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ROLE STRAIN AND FACULTY ATTRITION IN BACCALAUREATE
AND HIGHER DEGREE PROGRAMS IN NURSING

DISSERTATION

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The problem of this study is faculty attrition and role strain reported by faculty members in baccalaureate and higher degree programs in nursing. The purpose of the study is to determine whether variations exist in role strain reported by faculty members and faculty attrition based on institutional size, structure, and complexity, and on official expectations for faculty members.

A questionnaire eliciting information regarding faculty attrition was mailed to seventy-five randomly-selected administrators of baccalaureate and higher degree programs. Data related to faculty role strain were collected by questionnaires mailed to two hundred fifty randomly-selected faculty members from participating schools. Sixty-three administrative questionnaires and one hundred ninety-five faculty questionnaires were returned in usable form and were included in the analysis of data.

Data were analyzed using a series of chi square tests of independence. A .05 level of significance was accepted. Analysis of data did not demonstrate significant variations

in faculty attrition based on institutional structure, size, or complexity, or on differences in official expectations for faculty members. Variations in role strain reported by faculty members did not vary significantly based on organizational designation of the school of nursing, size of the student body of the parent institution, number of undergraduate nursing students, number of perceived official expectations, or length of service. Significant variations in the level of role strain reported by faculty members based on institutional control, degrees awarded by the parent institution, type and number of program offerings in nursing, size of the graduate program in nursing, total number of nursing faculty, and tenure status were demonstrated. This study concludes that certain institutional characteristics may have an impact on faculty role strain. The incidence of faculty attrition appears to be independent of the variables studied.

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CHAPTER I

INTRODUCTION

Recruitment and retention of qualified faculty members for baccalaureate and higher degree nursing programs is a major area of responsibility for administrators of these programs. Over the past several decades the demand for nursing faculty has exceeded the number of qualified individuals available to fill these positions. The 1950s and 1960s were characterized by rapid expansion of baccalaureate and graduate nursing programs. At the present time there are three hundred thirty baccalaureate and higher degree programs accredited by the National League for Nursing (National League for Nursing Publication No. 15-1311, pp. 5-28). In addition, there are numerous other programs operating without League accreditation. Each of these programs has from five or six faculty members to well over one hundred.

The number of faculty members needed increased as new programs came into existence and already existing programs expanded. The resulting disparity between availability of positions and qualified applicants to fill them is reflected in a highly mobile faculty. In addition, the absence of a large pool of individuals qualified for

faculty positions has made faculty attrition a particularly problematic area for administrators of nursing programs. With the increasing emphasis on doctoral preparation for nursing faculty (Kelley & Baker, 1980, pp. 41-48), the problem of recruitment of qualified faculty in probability will intensify.

Faculty attrition is the result of multiple interrelated factors. Many of these, including personal and marital problems and family demands and responsibilities, are beyond the influence of institutional control. However, the critical role played by faculty in the maintenance of quality program offerings necessitates serious attention by administrators to those factors within the scope of control. Institutional policies and procedures affecting the retention of faculty need to receive careful study.

Statement of the Problem

The problem of this study is faculty attrition and role strain reported by faculty members in baccalaureate and higher degree programs in nursing.

Purpose of the Study

The purpose of this study is to determine whether variations exist in role strain reported by faculty members and faculty attrition in baccalaureate and higher degree programs in nursing based on institutional size,

complexity, and the official expectations for faculty members.

Research Questions

Based on the problem of this study and its purpose, research questions are posed in two categories. The first category deals with faculty attrition in baccalaureate and higher degree programs in nursing. The second deals with role strain reported by faculty members in these programs.

Faculty Attrition

1. Does faculty attrition vary according to institutional structure, size, and complexity?
2. Is faculty attrition higher in institutions with a greater number of official expectations?
3. Is faculty attrition higher in institutions which require a higher academic degree for retention than for initial appointment?
4. Is faculty attrition higher in institutions which have official expectations requiring concurrent faculty practice?
5. Is attrition higher among faculty appointed to joint appointments than among faculty holding traditional academic appointments?

Reported Role Strain

1. Does role strain reported by faculty vary according to institutional structure, size, and complexity?
2. Does role strain reported by faculty members increase as the number of official expectations increases?
3. Is reported role strain greater in non-tenured or tenured faculty?
4. Does role strain reported by faculty vary according to length of time of service?

Background and Significance of the Study

Retention of qualified and competent faculty members in schools of nursing is a legitimate area of concern for the administrators of these programs. While one hundred per cent retention is neither feasible nor desirable, excess faculty attrition is expensive to the institution. Expenses are incurred from direct fiscal costs and from the intangible factors of lowered faculty morale, loss of productivity, and loss of continuity, as well as the energy expended on the faculty search and selection process.

