A study to examine academic role orientation, role strain and socialization among nurse educators

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Abstract: *Nurse educators who function in the classroom and practice setting are accountable for producing and mentoring present and future generations of nurses. Deprivation of preparedness for the faculty role and the anticipation of the academy lead to vexation with work, slender effectiveness and failure. And role strain commonly occurs due to burdensome to exercise the duties of multidimensional roles and complete the needed responsibilities. The **objectives** of the study were to: i) assess the degree of role strain relating to their level and domains, ii) assess the scores of academic role orientation among participants, and iii) explore the relationship between role strain and socialization variables and academic role orientation. **Methodology**: The research design adopted for the present study is descriptive and exploratory of non-experimental type. The target population comprised of all nurse educators. The accessible population contains all nurse educators across India. The sampling technique solicited was snow ball sampling technique. The tool consisted of three sections: Section A comprised of 11 items related to Academic role orientation; Section B constitutes 44 items pertaining to Role strain and; Section C encompasses 11 items furnishing Socialization data of the participants. The reliability of tool was obtained by Cronbach's alpha coefficient. It was 0.71 for academic role orientation and 0.93 for role strain. The tool was distributed to about 270 participants, of which 228 responded with completed self reports. The duration of the study was one year. **Results**: The findings revealed 11.8% participants had very low, 45.6% had low, 31.6% had average, 10.5% had high and 0.4% had very high role strain. And majority 53% self reported that they assume role of teaching, service and research together. With regard to the relationship of role strain and socialization data, it was found significant with one variable (time spent in clinical hours) at P<0.05. The relationship between academic role orientation and role strain demonstrated significant relationship in four orientations (most appropriate to the needs of the profession, and actually how you spend work time at P<0.05; and ideally like to spend work time, and role which Dean promotes/ encourages at P<0.001).*

Key words: *Academic role orientation, role strain, socialization, nurse educators.*

I. Introduction

Nurse educators intertwine clinical expertise and a passion for teaching into wealthy and prosperous careers. These professionals who function in the classroom and practice setting are accountable for producing and mentoring present and future generations of nurses. Nurse educators perform a crucial role in strengthening the nursing workforce, presenting as role models and extending the leadership recommended to accomplish evidence based practice. They have an access to the advancement of knowledge and research, openings to collaborate with health professionals, a cognitive-stimulating workplace and flexible work scheduling[1].

Deprivation of preparedness for the faculty role and the anticipation of the academy lead to vexation with work, slender effectiveness and failure. Nurses who aspire to quit nursing are perhaps due to role ambiguity and role strain pertaining to workload and job satisfaction. Based on role theory, the role is defined as the behaviors, characteristics and expectations that society placed on the positions[2]. An individual have diverse social roles and that may give rise to role conflict [3]. Authors asserted that role conflict happens when the hope for future are realized as very different for multiple roles or positions in society [4]. By its nature, academic work is potentially unlimited. Faculty work is a vigorous process of constant adaptation to new knowledge, approaches, and standards. The triad of teaching, scholarship and service constitute key dimensions of academic work. Statements from plenty of organizations validate the value and standards of these classifications of faculty work[5].For nurse faculty, clinical practice as a means to maintain competence, create scholarship and meet certificate expectations fortifies an additional expectation[6].

Role strain is a subjective condition, characterizing an emotional awakening toward unfeasible role responsibilities and unease in accomplishing role expectations. It commonly occurs due to burdensome to exercise the duties of multidimensional roles and complete the needed responsibilities[7].The nursing literature recognizes that role strain prevails for both experienced and novice nurse faculty including lack of role

preparation, coping with multiple work expectations and conflict between work and personal roles as source of stress. Adapting to the multidimensional roles of teaching, research, scholarship, and service in the absence of strong mentoring can establish an experience of discordance for new nurse faculty [8].

Role conflict is normal and unavoidable event in educational organization. Often nursing faculty members could experience role conflict. Faculty members are expected to be the premier instructors, to carry out qualified research, and to engage in academic service tasks and these lead them to role conflict[9].Where roles are not genuinely described and responsibilities are not clarified, workers may encounter role conflict[10]. Role conflict has a qualitative nature. When one individual perceive it as high level of conflict, the other could deal this condition[11]. Therefore, role conflicts have different effects on each individual. If the conflict is managed poorly, the conflict issues frequently remain and may come back after a while to cause more conflict as vicious cycle[12].

