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Nurses' Role Ambiguity: A Scoping Review

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ABSTRACT

Background: Nurses are frontline healthcare professionals in hospital settings, operating within complex clinical environments, high job demands, and rapidly evolving healthcare systems. These conditions contribute to role ambiguity, a multidimensional phenomenon characterized by unclear responsibilities, expectations, and professional boundaries, which may affect nurses' performance, psychological well-being, and care quality. Aim: This scoping review aimed to clarify the concept of role ambiguity, synthesize current evidence regarding its occurrence among hospital nurses, and identify multilevel factors influencing its development. Methods: A scoping review methodology was employed. Literature searches were conducted in Google Scholar, ProQuest, ScienceDirect, and Wiley using the keywords "nurse" OR "nurses" AND "role ambiguity" AND "hospital". Based on predefined inclusion criteria, ten original research articles published between 2020 and 2026 were selected and analyzed. Results: Role ambiguity is influenced by individual, organizational, and systemic factors. Emotional intelligence plays a critical role in regulating responses to ambiguous situations, while social support from supervisors and colleagues, along with organizational clarity regarding responsibilities and professional boundaries, reduces role ambiguity. Additionally, digitalization, adaptation to evolving work systems, and structured education and simulation programs contribute to improving role clarity. Conclusion: Role ambiguity among hospital nurses is a complex, multidimensional issue requiring multilevel organizational and professional strategies. Future longitudinal and methodologically rigorous research is needed to support sustainable workforce and healthcare system improvement.

KEYWORDS Nurses; Role Ambiguity; Hospital

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INTRODUCTION

High-quality, patient-centered hospital care relies on coordinated collaboration among healthcare professionals, with nurses serving as the frontline workforce who maintain continuous and direct patient contact. However, contemporary hospital environments are characterized by increasing clinical complexity, escalating workload demands, and rapidly evolving healthcare systems (Björk et al., 2025). These conditions create uncertainty in professional practice and contribute to a growing organizational and psychological phenomenon known as role ambiguity, defined as unclear responsibilities, expectations, and professional boundaries (Cengiz et al., 2021; Rosse & Rosse, 1981). Role ambiguity occurs when individuals lack sufficient information about the expectations associated with their role, the methods to fulfill those expectations, or the consequences of their role performance.

Role ambiguity is not merely an individual stressor but also an indicator of systemic and organizational dysfunction, reflecting leadership practices, communication structures, and workplace culture (Lee, Sim, & Tuckey, 2024; Üngüren & Arslan, 2021). Evidence from intensive care settings demonstrates that role ambiguity significantly increases anxiety and occupational stress, which subsequently undermines psychological well-being and the quality

of patient care. Nevertheless, emotional intelligence has been identified as a protective factor, enabling nurses to regulate anxiety and buffer the adverse effects of ambiguous role expectations (Ibrahim et al., 2025; Saifan et al., 2025).

Emerging literature further suggests that perceived overqualification and certain personality traits may intensify workplace alienation, indirectly reinforcing role ambiguity. Conversely, social support from supervisors and colleagues consistently emerges as a key organizational resource that mitigates role ambiguity, improves job satisfaction, and enhances workforce stability. These findings underscore the critical role of organizational context in shaping nurses' professional clarity and performance (Glazer, 2021; Mohamed et al., 2025; Nelson & Anderson-Johnson, 2021; Orgambídez et al., 2022; Shin et al., 2025).

Healthcare transformation—particularly digitalization—has introduced new dynamics into nursing practice. While technological integration enhances educational accessibility and supports simulation-based training for newly recruited nurses, it may simultaneously increase technostress among older nurses, potentially reinforcing role ambiguity. Lessons from the COVID-19 pandemic further revealed that heightened workload, uncertainty, and burnout amplified role ambiguity and contributed to disengagement behaviors such as quiet quitting (Kang et al., 2025; Lim & Yi, 2025; Zhang et al., 2026).

Despite growing recognition, existing literature remains fragmented across psychological, organizational, and technological perspectives, limiting a comprehensive understanding of role ambiguity in nursing practice. Therefore, this scoping review aims to clarify the conceptualization of role ambiguity, synthesize current empirical evidence, and identify multilevel factors influencing role ambiguity among hospital nurses. This scoping review specifically seeks to: (1) examine how role ambiguity has been conceptualized and measured in nursing research; (2) identify individual, organizational, and systemic factors associated with role ambiguity; (3) explore the consequences of role ambiguity for nurses and healthcare organizations; (4) synthesize evidence regarding effective interventions for reducing role ambiguity; and (5) identify knowledge gaps to guide future research.