Causes of faculty attrition in schools of nursing have not been adequately studied within the context of "role strain" as defined by William Goode (1973, p. 101). The term "role strain" as used by Goode is defined as the "felt difficulty in fulfilling role obligations." Goode advances the proposition that role strain intensifies as the number and complexity of demands within a role increase. Role strain is also intensified by inconsistent and contradictory demands. The complexity of one's total role is also affected by breadth, difficulty, and coherence of the various expectations. Role conflict, ambiguity, discontinuity, and overload are also noted to be factors increasing the complexity of an individual's constellation of role expectations (Biddle, 1979, pp. 73-74).

The concept of role strain has particular significance for nursing faculty in baccalaureate and higher degree programs due to the multiplicity of professional demands on their time and energy. Common institutional policies governing the tenure process demand that in addition to being a competent teacher a faculty member demonstrate evidence of university and community service and have established a record of scholarly activities in the form of research or professional publication.

Unlike other disciplines it has been common practice in nursing to appoint faculty members to tenure track positions without an earned doctorate. However, within the nursing community increasing emphasis is being placed on the doctoral degree as a condition to remain in academia (Kelley & Baker, 1980, pp. 41-48). In some institutions this has been incorporated into policies for appointment, tenure, or promotion. For non-tenured faculty members completion of doctoral studies may be an expectation for tenure in addition to those of teaching, service, and scholarly activities.

Within the past few years an additional demand on nursing faculty has been made. The concept of joint practice or concurrent clinical practice, collectively known as faculty clinical practice, has been introduced as an additional expectation of the faculty role. Proponents of this concept either advocate or insist that

faculty must be involved in the direct delivery of nursing care on an ongoing basis to retain their professional credibility (Christman, 1979, pp. 8-11; Mauksch, 1980, pp. 21-24). This delivery of nursing care must be in addition to, not a portion of, time the faculty member spends with students in the clinical setting. In 1979, a group of nursing leaders published a "Statement of Belief Regarding Faculty Practice" in Nursing Educator (1979, p. 3), a periodical widely circulated among faculty members. This statement implicitly calls for faculty clinical practice. In some academic institutions faculty clinical practice has already become accepted as a faculty expectation (Christman, 1979, pp. 8-11; Sovie, 1981, pp. 41-49).

Goode (1973, p. 104) theorized that as the variety of role demands increases and as the number of positions occupied increases the individual is "Likely to face a wide, distracting, and somewhat conflicting array of role obligations." Not only are nursing faculty in baccalaureate and higher degree programs subject to the academic institution's demands for service and scholarly activities beyond those of the teaching role, they are increasingly subject to expectations of completing doctoral studies (Kelley & Baker, 1980, pp. 41-48) and the maintenance of concurrent clinical practice (Christman, 1979, pp. 8-11; Mauksch, 1980, pp. 21-24; Sovie, 1981 pp. 41-49).

Goode (1973, pp. 104-106) suggests that when an individual finds the role strain excessive one of several reduction techniques will be utilized. One of these techniques is the elimination of the role relationship. Termination of the role relationship, that is resignation from a position, is a common consequence of role strain (Miles, 1979, p. 22; Maslach, 1976, pp. 16-22; Bailey, 1980, pp. 5-8).

The impact of official expectations on perceived role strain and attrition of faculty members in baccalaureate and higher degree programs in nursing has not been adequately studied. A better understanding would provide the basis for more rational policy decisions regarding criteria related to appointment and retention of faculty.

Definition of Terms

Attrition--faculty members leaving a given institution through resignation, termination, or expiration of contract.

Concurrent faculty practice--terms of the academic appointment demand that the faculty member individually arrange to be engaged in the practice of professional nursing in a clinical setting on an ongoing basis. This practice must be in addition to, not a part of, any practice of professional nursing as a portion of the academic role. No contractual arrangements are negotiated between the school and the clinical agency determining the obligations the individual faculty member has to each institution.

Joint appointment--terms of the faculty appointment are based on conditions of shared responsibility as a faculty member in a college or school of nursing and a professional nurse in a clinical setting.

Official expectations--the expectations, articulated either verbally or in writing, that are communicated as conditions of the faculty appointment.

Role strain--difficulty reported by faculty members in meeting the expectations of their appointment. These difficulties generally are regarded as those which disrupt or interfere with acceptable performance of duties.

Procedures for Collecting Data

The design of this study is based on its purpose to determine whether variations exist in role strain reported by faculty members and faculty attrition in baccalaureate and higher degree programs in nursing based on institutional size, complexity, and the official expectations for faculty members. Data regarding institutional characteristics were requested from administrators of seventy-five accredited baccalaureate and higher degree programs using a questionnaire format. Program administrators were also requested to furnish a list of the names of full-time faculty members. Two hundred fifty faculty members from participating schools were requested to participate on an individual basis regarding their perceptions of the official expectations of faculty members, types of academic appointment, longevity of present service, academic preparation, and role strain.