Role ambiguity crops up when information is vague or due to communication gap. The amalgamation of role strain, personal control and work related social support considers 51% of the reported job satisfaction. Role ambiguity was high but role conflict was moderate [13].Another study exploring the clinical role of the nurse educators was performed at Malta. Findings revealed nurse educators allot minimal time to their clinical role. Main reasons quoted were increased workload, perceived lack of control over the clinical area, and diminished clinical competence. Participants expressed that they did not take opportunity to collaborate with professional staff [14].

Socialization is an inevitable outcome of entering any profession and it can lay foundation and determine the creation of professional identity in that profession. It is important to provide more opportunity to absorb this experience through the alignment and integration of faculties and clinical wards. Studies demonstrate that the lack of socialization of nurses inhibits the desirable and high quality nursing care [15]. Therefore, professional socialization is one of prerequisites in this care profession and has a direct relationship with the quality of services rendered by nurses[16].

The aforementioned studies apparently explain the role of nurse educators and issues related to performing their academic roles. Several studies asserted role strain is prevalent among nursing faculty and significance of professional socialization is highlighted. With this base, the present study was aimed to examine the degree of role strain and allocation of their working hours to teaching, research and service or combined. This reflects their fulfillment of their academic role. The study further augments to explore if there is a relationship between role strain and academic role orientation and socialization variables. Such exploration results in identifying strengths of faculty and issues too which paves way to build on role expectation of nurse faculty to maintain their standards.

Objectives of the study:
1. Assess the degree of role strain relating to their level and domains.
2. Assess the scores of academic role orientation among participants.
3. Explore the relationship between role strain and socialization variables and academic role orientation.

II. Methods and Materials
The research design adopted for the present study was descriptive and exploratory of non- experimental type. Permission was sought from Research Advisory Committee. The target population comprised of all nurse educators. The accessible population contains all nurse educators across India. The sampling technique solicited was snow ball sampling technique. The eligibility criteria were all participants: i) working in academic field in a college of nursing, ii) should possess a minimum qualification of M.Sc Nursing and iii) willing to participate. The tool consisted of three sections: Section A comprised of 11 items related to Academic role orientation. It includes three primary roles such as teaching, service and research; Section B constitutes 44 items pertaining to Role strain. These 44 items were groups under five domains such as a) role conflict b) role ambiguity, c) role overload, d) role incongruity, and e) role incompetence and; Section C encompasses 11 items related to Socialization. It furnishes the professional background of the participants. The reliability of the tool was obtained by Cronbach's alpha coefficient. It was 0.71 for academic role orientation and 0.93 for role strain. The investigator explained the purpose of the study and obtained consent from the participants. And the tool was distributed in person, by post and email. The tool was distributed to about 270 participants, of which 228 responded with completed self reports. The duration of the study was one year.

III. Results

The results are dealt in accordance to the objectives of the study.

Table 1: Distribution of the participants according to their socio- demographic characteristics   **N=228**

Socio- demographic variables	Frequency	Percentage
Age (Years)		
21-30	71	31.1
30-40	124	54.4
40-50	22	9.6
50-60	11	4.8
Gender		
Male	35	15.4
Female	193	84.6
Highest degree		
M.Sc	219	96.1
PhD	9	3.9
Speciality		
Medical Surgical Nursing	72	31.6
Community Health Nursing	50	21.9
Mental Health Nursing	38	16.7
Obstetric and Gynecological Nursing	38	16.7
Pediatric Nursing	30	13.2
Designation		
Lecturer	68	29.8
Assistant Professor	78	34.2
Associate Professor	28	12.3
Professor	54	23.7
Experience (Years)		
1-5	92	40.4
5-10	80	35.1
10-15	24	10.5
15-20	19	8.3
>20	13	5.7
Teaching level of students		
B.Sc Nursing	72	31.6
M.Sc Nursing	25	11.0
GNM+B.Sc Nursing	18	7.9
BSc + MSc Nursing	110	48.2
GNM+B.Sc +M.Sc Nursing	3	1.3
Teaching responsibility		
Classroom only	3	1.3
Clinical only	1	0.4
Classroom + Clinical	224	98.2
Time spent in Clinical(Hours)		
1-12	14	6.1
12-24	56	24.6
24-36	113	49.6
36-48	45	19.7
Institution offers faculty development programs related to research		
Yes	205	89.9
No	23	10.1
Institution offers faculty development programs related to teaching		
Yes	208	91.2
No	20	8.8