The contributions of this review extend to multiple stakeholders. For nurse clinicians, the findings provide insight into factors influencing their professional clarity and strategies for managing ambiguous situations. For nursing leaders and healthcare administrators, the review offers evidence-based recommendations for organizational interventions to reduce role ambiguity and enhance workforce stability. For educators, the findings highlight the importance of preparing nursing students for the realities of professional practice and supporting their transition to the workforce. For policymakers, the review illuminates systemic factors contributing to role ambiguity and identifies opportunities for policy interventions to strengthen the nursing workforce. Ultimately, this review aims to advance understanding of role ambiguity as a critical determinant of nurses' well-being and performance, contributing to efforts to build sustainable, high-quality healthcare systems.

METHOD

A scoping review methodology was adopted to systematically map evidence related to role ambiguity among hospital nurses. Inclusion and exclusion criteria were predefined to ensure methodological rigor. Literature searches were conducted across four major databases: Google Scholar, ProQuest, ScienceDirect, and Wiley, using the search string: "nurse" OR

"nurses" AND "role ambiguity" AND "hospital." Eligible studies met the following criteria: (1) original research examining factors associated with nurses' role ambiguity, (2) publication between 2020 and 2026, (3) English-language full-text availability, and (4) non-review study design.

The screening process (Chart 1) identified 32,888 records. After applying database filters and inclusion criteria, 5,732 articles remained. Title screening excluded 5,717 irrelevant studies. Fifteen full-text articles were assessed, and five were excluded due to limited relevance. Ultimately, ten studies were included for synthesis.

RESULT AND DISCUSSION

After obtaining 10 articles according to the criteria and topics set to be described, data extraction was carried out for each article, presented in tabular form as seen in Table 1.

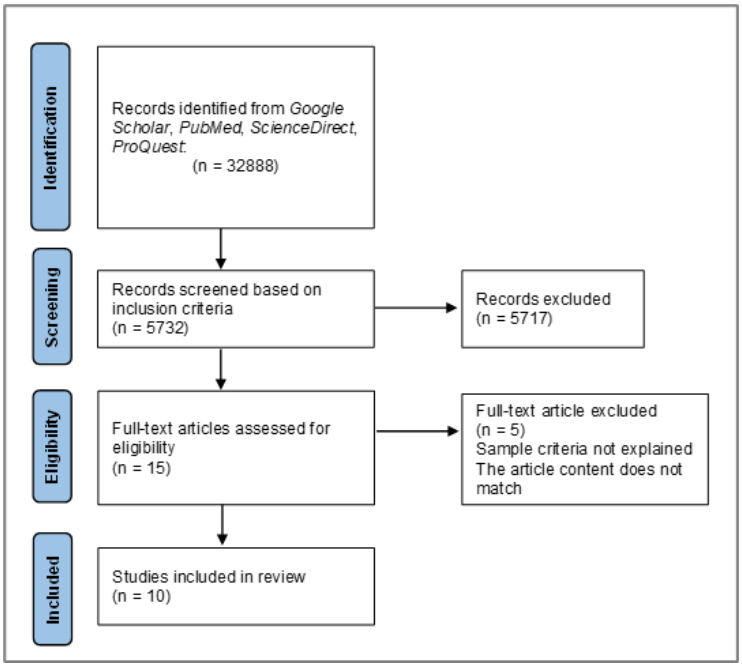

Chart 1. Literature Search

Data extraction for 10 articles included in this study are presented below.

Table 1. Article Description

Title & Authors	Country	Year	Objectives	Population & Sample	Methods	Results
Emotional intelligence as a mediator of anxiety and role ambiguity among nurses caring for critically ill geriatric patients *Asmaa Mahmoud Ali Ibrahim, Nadia Abdelnasser,*	Egypt	2025	Investigate the role of emotional intelligence as a mediator between anxiety and role ambiguity among nurses caring for critically ill geriatric patients.	Population: 277 ICU nurses, Sample: 250 ICU nurses	A descriptive correlational analytical research design was followed. The study subjects were selected using the purposive sampling technique and involved 250 Intensive care units at South Valley	The study highlights the importance of emotional intelligence in managing anxiety and role ambiguity among nurses caring for critically ill geriatric patients. Fostering emotional intelligence can improve job