Subjects

Seventy-five administrators of baccalaureate and higher degree programs in nursing were requested to

participate in this study. Participating schools were selected using a table of random numbers from the list of 330 accredited baccalaureate and higher degree programs published by the National League for Nursing (National League for Nursing Publication No. 15-1311, pp. 5-28).

Two hundred fifty full-time faculty members from institutions completing the Administrative Questionnaire were requested to take part on an individual basis. Faculty participants were randomly selected by computer from a compiled list of names furnished by the respective program administrators.

Instruments

Two questionnaires were developed to collect data relevant to the purposes of this study. The Administrative Questionnaire (Appendix C) was designed to collect demographic data regarding institutional characteristics from program administrators of participating schools. The second questionnaire (Appendix E), one to be completed by faculty members, collected data regarding the individual's academic preparation, type of current appointment, tenure status, program responsibilities, perception of official expectations of the position, and reported role strain.

Procedures for Treating Data

A series of chi square tests for independence was used to treat the data. A probability of .05 was accepted as the level of significance.

Data to respond to the research questions related to faculty attrition and official expectations, institutional structure, institutional size, and institutional complexity were provided by the questionnaire to be completed by program administrators. The questionnaire completed by faculty members provided data to respond to the research questions related to reported faculty role strain and perceived official expectations, institutional size, and institutional complexity.

Summary

This study was designed to address the issues of faculty role strain and faculty attrition in baccalaureate and higher degree programs in nursing. The impact of official expectations and institutional structure, size, and complexity on role strain and attrition was studied.

In view of the lack of experienced and qualified individuals to fill available positions, excess faculty attrition is a vexing problem for administrators of nursing programs. However, this problem has received little systematic attention and is the subject of little

formal study. The outcomes of this research should be helpful in the formulation of policies affecting faculty retention.

CHAPTER BIBLIOGRAPHY

- Bailey, J. Stress and stress management: An overview. Journal of Nursing Education, 1980, 19 (6), 5-8.
- Biddle, B. J. Role theory: Expectations, identities, and behaviors. New York: Academic Press, 1979.
- Christman, L. The practitioner-teacher. Nursing Educator, 1979, 4 (2), 8-11.
- Goode, W. J. Explorations in social science. New York: Oxford University Press, 1973.
- Kelley, L. K. & Baker, J. M. Women in nursing and academic tenure. Journal of Nursing Education, 1980, 19 (2), 41-48.
- Maslach, C. Burned out. Human Behavior, 1976, 5 (9), 16-22.
- Mauksch, I. Faculty practice: A professional imperative. Nursing Educator, 1980, 5 (3), 21-24.
- Miles, R. H. Role set configuration as a predictor of role conflict and ambiguity in complex organizations. Sociometry, 1977, 40, 21-34.
- National League for Nursing Publication No. 15-1311. Baccalaureate education in nursing: Key to a professional career in nursing 1980-81. 1980, pp. 5-28.
- Sovie, M. D. Unifying education and practice: One medical center's design. Journal of Nursing Administration, 1981, 11 (1), 41-49.
- Statement of belief regarding faculty practice. Nursing Educator, 1979, 4 (3), 3.

CHAPTER II

REVIEW OF LITERATURE

Introduction

This chapter provides an overview of role theory, including role expectations and the concept of role set. The theory of role strain as presented by William Goode (1973, pp. 97-120), with a discussion of the impact of role overload, ambiguity, discontinuity, and conflict is also included. In addition, the impact of occupationally-related stress is addressed. Finally, factors unique to colleges and schools of nursing which could potentially contribute to perceived role strain among faculty members are presented.

Role Theory and Theory of Role Strain

Human behavior in a social context is a complex and intricate phenomenon. At best, understanding of this phenomenon is limited. Even more limited is the ability to predict behavior of an individual or group of individuals in advance. Various theories have been derived to enhance understanding of individuals and groups. Role theory is one of these models.

Roles, as defined by Bates and Harvey (1975, p. 91), are "cluster of norms organized around functions." They

"represent distinct substructures within social positions and statuses, and are situation specific." Therefore a role consists of an identified function or social position which has a definite set of norms for its enactment and identified expectations of the individual who is its occupant.

The role perspective, while it does not negate the notion of individual differences, holds that the behavior of an individual in a given position is profoundly influenced by social norms, societal rules, and the behavior of others with whom he interacts. Individual performance is molded by social prescriptions and the impact of other individuals. Differences or individual variations in how a role is enacted are expressed within an externally designed framework. The rules governing a given role are seldom solely of the individual's making. Rules are defined by societal norms, the expectations of others, and the power of negative and positive sanctions (Biddle & Thomas, 1966, p. 4). Each role definition is further complicated by the expectations the individual holds in relation to the role he occupies. The importance of individual role self-expectations is equal to the expectations of others (Holland, 1977, p. 86).