Table 2: Distribution of mean, mean% and range of domains in the role strain

Domains	Mean	SD	Mean %	Range
Role Conflict	45.73	10.94	53.8%	18 – 74
Inter-sender Conflict	9.40	3.57	47.0%	4 – 20
Intra-sender Conflict	25.46	5.68	56.6%	10 – 39
Inter-role Conflict	10.86	3.46	54.3%	4 – 20
Role Ambiguity	16.93	5.72	48.4%	7 – 35
Role Overload	22.13	5.92	55.3%	9 – 40
Role Incongruity	17.18	6.13	49.1%	7 – 33
Role Incompetence	9.78	3.58	39.2%	5 – 22
Overall Role Strain	111.8	27.82	50.8%	46 – 195

N=228

Table 2 displays the mean, standard deviation, mean percentage and range of all domains of role strain. It reveals majority (56.6%) of the participants self reported role conflict (intra-sender conflict) as the primary cause of role strain and least (39.2%) considered were role incompetence. However, 50.8% in an average reported all domains did contribute to role strain.

Table 3: Percentage distribution on level of role strain among participants

N=228

Level of Role Strain	Frequency	Percent
Very Low	27	11.8%
Low	104	45.6%
Average	72	31.6%
High	24	10.5%
Very High	1	0.4%

Table 3 depicts the level of role strain. It shows majority (45.6%) had low level of role strain. However, 31.6% reported to have average role strain. And 0.4% reported to have very high level of role strain.

Table 4: Percentage distribution of academic role orientation among participants

N=228

Academic Role Orientation	Teaching (T)	Research (R)	Service (S)	T+R	T+S	R+S	T+R+S
Ideally like to Spend Work Time	24 (11%)	2 (0.9%)	1 (0.4%)	51 (22%)	18 (7.9%)	1 (0.4%)	131 (57%)
Actually like to Spend Work Time	31 (14%)	1 (0.4%)	8 (3.5%)	45 (20%)	65 (29%)	8 (3.5%)	70 (31%)
Academic Mission and Goals of the Institution	10 (4.4%)	0 (0%)	2 (0.9%)	22 (9.6%)	29 (13%)	13 (5.7%)	152 (67%)
Appropriate to Needs of the Profession	7 (3.1%)	2 (0.9%)	4 (1.8%)	28 (12%)	17 (7.5%)	15 (6.6%)	155 (68%)
Role which Dean Promotes / Encourages	24 (11%)	4 (1.8%)	9 (3.9%)	39 (17%)	19 (8.3%)	12 (5.3%)	121 (53%)
Norms / Values of Majority of Colleagues	55 (24%)	7 (3.1%)	9 (3.9%)	28 (12%)	58 (25%)	6 (2.6%)	65 (29%)
Most Respected Colleague(s) / Role Model(s)	10 (4.4%)	5 (2.2%)	4 (1.8%)	21 (9.2%)	26 (11%)	12 (5.3%)	150 (66%)

Table 4 demonstrates the participants' prime commitment given to their academic roles. It reveals that majority (53%) participants reported that they assumed teaching, research and service role combined. However, it is to be noted that time spent for research activity was on the lower side and major role assumed was in teaching.

Table 5: Relationship between socio-demographic variables and Role strain

N=228

Variables	F Value	P value
Age	0.898	0.443 [NS]
Gender	0.223	0.824 [NS]
Highest degree	0.744	0.458 [NS]
Speciality	0.403	0.807 [NS]
Designation	0.423	0.737 [NS]
Experience	0.259	0.904 [NS]
Teaching level of students	0.261	0.903 [NS]
Primary teaching responsibility	0.256	0.774 [NS]

Time spent in clinical hours per week	2.672	0.048*
Offers FDP related in research	0.068	0.946 NS
Offers FDP related to teaching	0.541	0.589 NS

*Significant at P<0.05; NS Not Significant

Table 5 describes the relationship between socio-demographic variables and role strain. It reveals that there is a significant relationship only with time spent in clinical teaching per week and role strain at P<0.05. Other variables were not significant.