Mohamoud Abdelwahab Khedr, Eman Mahmoud Mohammed Shoukr				University hospitals in Qena City, Egypt. Four tools were used for data collection: sociodemographic and occupational data of critical care nurses, the Wong and Law Emotional Intelligence Scale (WLEIS), the Generalized Anxiety Disorder 7-item (GAD-7), and Job Role ambiguity.	satisfaction, job well-being, and patient care quality by clarifying role expectations.
The relationship between role ambiguity and anxiety in intensive care unit nurses: The mediating role of emotional intelligence *Hong-li Zhang, Fang Liu, Hong-juan Lang*	China	2024	This study aimed to explore the effects of role ambiguity on anxiety in intensive care unit nurses and the mechanisms mediating emotional intelligence.	Population: nurses from 7 hospitals, Sample: 360 ICU nurses	An online questionnaire platform was used to distribute and collect data. Prior to the survey, we contacted hospital administrators, and with their support and help, we distributed an electronic questionnaire anonymously to a group of nurses through China's largest social networking platform (WeChat).	Role ambiguity has a significant impact on the mental health of intensive care nurses, and emotional intelligence plays a mediating role in reducing role ambiguity and anxiety in nurses. Creating support systems and improving the environment is a top priority for nursing administrators. This includes, but is not limited to, clarifying the roles of nurses, conducting social-emotional training, and developing emotional intelligence to prevent and regulate nurses' anxiety and maintain mental health.
Navigating workplace uncertainty: a path analysis of perceived overqualification,	Egypt	2025	This study aims to examine the relationships among perceived overqualification, covert	Population: 600 nurses, Sample: 446 nurses	A cross-sectional study was conducted with 446 nurses from various Egyptian healthcare settings. Data was collected through	Perceived overqualification significantly contributes to workplace alienation among nurses, with covert

covert narcissism, workplace alienation, and role ambiguity among nurses *Heba Sobhy Mohamed , Mohammed Adel Abd Elhafeez Elbakry, Ahmed Abdellah Othman, Mohamed Hussein Ramadan Atta, Abeer Moustafa Barakat, Eldin Moustafa Hamed*			narcissism, workplace alienation, and role ambiguity among nurses using path analysis to explore their interactions.		structured face-to-face interviews using four validated instruments: the Scale of Perceived Overqualification (assessing subjective overqualification), Hypersensitive Narcissism Scale (measuring covert narcissism), Role Ambiguity Scale (evaluating clarity in job responsibilities), Work Alienation Scale (assessing workplace alienation), Additionally, a researcher-developed Demographic Questionnaire was used to collect participants' background characteristics.	narcissism and role ambiguity acting as mediators. To mitigate these effects, healthcare organizations should implement targeted interventions such as structured role clarification, career development programs, and leadership strategies that enhance nurses' sense of professional fulfillment. These strategies can improve job satisfaction, reduce turnover, and support workforce sustainability in healthcare settings.
Effects of a mobile simulation program for nursing delegation: A randomised controlled trial *Haena Lim, Yeojin Yi*	South Korea	2025	This study aims to develop the Mobile Simulation Program for Nursing Delegation (MSP-D) to enhance nurses' delegation skills and evaluate its effects on nurses' preparedness to delegate, critical thinking disposition and role ambiguity reduction.	Sample: 96 participants	A randomised controlled trial with a pre–post-test design. The participants were 96 nurses from three general hospitals in South Korea, randomly assigned to either the experimental (n = 48) or control group (n = 48). Methods: The MSP-D is a mobile web-simulation and the experimental group used the MSP-D for three weeks. Data were collected pre- and post-intervention.	The MSP-D is an effective educational tool for improving nurses' delegation skills and may enhance job training for nurses collaborating with nursing assistants to improve nursing care quality in a new nursing delivery model. Mobile simulation education significantly improves effectiveness due to its high accessibility and flexibility.