Each individual occupies a variety of roles over time. Many of these are occupied on a simultaneous basis. Rarely does an individual, beyond infancy, occupy

only a single role. The adult most usually occupies a worker role, a family role, a civic role, and a social role. Within each of these broad role categories are a multitude of more differentiated roles, role norms, and expectations. Some roles are distinct and clearly differentiated from one another. Others are of an overlapping nature. The collection of various roles played by a single individual is referred to as role set (Biddle, 1979, p. 76).

The complexity of the role set of an individual is dependent upon the number of different roles assumed, the internal complexity, and the expectations of the various roles. Biddle (1979, pp. 73-74) states, "Roles vary in terms of complexity." The complexity of a given role set is dependent upon its breadth, "or the range of characteristic behaviors appearing within the role"; difficulty, or the "degree to which skill and energy are required to perform the role"; and coherence, or the "degree to which the components of a role fit together." Breadth, difficulty, and coherence are not the only factors having an influence on the relative discomfort or comfort of an individual within his role set. Role conflict, ambiguity, discontinuity, and overload are other factors affecting the comfort or discomfort of the individual (Biddle, 1979, p. 74).

William Goode (1973) in his volume Explorations in Social Science addresses the issue of complexity of role set. Goode (1973, pp. 101-102) notes that the individual faces "different types of role demands and conflicts . . . when he wishes to carry out specific obligations." Role strain as defined by Goode is "the felt difficulty in fulfilling role obligations." Goode (1973, p. 103) also notes that "with respect to any given norm or role obligation, there are always some persons who cannot conform, by reason of individuality or situation: they do not have sufficient resources, energy, and so on."

Role strain as conceptualized by Goode (1973, pp. 103-104) can be attributed to a variety of factors. Even when the demands of a given role are not particularly difficult, there are certain prescriptions on how one performs the role. There are limits of time, place, and circumstance to which the individual must adhere. Second, all individuals occupy multiple roles and multiple role relationships. Each of these roles and role relationships has a set of expectations. They may call for contradictory behaviors or compete for the individual's time and energy. In addition, "each role relationship demands several activities or responses." These activities or responses, again, may be of a contradictory or conflicting nature. Since an individual occupies a multitude of role relationships involving a variety of other individuals, "The

individual is . . . likely to face a wide, distracting, and somewhat conflicting array of role obligations."

According to Goode (1973, p. 104), "In general, the individual's total role obligations are overdemanding." Role strain, or difficulty, to a greater or lesser degree, in meeting all role expectations is normal. The problem of the individual is learning to manage his entire role system.

Other theorists have identified additional factors contributing to difficulty in meeting role expectations. Role conflict, according to Bates and Harvey (1975, p. 349), arises when there is an inconsistency or a contradiction between two or more roles played by an individual. The behavior called for by the definitions of the various roles of a given individual may be mutually exclusive, or morally or logically inconsistent (Bates & Harvey, 1975, p. 217). Stress occurs, according to these authors (Bates & Harvey, 1975, p. 217), when two or more behavioral components or roles of an individual "work against each other so that one impairs or negates the functioning of the other." In essence, the enactment of one role undermines or interferes with meeting the expectations of another role or roles occupied by the same individual.

Bates and Harvey (1975, pp. 216-217) identify two dimensions of stress and conflict, the intrapersonal dimension and the interpersonal dimension. "Intrapersonal

conflict and stress refers to events occurring within the person . . . it is a tension that arises out of a psychological conflict experienced by the individual." Interpersonal conflict and stress refers to the interactional situation where two or more persons are in opposition to one another. Both forms of conflict, intrapersonal and interpersonal, are wasteful of time, energy, and effort that otherwise could be expended toward meeting role expectations.

Role conflict and stress as sources of role strain are also addressed by other theorists. Biddle (1979, p. 323) states simply that role conflict is found in situations where a "polarized dissensus" is held for a given individual. Talcott Parsons (1966, p. 275) elaborates further on the concept of role conflict and expands his discussion to include the notion of legitimacy of role expectations. He states that role conflict is the result of "the exposure of . . . an individual to conflicting sets of legitimized role expectations such that complete fulfillment of both is realistically impossible." Compromise or sacrifice of at least some of the expectations is a necessity. However, the individual, giving up or compromising a portion of his identified role expectations, will be exposed to some form of external sanctions, regardless of the decision reached regarding the expectations to be sacrificed. He will not be properly

enacting his role as defined by other individuals in the role relationship. Internal conflict and self-sanctions are also imposed in the event that the values of both roles have been internalized by the individual (Parsons, 1966, pp. 275-276).

Role ambiguity is an additional situational factor, identified by role theorists, affecting the relative difficulty of fulfilling the expectations of a given role (Miles, 1977, p. 22). Role ambiguity, according to Biddle (1979, p. 323), "appears when shared specifications set for an expected role are incomplete or insufficient to tell the incumbent what is desired or how to do it." However, Biddle also notes that lack of role autonomy, the reverse of role ambiguity, is as apt to contribute to role strain in certain individuals.

