2007)** and consists of three main subscales/sections:
- **Section I: Demographic Variables:** Nature of work and years of professional experience.
- **Section II: Role Conflict Scale:** Comprises 31 items distributed across 3 dimensions:
 - **Dimension 1 (Domestic Chores):** 8 items.
 - **Dimension 2 (Childcare Responsibilities):** 10 items.
 - **Dimension 3 (Spousal Dynamics/Relationship):** 13 items.
- **Section III: Psychological Stress Scale:** Comprises 46 items distributed across 3 dimensions:
 - **Dimension 1 (Familial Domain):** 29 items.
 - **Dimension 2 (Occupational Domain):** 11 items.
 - **Dimension 3 (Somatic-Psychological Well-being):** 6 items.

Responses were recorded using a 3-point Likert scale (*Always, Sometimes, Never*).

6. Results and Discussion

- **6.1. Interpretation and Discussion of the First Hypothesis:**

Hypothesis 1: There are statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the nature of work variable.

To test this hypothesis, a **One-Way Analysis of Variance (ANOVA)** was performed. The statistical processing yielded the following results:

Table (03): *One-Way ANOVA Results for Differences in Role Conflict and Psychological Stress Among Married Working Women According to Nature of Work*

		Mean	SD	F	SIG	Stat SIG
Role Conflict	Physician	2.07	0.24	1.85	0.16	No Stat SIG
	Nurse	1.98	0.29			
	Administrative Staff	2.11	0.29			
Psychological Stress	Physician	2.26	0.31	0.82	0.44	No Stat SIG
	Nurse	2.15	0.38			
	Administrative Staff	2.22	0.40			

Source: Output of SPSS v.25.

As evidenced by the table above, the associated p-values derived from the One-Way ANOVA for the two principal dimensions—role conflict and psychological stress—among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna according to the nature of work variable were $p = .16$ and $p = .44$, respectively. Because these values exceed the alpha significance threshold ($\alpha = .05$), the statistical evidence indicates no statistically significant differences in perceived role conflict or psychological stress attributable to the nature of work variable.

This finding diverges from the results reported by Boubaker (2007) in Tolga (Biskra Province), which identified significant variance in role conflict relative to occupational type. The absence of significant differences between physicians, nurses, and administrative personnel in the present study suggests that the experienced role conflict—stemming from competing demands as a mother, spouse, employee, and homemaker—transcends specific job classifications. The core responsibilities and clinical/administrative workloads managed by physicians, nurses, and administrative staff impose comparable cognitive and emotional demands.

Occupational role expectations remain high regardless of educational attainment; physicians, given the nature of their duties, represent the primary point of contact for both medical staff and patients, while nurses and administrative personnel face equivalent temporal demands and shift durations. Consequently, female personnel across all three occupational categories encounter similar constraints when attempting to balance professional duties with domestic obligations, rendering them equally susceptible to inter-role conflict and strain. Therefore, the empirical evidence fails to support the first hypothesis, leading to its rejection.

6.2. Interpretation and Discussion of the Second Hypothesis:

Hypothesis 2: There are statistically significant differences in role conflict and psychological stress among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna attributable to the years of professional experience variable.

To evaluate this hypothesis, a **One-Way Analysis of Variance (ANOVA)** was performed. The statistical analysis yielded the following results:

Table (04): *One-Way ANOVA Results for Differences in Role Conflict and Psychological Stress Among Married Working Women According to Years of Professional Experience*

		Mean	SD	F	SIG	Stat SIG
Role Conflict	01_ 05 years	2.06	0.29	0.18	0.83	No Stat SIG
	06_ 10 years	2.02	0.24			
	More than 10 years	2.07	0.29			
Psychological Stress	01_ 05 years	2.30	0.37	1.60	0.21	No Stat SIG
	06_ 10 years	2.11	0.36			
	More than 10 years	2.22	0.35			

Source: Output of SPSS v.25.

As indicated in the table above, the One-Way ANOVA significance values for both dimensions—role conflict and psychological stress—among married working women across selected departments at the Benflis Touhami University Hospital Center in Batna according to years of professional experience, were $p = .83$ and $p = .21$, respectively. Because these values exceed the significance threshold ($\alpha = .05$), the statistical analysis demonstrates no significant differences in perceived role conflict or psychological stress attributable to professional tenure.

This finding aligns with Saada et al. (2003, as cited in Abu Al-Hussein, 2010, p. 61), who evaluated a sample of $N = 144$ nurses and reported no statistically significant differences in occupational stress levels across demographic variables. Similarly, the present study indicates that psychological stress among working women remains invariant across demographic and tenure differentials.

This outcome suggests that regardless of total years in service, married female workers develop adaptive coping mechanisms, endurance, and habituation to managing dual domestic and professional roles over time. Employees with over 10 years of service manage substantial obligations toward their spouses and children, just as those with 1–5 or 5–10 years of tenure navigate comparable family caretaking burdens. Operating within the same organisational context and performing equivalent clinical or administrative duties generates homogenous stress profiles. Married working women inevitably experience stress; underlying guilt concerning time away from children can persist, impacting perceived task performance regardless of tenure. Consequently, the empirical evidence fails to support the second hypothesis, leading to its rejection.

Conclusion

In conclusion, the empirical findings demonstrate the presence of role conflict and psychological stress among married working women at the investigated institution, summarised through the following primary indices:

1. The overall mean level of role conflict was $M = 2.05$.
2. The overall mean level of psychological stress was $M = 2.21$.

3. No statistically significant differences were observed in role conflict or psychological stress based on the nature of work variable ($F = 1.85$ and $F = 0.82$, respectively; $p > .05$).
4. No statistically significant differences were observed in role conflict or psychological stress based on years of professional experience ($F = 0.18$ and $F = 1.60$, respectively; $p > .05$).

These findings enhance the empirical understanding of the interplay between role conflict and psychological stress in married female healthcare workers, confirming that occupational stress remains pervasive across job categories and tenure levels.

Recommendations

- **Flexible Work Arrangements:** Implement reduced working hours or part-time scheduling options for married working women.
- **On-Site Facilities:** Establish workplace childcare centres and nurseries near healthcare facilities to ease parental strain.
- **Psychological Support Services:** Establish institutional counselling offices and psychological support units dedicated to managing occupational stress.
- **Work-Life Balance Training:** Organise psychoeducational workshops led by clinical and organisational psychologists focused on work-family balance strategies.
- **Familial Coping Mechanisms:** Foster open family dialogue and promote equitable distribution of domestic responsibilities between spouses to mitigate inter-role tension.
- **Methodological Expansion:** Incorporate qualitative data collection methods, such as semi-structured interviews, in future investigations.
- **Future Research Directions:** Conduct prospective studies examining the relationship between role conflict, job satisfaction, and marital/family adjustment.
- **Organisational Culture:** Promote an organisational culture that supports work-life integration, reduces psychological strain, and enhances role harmony among female staff.

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