Table 6: Relationship between Academic Role Orientation (Ideally like to Spend Work Time) and Role Strain N=228

Role Orientation	N	Mean	SD	F - value	p - value
Teaching	24	133.7	26.45		
Research	2	100.0	9.899		
Service	1	137.0	--		
Teaching + Research	51	114.9	25.46	4.343	0.000***
Teaching + Service	18	117.9	18.98		
Research + Service	1	106.0	--		
Teaching + Research + Service	131	105.7	28.07		

***Significant at P<0.001

Table 6 states that the p-value is less than the significance level 0.05; the relationship between academic role orientation and role strain is significant. The table reveals that the role strain is significantly higher in teaching (133.7±26.45) and significantly lower in research (100.0±9.899) compared to other groups.

Table 7: Relationship between Academic Role Orientation (Actually like to Spend Work Time) and Role Strain N=228

Role Orientation	N	Mean	SD	F - value	p - value
Teaching	31	122.4	33.99		
Research	1	154.0	--		
Service	8	133.5	26.50		
Teaching + Research	45	110.4	25.08	2.425	0.027*
Teaching + Service	65	107.8	20.90		
Research + Service	8	109.4	18.20		
Teaching + Research + Service	70	108.8	31.23		

*Significant at P<0.05

Table 7 narrates that the p-value is less than the significance level 0.05; the relationship between academic role orientation and role strain is significant. The table reveals that the role strain is significantly higher in service (133.5±26.50) and teaching (122.4±33.99) compared to other groups.

Table 8: Relationship between Academic Role Orientation (Academic Mission and Goals of the Institution) and Role Strain N=228

Role Orientation	N	Mean	SD	F - value	p - value
Teaching	10	127.5	43.66		
Research	0	--	--		
Service	2	121.0	15.56		
Teaching + Research	22	116.0	22.44	2.123	0.064
Teaching + Service	29	100.8	25.75		
Research + Service	13	122.3	23.96		
Teaching + Research + Service	152	111.2	27.51		

Table 8 represents that the p-value is greater than the significance level 0.05; the relationship between academic role orientation and role strain is not significant. The table reveals that the role strain is almost same in all role orientations.

Table 9: Relationship between Academic Role Orientation (Needs of the Profession) and Role Strain N=228

Role Orientation	N	Mean	SD	F - value	p - value
Teaching	7	138.4	32.18		
Research	2	137.0	21.21		
Service	4	122.5	25.41	2.429	0.027*
Teaching + Research	28	119.8	25.78		
Teaching + Service	17	113.0	21.63		

Research + Service	15	115.1	23.78		
Teaching + Research + Service	155	108.0	28.25		

*Significant at P<0.05

Table 9 describes that the p-value is less than the significance level 0.05; the relationship between academic role orientation and role strain is significant. The table reveals that the role strain is significantly higher in teaching (138.4±32.18) and research (137.0±21.21) compared to other groups.

Table 10: Relationship between Academic Role Orientation (Dean Promoting / Encouraging) and Role Strain N=228

Role Orientation	N	Mean	SD	F - value	p - value
Teaching	24	122.1	36.52		
Research	4	128.8	19.19		
Service	9	131.1	25.56		
Teaching + Research	39	118.7	29.28	4.739	0.000***
Teaching + Service	19	114.6	22.06		
Research + Service	12	126.9	25.76		
Teaching + Research + Service	121	103.5	24.15		

***Significant at P<0.001

Table 10 enumerates that the p-value is less than the significance level 0.05; the relationship between academic role orientation and role strain is significant. The table reveals that the role strain is significantly higher in service (131.1±25.56) and research (128.8±19.19) and significantly lower in T+R+S (103.5±24.15) compared to other groups.

Table 11: Relationship between Academic Role Orientation (Norms / Values of Majority of Colleagues) and Role Strain N=228

Role Orientation	N	Mean	SD	F - value	p - value
Teaching	55	116.9	29.78		
Research	7	124.6	19.85		
Service	9	112.3	36.29		
Teaching + Research	28	118.0	28.90	1.494	0.181
Teaching + Service	58	109.9	24.05		
Research + Service	6	109.7	28.61		
Teaching + Research + Service	65	105.1	27.52		

Table 11 illustrates that the p-value is greater than the significance level 0.05; the relationship between academic role orientation and role strain is not significant. The table reveals that the role strain is almost same in all role orientations.