Role discontinuity, as identified by Biddle (1979, p. 234), "refers to lack of integration in the various roles a person is called upon to perform in sequence." The individual's preparation and prior role expectations have not provided him with the proper skills and knowledge or an adequate understanding of the expectations and norms of the current role. A concept closely allied to role discontinuity, that of role inadequacy, is discussed by Bates and Harvey (1975, p. 359). According to these authors, the individual does not have the requisite skills,

knowledge, or personality to adequately enact the role he has assumed.

Role overload as a source of role strain is acknowledged by a variety of theorists. Goode (1973, pp. 103-104) advances as a corollary the supposition "that there are theoretical limits to the specific demands which societies may make of men." He also asserts that, "In general, the individual's total role obligations are over-demanding." Bates and Harvey (1975, p. 368) refer to the "excess of roles" as "role superfluity or oversaturation." They further contend that the individual may be assigned or assume too many roles. When the individual is thus overloaded with roles and role expectations, he experiences role strain. An overly complex role set, according to Biddle (1979, p. 324), results in an excess of diverse role expectations and role overload.

Role poverty, of the converse of role overload, is cited by Bates and Harvey (1975, p. 368) as a potential source of role strain. In the event that the individual is in a situation where his roles are too few and his total role expectations so simple that he has an excess of time and energy, monotony and boredom are experienced. Biddle (1979, p. 325) also speculates that the individual will be unhappy when his ability exceeds the challenges offered by his role.

The basic assumption undergirding the concept of role overload is that each individual has theoretical limits of available time and energy. If these limits are exceeded by the number or complexity of role expectations, the individual will experience role strain (Biddle, 1979, p. 324). However, the assumption of theoretical limits to the individual's time and energy is not universally accepted. Marks (1977, pp. 921-936) argues that role strain is not the outcome of role overload or the lack of time to fulfill role expectations. He asserts that it is the product of under-commitment to certain sets of expectations. There is always time and energy for the individual to meet the expectations of over-committed roles. According to Marks, role strain is less a problem of inadequate time and energy than a problem of priorities.

Individuals occupying role sets with inconsistent, incompatible, conflicting, ambiguous, discontinuous, or overloaded expectations are subject to role strain, according to various authorities (Bates & Harvey, 1975, p. 268; Biddle, 1979, pp. 324-325; Goode, 1973, pp. 103-104; Miles, 1977, p. 22; Parsons, 1966, pp. 275-276). Biddle (1979, p. 325) emphasizes the point that individuals vary markedly in their role skill. That is, those with superior abilities will be able to deal effectively with more complex and stressful role sets than those less

avored. Thus, the perception of role strain is a highly individualized matter.

Role Strain and Occupationally-Related Stress

Continuing excess levels of role strain have unfortunate consequences for the individual. Selye (1970, pp. 85-88) in his article "Stress and Holistic Medicine" expresses his grave concern regarding the influence of occupational stress on total well-being. A positive and linear relationship between organizational pressure and role strain was also hypothesized by Evans (1976, p. 49). The relationship between protracted stress and such diverse psychophysiological disorders as hypertension, heart attacks, migraine headaches, ulcers, and other digestive disorders is well documented. Other researchers have identified such behavioral manifestations as substance abuse, depression, anxiety, exhaustion, frustration, and anger as a consequence of occupationally-related stress (Kyriacou & Sutcliffe, 1978, p. 166; LaRocco & Jones, 1978, p. 629; Munro, 1980, pp. 179-182).

Various mechanisms directed toward reducing a role strain to tolerable limits are available to the individual. Goode (1973, pp. 104-106) identifies the techniques of compartmentalization, delegation, elimination of role relationships, and the establishment of barriers against

indefinite expansion of role systems and barriers against intrusion.

Compartmentalization is useful in dealing with inconsistent role expectations or expectations based on conflicting values. Delegation is useful in eliminating certain expectations from the total role repertoire. The individual simply transfers certain role responsibilities to another individual or group. Elimination of role relationships curtails the breadth of role responsibilities. Resignation from a position, termination of a personal relationship, or divorce are techniques used in an attempt to reduce role strain. Conversely, the individual may extend role relationships in order to justify failure to discharge certain of his responsibilities. Or, on the contrary, as the individual approaches or exceeds the limit of his role system he may erect barriers limiting additional involvement. Further extension of enlargement is not permitted. Barriers against intrusion, such as physical or emotional separation or isolation, are also utilized to reduce role strain.

Biddle (1979, pp. 325-327) uses somewhat different terminology in describing techniques useful in reducing role strain. However, the concepts described are similar to some of those delineated by Goode. Reducing involvement, role distance, and role restructuring are primary tactics utilized in reducing strain, according to Biddle.