Social support and job satisfaction in nursing staff: Understanding the link through role ambiguity *Alejandro Orgambídez PhD, Helena Almeida PhD, Yolanda Borrego PhD*	Portugal	2022	This study aimed to analyse the mediator effect of role ambiguity between social support from supervisor and colleagues and job satisfaction in Portuguese nursing staff.	Population: 415 participants, Sample: 254 participants	Cross-sectional design using questionnaires. A total of 124 registered nurses and 130 certified nursing assistants participated in the study. Mediation analysis was performed by calculating percentile confidence intervals (10,000 resamples).	Mediation analysis revealed a partial mediation between social support and job satisfaction through role ambiguity. The direct effect was greater in the case of supervisor support. Social support is a crucial resource in the nursing work context with a beneficial effect on well-being (e.g. reducing role stress) and job satisfaction. Managers of hospitals and health units can establish the organizational bases to facilitate this process, considering the importance of the role of the supervisors and colleagues in the provision of high levels of instrumental and socio-emotional support.
The Mediating Effects of COVID-19 Infection Control Fatigue on Quiet Quitting: Focusing on Organisational Justice, Role Ambiguity and Job Satisfaction *Jaejin Kang, Wonseok Jeong, Seungju Kim*	South Korea	2025	This study explored the mediating effects of organisational justice, role ambiguity and job satisfaction on the relationship between infection control-associated fatigue and quiet quitting.	Sample: 323 nurses	This study used an exploratory cross-sectional survey design. Between 1 February and 29 February 2024, data were collected from 323 nurses—who worked in general or tertiary hospitals during the pandemic—using an online self-report questionnaire distributed via a popular nursing	Correlation analysis showed a negative relationship between quiet quitting and organisational justice and positive relationships with job satisfaction, role ambiguity and infection control fatigue. Quiet quitting increased among nurses experiencing infection control fatigue during the

					community platform.	coronavirus disease 2019 pandemic, with job satisfaction and organisational justice acting as mediators. Increasing job satisfaction and achieving organisational justice may help improve the quality of nursing and mitigate quiet quitting. Hospitals must find ways to improve nurses' work and increase their satisfaction.
Age-group Variations in the Associations Between Technostress, Job Burnout, and Work Engagement Among Nurses: Evidence From a Network Analysis *Haonan Zhang, Zhenduo Zhang, Huan Xiao, Ruoyi Qu, Zhen Zhou*	China	2025	This research aims to help hospital administrators to develop targeted strategies for reducing TechnoStress in nurses.	Sample: 672 participants	A total of 672 nurses were recruited from five hospitals in Liaoning Province, China. Network analysis was adopted to analyze the network characteristics among TS, job burnout (BO), and work engagement (WE), as well as to compare gender differences.	(1) Younger nurses suffer more from invasion of privacy, while older nurses are more concerned about role ambiguity. (2) Technostress is positively and directly associated with BO and has an indirect negative relationship with WE through BO. (3) Controlling cynicism is more important for younger nurses, while emotional exhaustion is more important for older nurses. This research helps in understanding the complex interrelationships and helps hospital administrators to better address nurses' stress and adapt targeted strategies during

						digital transformation.
Understanding the work life of clinical nurse educators in Canadian hospitals through the Job Demands-Resources Model: A descriptive qualitative study *Emily Read, Kateryna Metersky, Linda Matthews, Rachel MacLean*	Canada	2026	This study explored the job demands and resources influencing clinical nurse educators' experiences in two Canadian provinces, using the Job Demands-Resources (JD-R) model as a guiding framework.	Sample: 24 nurse educators	A qualitative descriptive design was used, involving in-depth, semi-structured interviews with 24 clinical nurse educators employed in acute care hospitals in Ontario and New Brunswick.	Clinical nurse educators' effectiveness and retention are shaped by a complex interplay of job demands and resources. While challenge demands can be motivating, hindrance demands contribute to stress and burnout, particularly when not buffered by adequate support. Addressing role ambiguity, enhancing recognition, and investing in both structural and interpersonal resources are critical to sustaining the clinical nurse educator workforce in hospital settings.
Growth and Adaptation of Newly Graduated Nurses Based on Duchscher's Stages of Transition Theory and Transition Shock Model: A Longitudinal Quantitative Study *Lynette Cusack, Loren Madsen, Judy Boychuk Duchscher, Wenpeng You*	Australia	2025	To examine the professional role development of new graduate nurses (NGNs) across three transition stages within a major Australian health service.	Sample: 158 graduate nurses	A longitudinal quantitative study guided by Duchscher's Stages of Transition Theory and the Transition Shock Model. A customised 75-item questionnaire—adapted from the Professional Role Transition Risk Assessment Instrument and the Professional and Graduate Capability Framework—was administered at three transition points (March 2020–March 2021).	This study identified clear stage-based differences in the transition experiences of graduate nurses and midwives, demonstrating how responsibilities, role orientation, workplace relationships, and professional confidence vary across early, mid, and later transition points. Key predictors of transition stage included reduced role confusion, leadership potential,

