



Perceived Role Strain Experienced by Clinical Nurse Faculty

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Background

Clinical Nurse Faculty act as the gatekeepers to the nursing profession, ensuring graduating students are competent upon completion of the nursing program (Gazza, 2009; Hrobsky & Kersbergen, 2002).

Clinical Nurse Faculty are responsible ultimately for assigning a grade indicating that a student successfully met or failed to meet the clinical course outcomes and standards of safe practice required to progress to the next level or graduate (Amicucci, 2012; Larocque & Luhanga, 2013).

Evaluation of students' clinical performance is complex, and inherently subjective (Amicucci, 2012; Tanicala, Scheffer, and Roberts, 2011). This contributes to faculty anxiety, self-doubt, and hesitancy particularly when faced with the decision to assign a failing grade, as students tend to seek recourse via the legal system (Smith, McCoy, & Richardson, 2001).

Perceived role strain is inherently related to the Clinical Nurse Faculty's interactions with students and evaluation of the attainment of the required learning outcomes or competencies.



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Method

This poster provides an overview of the literature that explores role strain experienced by Clinical Nurse Faculty.

The purpose of the integrative literature review of primary English peer-reviewed sources published within 1982-2013 was to determine the evidence, the current state of knowledge, expose the gaps in the evidence, and lastly identify areas where future research is necessary concerning role strain perceived by Clinical Nurse Faculty.

Data sources include: CINAHL, PubMed, MEDLINE, ScienceDirect, SAGE, and ProQuest.

Results

Several studies confirmed Clinical Nurse Faculty experience varying degrees of perceived role strain.

An increased workload, specifically identified as a heavy workload with its clinical component, was perceived by Clinical Nurse Faculty as most stressful.

Additionally, job expectations including self-imposed expectations and time constraints contributed appreciably to Clinical Nurse Faculty perceived role strain (Clark, 2013; Cranford, 2013; Oermann, 1998a, 1998b; O'Shea, 1982; Whalen, 2009).

Researchers reported the most frequent perceived role strain incidents involved students and student performance or inability to provide patient care.

Specific examples included :

- ❖ retaining failing students
- ❖ providing individual clinical supervision
- ❖ dealing with clinically unsafe students
- ❖ failing clinically unsafe students
- ❖ managing student problems
- ❖ working with unprepared or poorly students
- ❖ the number of clinical students
- ❖ student evaluations
- ❖ grading clinical papers



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Conclusions

The literature revealed Clinical Nurse Faculty experience varying degrees of perceived role strain.

Fulfilling research requirements, role overload and time constraints were identified as major sources and primary areas contributing to Clinical Nurse Faculty's perceived role strain in addition to student interactions (Cranford, 2013; Goldenberg & Waddell, 1990; Langemo, 1988; Mobily, 1991; Oermann, 1998a, 1998b; O'Shea, 1982).

Several researchers identified an association between perceived role strain and failing clinical students (Oermann, 1998a; O'Shea, 1982; Whalen, 2009) whereas others identified an association between perceived role strain and perceived support (Clark, 2013; Cranford, 2013); neither finding was quantified.

While a variety of undergraduate programs are represented in the literature, graduate programs are not specifically addressed. Studies are limited to small homogenous samples with limited generalizability.

The studies cited confirmed Clinical Nurse Faculty experience varying degrees of perceived role strain. However, the literature review failed to identify differences or similarities for faculty based on undergraduate compared to graduate programs, or if the degree of role strain experienced by Clinical Nurse Faculty differed based on Clinical Nurse Faculty preparation methods, gender, support, or geographical locations.

References

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