Reduced commitment to a given role or set of roles subsequently leads to reduced involvement and lowered expectations of the self. The second technique described by Biddle, role distance, involves psychological distancing of the individual from the consequences of enactment of his role. The individual remains involved in the role but avoids the appearance of involvement by adopting a casual or indifferent attitude. Finally, according to Biddle, the individual may have the necessary resources at his disposal to restructure the role. Role restructuring involves a renegotiation of the role expectations to within the limits of the individual's available time, energy, or willingness to invest.

Other writers, such as Maslach (1976, pp. 16-18), identify techniques directed at reduction of role strain in terms of psychological coping mechanisms. Maslach indicates that detachment, withdrawal, intellectualization, and depersonalization and dehumanization of clients or students are used in coping with role strain.

Role strain associated with occupational expectations and stress over a protracted period of time is associated with lowered morale, absenteeism, reduced energy limits, reduced productivity, and the tendency to resign, according to Bailey (1980, p. 5). In addition to these indications of occupational stress, Clark (1980, p. 39) notes that psychophysiological disorders, sleep disturbances,

persistent fatigue and exhaustion, and depression accompany role strain. Scully (1980, p. 92) also implicates such behavioral manifestations as excessive arguing, scape-goating, sullenness, defensiveness, intolerance of others and their ideas, and tardiness as indicators of occupationally-related stress.

The term "burnout" has been utilized recently to discuss the results of prolonged occupational stress and role strain. Burnout is simply defined in the 1977 Webster's Dictionary as "worn out by excessive or improper use; exhausted." This phenomenon has been noted to be a particular problem for educators, health care workers, and personnel working in protective services. Shubin (1978, pp. 22-23) notes that burnout is common in professionals involved in working with people.

In a study conducted in Great Britain, Kyriacou and Sutcliffe (1978, p. 165) found that a full 20 per cent of English school teachers reported symptoms of occupational stress typically associated with role strain. Both Harrison (1980, pp. 31-40) and Daley (1979, pp. 375-379) report role strain as a common occurrence in those working in protective services. In the health care field, Patrick (1979, pp. 87-90) and Munro (1980, pp. 179-182) found a high incidence of symptoms of burnout or role strain in hospital-based professionals. Numerous writers have focused on the problem of stress, role strain, and

burnout in registered nurses employed by hospitals (Clark, 1980, pp. 39-43; Ivancevich & Matteson, 1980, pp. 17-20; Mullins & Barstow, 1979, pp. 1425-1427; Scully, 1980, pp. 912-915).

Occupationally-related stress and role strain have been noted with regularity in professional employees in schools, hospitals, and other service agencies. The cause has been attributed to a variety of sources. In their study of stress in English school teachers, Kyriacou and Sutcliffe (1977, p. 299) noted that role conflict, role ambiguity, an excess of divergent demands, unfamiliar demands, time pressures, poor working conditions, and student misbehavior were common causes of occupationally-related stress.

Ten major contributors to occupationally-related stress in registered nurses employed in hospitals were identified by Ivancevich and Matteson (1980, pp. 17-20). They report the lack of opportunities for professional development, the internal political nature of the institution, poor working conditions, lack of an adequate system of rewards, poor systems of communication, responsibility for patients, time pressures, role conflict, and poor relationships with peers and supervisors as important in the generation of stress. Unrealistic expectations of self and lack of support from peers and supervisors are reported by Scully (1980, pp. 912-915) as the major sources of stress in

registered nurses. Clark (1980, p. 43) identifies "conflict between needs and accomplishments, unrealistic dedication, use of work as a substitute for a satisfying personal life, an authoritarian management style, and inability to delegate authority and responsibility and to say no to unrealistic demands" as factors contributing to stress in registered nurses. Sources of job-related stress in nurses are the "new and expanded roles of nursing with ever-increasing demands for accountability, new knowledge and skills, and role clarification," according to Bailey (1980, p. 5). The importance of collegial support in reducing stress is emphasized by Mullins and Barstow (1979, p. 1425).

While occupational-related stress, to some degree, is inherent in any type of position it appears to be more pronounced in professionals working directly with people. In these individuals role strain appears to be particularly problematic.

Sources of Role Strain for Nursing Faculty

While the problem of role strain in registered nurses employed by hospitals is well documented, there is a paucity of literature related to occupationally-related stress and role strain in faculty members in schools of nursing. Flynn (1979, p. 1995) does, however, implicate the ambiguity of the faculty role, evaluating students,

acing content and lecture presentations, and formalized evaluation by students as stressors contributing to role strain in neophyte nursing educators. Not only is the role of the nursing educator ambiguous, it is also characterized by a wide array of demands, many of which are competing and possibly conflicting. This is particularly true of faculty members employed by colleges and universities. The demands on the time and energy of faculty members in baccalaureate and higher degree programs in nursing are multiple and diverse. This is reflected in the writing of nursing leaders. Ingeborg Mauksch (1980, p. 21) identifies five major components of the role of faculty in colleges of nursing: those of teacher, counselor, clinician, consultant, and researcher. Luther Christman (1979, p. 8), Dean of Nursing at Rush University, writes, "The full professional role for any clinical profession includes the four major components of service, education, consultation, and research." "Unfortunately," he asserts, "this role is poorly carried out by most nurses. They generally fill one or more of the subroles and little cohesion exists between their activities."

