ABSTRACT

The purpose of this research was to examine work-related stress experienced by clinical faculty (N = 225) in ADN and BSN programs. Faculty rated the extent to which they experienced 23 potential stressors associated with clinical teaching. The predominant stressors were: coping with job expectations associated with their clinical teaching roles; feeling physically and emotionally drained at the end of a clinical teaching day; job demands that interfere with activities of personal importance; heavy workload; pressure to maintain clinical competence or a clinical practice without time to do so; feeling unable to satisfy the demands of work-related constituencies (e.g., students, clinical agency personnel, patients); and teaching inadequately prepared students.

The stress experienced by staff nurses in different clinical settings and practice areas has been described in the nursing literature. Similarly, studies have been performed on the roles of nursing faculty, particularly on integrating research and scholarship into one’s role and faculty workload. There is limited research, however, on the role of clinical nursing faculty in associate degree (ADN) and baccalaureate (BSN) nursing programs and stress experienced by them.

There are many reasons for faculty to experience stress in their clinical teaching role. The extent of knowledge and skills to be developed by students in the clinical setting, limited time for teaching, acuity of patients, and number of students for whom the clinical teacher is responsible may contribute to creating a stressful work environment for faculty. Maintaining positive relations with staff, becoming familiar with agency policies and norms, and balancing learning experiences with patient needs and welfare are important responsibilities of the faculty to ensure a positive learning environment for students.

Clinical teaching is time intensive in the many hours spent with students in the practice setting and in the time spent preparing for this teaching. The time required for clinical teaching is a stressor for faculty (Goldenberg & Wadell, 1990; Lott, Anderson, & Kenner, 1993). In addition, most clinical faculty are women who often have multiple roles and responsibilities associated with family commitments. Combining teaching with these other obligations may contribute to the stress experienced by faculty. The purpose of this research was to examine work-related stress experienced by clinical faculty in ADN and BSN programs.

Literature Review

The characteristics and qualities of an effective clinical teacher have been described extensively in research on clinical teaching in nursing (Oermann, 1996). Expert knowledge, clinical competence, role modeling, teaching practices and skills, development of interpersonal relationships with students and agency personnel, and personal characteristics such as enthusiasm for clinical teaching emerged as important skills of faculty.

Other studies have examined the role of university nursing faculty and role strain associated with their positions. Mobley (1991) conducted a study of the role strain of 102 full-time nursing faculty; half of the respondents reported a moderate to high degree of role strain. Other related studies have examined burnout among nursing faculty (Dick, 1992; Fong, 1990; Langemo, 1988). In Langemo’s (1988) research, there was a positive correlation between burnout scores and time spent on work-related activities outside regular work hours. In research by Fong (1990), job demands of nursing faculty correlated positively with burnout. Individuals who reported greater job demands were more likely to experience emotional exhaustion, depersonalization, and a decreased sense of personal accomplishment. Time pressure correlated significantly with emotional exhaustion.

Piscopo (1994) studied the differences between clinical nursing faculty’s perceptions of the organizational climate and communication in their affiliating agencies and nurse managers’ perceptions of these same factors. While there were no significant differences between these two groups on perceptions of organizational climate, there were differences in how each group perceived communication in the organization. Nurse managers had a more positive perception of communication than faculty (t = 3.95, df = 60, p < .01). Piscopo (1994) suggested this difference may result from faculty not being formal members of the organization and its communication network. Paterson (1997) described the relationship of the clinical teacher and students to the clinical agency as a "temporary system," skilled people who work together on a complex task over a limited period of time, within the permanent culture of the clinical setting (p. 197).

While the research suggests nursing faculty experience role strain associated with the demands of their positions, these
studies have focused mainly on faculty responsible for classroom and clinical instruction, research, and service and faced with the need to balance these varied dimensions of their role.

The research questions were:

- What are the work-related stressors experienced by clinical nursing faculty in ADN and BSN programs?
- Is there a difference in work-related stress based on marital status and years of nursing and clinical teaching experience?

Method

A descriptive exploratory design was used. The sample consisted of 226 clinical nursing faculty from 20 randomly selected ADN and BSN programs throughout the midwestern United States. Three hundred surveys were distributed and 226 were returned, for a response rate of 79%. While the nursing programs were chosen at random, the faculty who completed the survey represented a convenience sample. Participants were teaching students in the clinical setting during the time of the study.

The instrument was adapted with permission from one developed by Mobily (1991). There were 23 statements describing possible work-related stressors of clinical nursing faculty. Using a scale of 1 (never) to 5 (nearly all the time), faculty rated the extent to which they experienced each of these potential stressors in their current role as a teacher in the clinical setting. Content validity was established in a pilot study with 16 clinical nursing faculty who were not involved in the research. Reliability of the original instrument was measured by Mobily; the alpha coefficient was .92. In the present study, the alpha coefficient was .93.

