RESEARCHPOP: ID# 101385

**Title:** Factors That Impact Role Strain Among Undergraduate Clinical Instructors Teaching in Wisconsin Nursing Programs

**Julie Astrella, DNP**  
*School of Nursing, University of Wisconsin–Madison, Madison, WI, USA*

**Session Title:** Meet the Poster Authors Session  
**Slot:** PST: Friday, March 27, 2020: 2:30 PM-3:15 PM

**Abstract Describes:** Completed Work/Project

**Applicable Category:** Academic

**Keywords:** Clinical Instructor, Nurse faculty practice and Role strain

**Abstract Summary:**  
Role strain is the distress felt when one has difficulty meeting job responsibilities. It is present in nursing faculty, particularly clinical instructors, and contributes to attrition. This study identified factors that impacted role strain among clinical instructors, with an emphasis on nurse faculty practice and activities/behaviors to relieve role strain.

**References:**

Abstract Text:

Purpose: Clinical instructors play an integral role in undergraduate nursing education. They bridge the gap between theoretical knowledge and nursing practice while meeting the role expectations of their employer and the facility where they teach. These unique expectations complicate the role of a clinical instructor, making it a difficult position to recruit for and retain (Allan & Aldebron, 2008). Clinical instructors report role strain related to their work. Role strain is the distress felt when one has difficulty meeting job responsibilities; research finds that role strain contributes to burnout, disengagement from one’s role, job dissatisfaction, and ultimately a job change (Fong, 1990; M. Hardy & Hardy, 1988). The purpose of this study was to explore role strain among undergraduate clinical instructors teaching in Wisconsin nursing programs, due to the limited evidence about factors that contribute to role strain in this population.

Methods: The study design was mixed methods, utilizing a modified version of Mobily’s Role Strain Scale (1991) as the quantitative instrument. Of particular interest was the impact of nurse faculty practice (direct care of a patient or population) on the degree of role strain experienced, as it was noted in the literature to have positive impact on role strain among clinical instructors (Baillie, 1994; Berndt, 2013; Langan, 2003; Steele, 1991). Participants were also invited to discuss activities they undertook to relieve role strain. The sample (n=37) was comprised of undergraduate clinical instructors employed by one of four BSN-degree conferring institutions in Wisconsin, located in three urban settings. Two of the institutions were publicly-funded and two were privately-funded. Fifty-one percent of participants engaged in nurse faculty practice.

Results: Key findings included a moderate-to-high degree of role strain among 49% of participants, with practicing instructors reporting higher mean role strain scores than non-practicing instructors. Clinical instructors practicing 0-24 hours (in addition to teaching) reported the highest degree of role strain, as did those that did not provide direct care where they taught clinical. Instructors teaching in the classroom and clinical settings reported less role strain than those teaching only in the clinical setting. Additional sources of role strain (qualitative data) included difficulties with balance, students, and role responsibilities. Work and non-work activities/behaviors that relieved role strain included flexibility, collegial support, fitness, meditation, and taking time for oneself.

Conclusion: Study findings and the literature guided the implications for academic institutions. Recommendations included a balance of clinical and classroom teaching for instructor workloads and to develop mechanisms for providing collegial support for clinical instructors. Academic institutions were also recommended to form Academic-Practice Partnerships (APPs) with health care organizations. The purpose of an APP is to establish shared goals and priorities; these partnerships often support joint faculty appointments between both institutions (AACN-AONE, 2012). Implementing these recommendations may reduce clinical instructor role strain and attrition.