Both Mauksch and Christman are vocal proponents of the clinical practice role for faculty members -- that is, the faculty member will have primary responsibility for patient care as well as primary responsibility for the education of students (Christman, 1979, pp. 8-11). Mauksch

(1980, pp. 21-24) cites the need for faculty members to serve as role models for students, lack of respect for nursing faculty by other health professionals, poor communication between students and faculty, and lack of realism in the classroom as a rationale for faculty clinical practice. Sovie (1980, pp. 41-49), of the University of Rochester, joins Christman and Mauksch in emphasizing the need for faculty clinical practice in addition to the traditional faculty roles of teaching, scholarly activities, and service. Andreoli (1979, pp. 47-53), in her article "Faculty Productivity," also suggests the need for the direct practice of nursing in addition to instructional activities.

In 1979, a "Statement of Belief Regarding Faculty Practice" was published in the journal Nursing Educator. This statement declares in part:

Nursing's fullest potential in the delivery of health care is contingent upon the unification of nursing service and nursing education. Unification is the mechanism to enhance the quality of care, stimulate research into current practice questions, infuse curricula with clinical realities, provide exemplary learning opportunities for nursing students, and facilitate entry for nurses prepared for both basic and advanced practice (Nursing Educator, 1979, p. 3).

Eleven current deans of nursing, one dean emeritus, and one distinguished professor of nursing signed the statement. Deans Luther Christman, Rush University; Loretta Ford, University of Rochester; Donna Diers, Yale

University; Margretta Styles, University of California at San Francisco; Janetta MacPhail, Case Western Reserve University; and Helen Grace, University of Illinois were among the signatories. The document was also signed by Ingeborg Mauksch, distinguished professor of nursing at Vanderbilt University. An increased emphasis on expanding the scope of the faculty role and increasing expectations of faculty members is clearly evident and supported by deans in traditionally prestigious and influential schools.

The proponents of expanding expectations of the faculty role to include clinical practice have either ignored or inadequately addressed how this expectation would articulate with the traditional university expectations for scholarly activities, including research and publication, and service in addition to the teaching function. The increasing stringency of criteria for tenure is noted by Kelley and Baker (1980, pp. 41-48). They indicate that increasing emphasis is being placed on research and publication and on the earned doctorate as criteria for the awarding of tenure to nursing faculty. How the expectation for faculty clinical practice is to be integrated into tenure criteria has not been sufficiently developed. At this point, it appears that nursing faculty are accountable for the general university expectations, and, in addition, there is a concerted movement advocating

the added expectations of completion of the doctoral degree and maintenance of clinical practice.

The role expectations of nursing faculty in colleges and schools of nursing are multiple, diverse, and complex. Each of the sub-roles of teaching, service, research, and publication is accompanied by an intricate set of diverse expectations. These expectations are also difficult and require a high degree of skill. Coherence between the various expectations is not well evidenced. As was noted by Flynn (1980, p. 1996), the faculty role is ambiguous, in addition to being broad, difficult, and lacking in cohesion. To the degree that role conflict, intrapersonal and interpersonal stress, role discontinuity, and role overload are also present the faculty role is further complicated and subject to role strain. Expanding the faculty role to encompass the sub-roles of clinical practice and graduate study adds two additional dimensions to an already complex and challenging role set. According to the theory of role strain, increasing the number and diversity of expectations will compound the situation.

Summary

Role theory presupposes that the expectations of an individual's role are heavily influenced by the norms and rules of society and by the expectations and behavior of others with whom he or she interacts. The relative

difficulty of fulfilling the expectations of all of one's roles is determined by the aggregate size, breadth, and complexity of the total role set. Excessively complex or difficult role sets are characterized by role strain, or perceived difficulty in meeting the expectations of the total constellation of roles. Role conflict, ambiguity, discontinuity, and overload also contribute to perceived role strain.

Unmitigated role strain has been associated with the development of psychophysiological disorders and the excessive use of such psychological coping mechanisms as detachment, withdrawal, intellectualization, and depersonalization and dehumanization of others. Techniques used by the individual in an attempt to reduce role strain include compartmentalization, delegation of responsibilities, elimination of role relationship, and the establishment of barriers against intrusion and indefinite expansion of the role system. In addition, the individual may restructure the expectations of the role in an attempt to reduce role strain.

The incidence of role strain has been noted to be high in professionals working with people. Educators, health care workers, and personnel in protective services appear to be particularly vulnerable. Although role strain in registered nurses working in hospitals is well documented, little study has been directed toward

nursing faculty in colleges and universities. The role of a nursing faculty member is characterized by a wide array of diverse and ambiguous demands. The number and complexity of expectations of this role are increasing and becoming more disparate. As role expectations increase or become more complex, according to the theory of role strain, the individual will have increasing difficulty in fulfilling role obligations.