					perceived workplace support, and realistic self-assessment of clinical abilities. These findings address the study's objectives by clarifying which factors align with more advanced stages of transition and how they contribute to professional development.
Beyond the bedside: unravelling the impact of non-nursing tasks on clinical nurses and healthcare delivery *Ahmad Rajeh Saifan, Ayman Abed Aldarawsheh, Nabeel Al-Yateem, Hanan F. Alharbi, Fatma Refaat Ahmed, Zyad T. Saleh, Safa'a Al-Ryahna, Khulud Ahmad Rezq, Dana Anwer Abujaber*	Jordan	2025	To investigate Jordanian nurses' perceptions and interpretations of NNTs, and how these tasks influence their professional practice and the broader healthcare delivery system.	Sample: 38 experienced nurses	A qualitative exploratory design was employed, using focus group interviews with 38 experienced nurses from three major hospitals in Jordan. Thematic analysis was conducted to identify patterns in how nurses perceive and experience NNTs in their clinical roles.	Two main themes emerged: (1) the paradoxical nature of NNTs, which simultaneously challenge core nursing identity while fostering adaptability, and (2) the broad spectrum of non-nursing tasks performed by nurses, including administrative duties, support services, and tasks typically assigned to other healthcare professionals. These roles significantly influenced job satisfaction and perceived care quality.

The analysis focused on three domains: conceptual definitions of role ambiguity, empirical patterns of occurrence, and multilevel determinants influencing role ambiguity in hospital nursing practice. Role ambiguity in nursing arises when professional expectations, responsibilities, and role boundaries lack clarity, consistency, or predictability. Insufficient information regarding job functions generates uncertainty, particularly when responsibilities overlap or extend beyond core clinical duties. This condition is frequently observed among specialist nurses, nurse managers, and nurses working in high-pressure clinical environments that require rapid decision-making under systemic uncertainty (Cengiz et al., 2021; L., 1990; Miller et al., 2000; Rosse & Rosse, 1981; Zhang et al., 2024).

The reviewed literature indicates that role ambiguity commonly emerges when nurses must make urgent clinical decisions without clearly defined professional boundaries. It is also prevalent among nurses who simultaneously perform clinical and educational roles, particularly when mentoring newly graduated nurses (Raurell-Torredà et al., 2021; Smith, 2011). During the transition from academic training to professional practice, newly graduated nurses often experience temporary role ambiguity; however, structured organizational support and clear guidance significantly facilitate role adaptation and strengthen professional confidence (Cusack et al., 2025; Hamdin et al., 2025; Read et al., 2026).

Technology presents a dual effect. Digitalization may exacerbate role ambiguity among older nurses due to limited technological proficiency and increased administrative demands, while concerns regarding data privacy and security can further contribute to emotional fatigue. Conversely, technology serves as a critical enabling resource by improving information accessibility, supporting simulation-based learning, clarifying delegation roles, and enhancing professional competency development (Lim & Yi, 2025; Zhang et al., 2026).

Psychologically, role ambiguity is strongly associated with emotional exhaustion and perceived professional uncertainty. Perceived overqualification may intensify emotional strain, whereas emotional intelligence moderates the stress response by enabling more effective emotional regulation. Nurses with higher emotional intelligence demonstrate greater resilience when confronting ambiguous and overlapping responsibilities (Brunetto et al., 2012; Ibrahim et al., 2025; M. et al., 2017; Rudberg et al., 2025; Zhang et al., 2024).

Organizational context remains a central determinant. Strong interpersonal support, collaborative work environments, and clear communication structures significantly reduce role ambiguity and improve care effectiveness. In contrast, rigid hierarchical systems may reinforce ambiguity, lower job satisfaction, and increase turnover intentions. Structured education, continuous professional development, and simulation-based training are effective strategies for strengthening role clarity and preparing nurses for technological and organizational transitions (Ahmadian et al., 2012; Glazer, 2021; Kang et al., 2025; Linqvist Leonardsen et al., 2025).

CONCLUSION

Role ambiguity among hospital nurses is a complex, multidimensional phenomenon shaped by the interaction of individual, organizational, and systemic factors. Emotional intelligence, social support, and organizational clarity regarding professional roles are central determinants. Technological adaptation and structured training further contribute to reducing ambiguity and strengthening professional performance. Addressing role ambiguity is essential not only for improving nurses' well-being but also for ensuring sustainable, high-quality healthcare delivery. Future research should adopt longitudinal and mixed-method approaches to capture the dynamic and long-term impact of role ambiguity. Greater focus on role-specific analysis, multilevel organizational interventions, and real-time technological integration is required to develop evidence-based strategies that enhance role clarity and workforce sustainability in modern healthcare systems.

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