Results

Subjects included 100 clinical nursing faculty from ADN programs and 126 from BSN programs. There was no significant difference in age; the mean age of ADN faculty was 46.2 and 46.8 for BSN faculty. The majority (n = 132, 58.4%) of faculty were married with dependents. Chi square indicated no significant differences between groups in terms of marital status.

Most faculty (n = 146, 64.6%) were prepared at the master’s level. Clinical faculty teaching in BSN programs had a significantly higher level of educational preparation, as expected ($\chi^2 = 32.30, df = 5, p < .05$). Thirty-five of these faculty had doctoral degrees, compared with 9 in the associate degree programs.

Faculty were teaching students in hospitals (62.2%), community health and long-term care facilities (31.8%), and various other types of clinical settings. The teachers in this study were experienced faculty with a mean of 12 years of clinical teaching experience across both groups. They had been teaching in the clinical setting in their current schools of nursing a mean of 9.1 years. There were no significant differences between ADN and BSN faculty in the type of clinical setting in which they were teaching nor in their years of teaching experience. The majority of faculty (n = 162, 71.7%) were working full-time as clinical teachers.

Work-related stressors were identified by analyzing each of the 23 items in the instrument. On a scale of 1 (never) to 5 (nearly all the time), the predominant stressors identified by clinical faculty were:

- Coping with job expectations associated with their clinical teaching roles (mean = 3.58, SD = .85).
- Feeling physically (mean = 3.50, SD = .93) and emotionally (mean = 3.43, SD = .87) drained at the end of a clinical teaching day.
- Job demands that interfere with activities of personal importance (mean = 3.36, SD = .92).
- Heavy workload (mean = 3.36, SD = 1.10).
- Pressure to maintain clinical competence or a clinical practice without time to do so (mean = 3.27, SD = 1.21).
- Feeling unable to satisfy the demands of work-related constituencies (e.g., students, clinical agency personnel, patients) (mean = 3.22, SD = .98).
- Teaching inadequately prepared students (mean = 3.22, SD = .82).

While faculty reported that sometimes they were not recognized for their clinical teaching performance (mean = 3.09, SD = 1.10), their clinical expertise was acknowledged by others.

Faculty reported keeping abreast of current developments in their clinical specialty, teaching clinical courses congruent with their background and expertise, and having sufficient clinical and teaching skills to fulfill their faculty roles. They did not perceive pressure from administration nor their colleagues to improve teaching performance or to participate more in the teaching mission of the nursing program.

Clinical faculty in BSN programs reported higher stress than ADN faculty in three areas: coping with job expectations; job demands that interfered with other activities of personal importance; and too heavy a workload. Pearson r revealed no significant relationships among years of nursing and clinical teaching experience and scores on the 23 stressor items. There were no differences in stressors based on marital status and if the faculty had dependents.

Discussion

While clinical faculty experienced a number of work-related stressors, overall they did not report a high degree of stress in clinical teaching. It is important to note faculty across both programs had extensive clinical teaching experience in general, as well as in their present schools of nursing. This probably enabled them to cope with the multiple demands of providing clinical instruction.

The stressors experienced by faculty, however, in clinical teaching were clearly identified in this research:

- Difficulty coping with job expectations associated with being in the clinical setting.
- Feeling physically and emotionally drained at the end of a clinical day.
- Having the demands of their roles as clinical faculty interfere with other activities of personal importance.
- Difficulty balancing the learning needs of students, requirements of the clinical agency and personnel, and needs of patients.
- Teaching inadequately prepared students.

Even among experienced clinical teachers, these areas emerged as stressful. The physically and emotionally demanding nature of clinical teaching should be recognized. Faculty need continued support for their clinical teaching and guidance as to strategies that might be used to better balance their time and cope with the demands of students, patients, and agency personnel. In the nursing education litera-
ture, much credence is given to the benefits of mentoring. This research suggests mentoring is important not only for new faculty but also for continuing teachers to meet the demands of clinical teaching.

An implication for administrators relates to rewarding faculty for their clinical teaching performance. In this study, faculty reported a lack of recognition for effective clinical teaching. Awards for clinical teaching excellence; opportunities to prepare teaching portfolios to document the quality of teaching in the clinical setting; and innovative instructional methods developed for students (Oermann & Gaberson, 1998); and informal discussions about clinical teaching issues, problems, and solutions led by clinical faculty are other strategies that might be considered.

Few clinical faculty are prepared educationally for their roles. Inexperienced faculty need an understanding of the clinical teaching process and how to work with agency personnel, plan clinical assignments, direct student learning, and evaluate performance. The characteristics and qualities of an effective clinical teacher are well established through research. Without an understanding of how to teach in the clinical setting, faculty may experience undue stress associated with their role as teacher.

References