Table 12: Relationship between Academic Role Orientation (Most Respected Colleague(s) / Role Model(s)) and Role Strain N=228

Role Orientation	N	Mean	SD	F - value	p - value
Teaching	10	120.5	33.75		
Research	5	136.0	30.34		
Service	4	114.5	42.35		
Teaching + Research	21	115.4	20.49	1.129	0.346
Teaching + Service	26	111.7	24.71		
Research + Service	12	117.2	21.67		
Teaching + Research + Service	150	109.4	28.65		

Table 12 depicts that the p-value is greater than the significance level 0.05; the relationship between academic role orientation and role strain is not significant. The table reveals that the role strain is almost same in all role orientations.

IV. Discussion:
Socio-demographic characteristics of participants: With regard to the age group majority (54.4%) belonged to 31-40 years of age; 84.6% were females; 96.1% were qualified with M.Sc Nursing; 31.6% were specialized in Medical Surgical Nursing; 34.2% were Assistant Professors; 40.4% had experience of 1-5 years; 48.2% were teaching B.Sc Nursing and M.Sc Nursing students. 98.2% reported to have assumed teaching responsibility in classroom and clinical as well; 49.6% reported that the time spent in clinical were 25-36 hours per week; 89% reported faculty development programs related to research were conducted at their institutions; and 91.2% agreed that faculty development programs related to teaching were held at their institutions.

Assessment of degree of role strain: The findings of the present study projected that 50.8% in an average reported all five domains contributed to role strain. However, majority (56.6%) of the participants self reported that role conflict (intra-sender conflict) as the primary cause of role strain and least (39.2%) considered was role incompetence. The present finding is consistent with a study investigated on role strain experienced by nursing faculty. The results showed that role strain existed among faculty [17]. Another study asserts that the mean score of role conflict was high in the nursing faculty and they had a sense of responsibility toward their academic organization. Also, a cross sectional study revealed role overload, role incongruity, and role conflict were three important factors for role strain [9].The findings further depict the level of role strain. It shows majority (45.6%) had low level of role strain. However, 31.6% reported to have average role strain. And 0.4% reported to have very high level of role strain.

Assessment of academic role orientation: The findings of the present study displays majority (53%) participants reported that they assumed teaching, service and research role combined. And only 9% of participants reported that research was their prime commitment. Also, when research is combined with service it was only 29% that indicates research activities performed by nurse educators were less. There are studies that corroborates with the findings of the present study. A qualitative study was performed on the experiences of nurse educators in implementing evidence based practice in teaching and learning that is in line with the present study. Findings revealed that, most of the nurse educators were supportive and had positive attitude towards research but their level of knowledge and skills was questionable. Other factors that impede their research activities were time constraint, poor access to relevant sources and current teaching approaches [18]. Another qualitative study on how nurses represent their role as academics showed that nurses are less equipped to develop the research role though they wished to have a balance between teaching and research [19]. Although, present study finding projected 70% of participants self reported that teaching is prime commitment, there is a study in contrast to this finding. A study of nurse practitioners who teach students found that they feel the pressure to keep updated in terms of theory [20]. However, several studies reported the significant needs of novice educators, who frequently become overwhelmed with the faculty role [21]. Similarly, a National study of nursing education found that staff nurses who partnered with students frequently had no teaching experiences and had difficulties integrating their clinical teaching with classroom teaching [22].

Relationship between role strain and socialization and academic role orientation: The present study findings reveal there is a significant relationship (P<0.05) with only one variable. It is the time spent in clinical teaching hours per week and role strain. Pertaining to the relationship between role strain and academic role orientation, four aspects were significant. They were ideally like to spend work time and role which Dean encourages or promotes (P<0.001); and actually like to spend work time and appropriate to the needs of the Profession (P<0.05). In all the four aspects of academic role orientations where significant relationship with role strain was established, it was found that the significant relationship was higher in teaching than in other groups. This paves various avenues for further research to identify the factors influencing in the implementation of academic roles and develop strategies to equip faculty based on it.

V. Conclusion

The present study finding projects that nurse faculty requires orientation to their role and how they can incorporate their roles of teaching, service and research and utilize their time without compromising any role. At the same time, every nurse faculty should be accountable for their role irrespective of whether their organization is supporting with a particular role or not. The present study finding indicates commitment towards research is less. For instance, just because their institution does not appreciate or not supportive of research activities, still a faculty is required to conduct research projects for her development and also to act as a role model for her colleagues and students as well. Findings also demonstrated that nearly half of the participants' experienced role strain. The primary solution to this is interpersonal support that can decrease role strain. It could be fortified with faculty development programs emphasizing on teaching strategies, time management, workload management that can result in less role strain and yield quality work.

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