CHAPTER BIBLIOGRAPHY

- Andreoli, K. G. Faculty productivity. Journal of Nursing Administration, 1979, 9 (11), 47-53.
- Bailey, J. Stress and stress management: An overview. Journal of Nursing Education, 1980, 19 (6), 5-8.
- Bates, F. L. & Harvey, C. C. The structure of social systems. New York: Gardner Press, 1975.
- Biddle, B. J. Role theory: Expectations, identities, and behaviors. New York: Academic Press, 1979.
- Biddle, B. J. & Thomas, E. J. Role theory: Concepts and research. New York: John Wiley & Sons, Inc., 1966.
- Christman, L. The practitioner-teacher. Nursing Educator, 1979, 4 (2), 8-11.
- Clark, C. C. Burnout: Assessment and intervention. Journal of Nursing Administration, 1980, 10 (9), 39-43.
- Daley, M. R. Burnout: Smoldering problem in protective services. Social Work, 1979, 24, 375-279.
- Evans, W. J. Organization theory. New York: John Wiley & Sons, Inc., 1976.
- Flynn, P. The first teaching job--a new instructor. American Journal of Nursing, 1979, 79, 1996-1997.
- Goode, W. J. Explorations in social science. New York: Oxford University Press, 1973.
- Harrison, W. D. Role strain and burnout in child-protective service workers. Social Service Review, 1980, 54, 31-40.
- Holland, R. Self and social context. New York: St. Martin's Press, 1977.
- Ivancevich, J. M. & Matteson, M. T. Nurses and stress: Time to evaluate the potential problem. Supervisor Nurse, 1980, 11, 17-20.

- Kelley, L. K. & Baker, J. M. Women in nursing and academic tenure. Journal of Nursing Education, 1980, 19 (2), 41-48.
- Kyriacou, C. & Sutcliffe, J. Teacher stress: Prevalence, sources, and symptoms. British Journal of Educational Psychology, 1978, 48, 159-167.
- Kyriacou, C. & Sutcliffe, J. Teacher stress: A review. Educational Review, 1977, 29, 299-306.
- LaRocco, J. M. & Jones, A. P. Coworker and leader support as moderators of stress-strain relationships in work situations. Journal of Applied Psychology, 1978, 63, 629-634.
- Marks, S. R. Multiple roles and role strain. American Sociological Review, 1977, 42, 921-936.
- Maslach, C. Burned out. Human Behavior, 1976, 5 (9), 16-22.
- Mauksch, I. Faculty practice: A professional imperative. Nursing Educator, 1980, 5 (3), 21-24.
- Miles, R. H. Role set configuration as a predictor of role conflict and ambiguity in complex organizations. Sociometry, 1977, 40, 21-34.
- Mullins, A. C. & Barstow, R. E. Care for the caretakers. American Journal of Nursing, 1979, 79, 1425-1427.
- Munro, J. D. Preventing front-line collapse in institutional settings. Hospital Community Psychiatry, 1980, 31, 179-182.
- Parsons, T. Role conflict and the genesis of deviance. In B. J. Biddle & E. J. Thomas (eds.), Role theory: Concepts and research. New York: Academic Press, 1979.
- Patrick, P. K. S. The human ingredient burnout: Job hazard for health workers. Hospitals, November 16, 1979, 53, 87-90.
- Scully, R. Stress in the nurse. American Journal of Nursing, 1980, 80, 912-915.
- Selye, H. Stress and holistic medicine. Family and Community Health, 1980, 3, 85-88.

Shubin, S. Burnout: The professional hazard you face in nursing. Nursing, 1978, 8 (7), 22-27.

Sovie, M. D. Unifying education and practice: One medical center's design. Journal of Nursing Administration, 1981, 11 (1), 41-49.

Statement of belief regarding faculty practice. Nursing Educator, 1979, 4 (3), 3.

Webster's dictionary.

CHAPTER III

PROCEDURES FOR COLLECTING DATA

The design of this study is based on its purpose to determine whether variations exist in role strain reported by faculty members and faculty attrition in baccalaureate and higher degree programs in nursing based on institutional size, complexity, and the official expectations for faculty members. For the purposes of this study, William Goode's (1973, p. 101) definition of role strain as the "felt difficulty in fulfilling role obligations" was utilized. Data regarding faculty attrition, institutional characteristics, and official expectations for faculty members were collected from program administrators. Data regarding individual perceptions of official expectations of faculty members, types of academic appointment, longevity of present service, academic preparation, and reported role strain were collected from faculty members in participating schools.

Subjects

Seventy-five administrators of baccalaureate and higher degree programs in nursing were requested to participate in this study. Participating schools were selected using a table of random numbers from the list of

330 accredited baccalaureate and higher degree programs published by the National League for Nursing (National League for Nursing Publication No. 15-1311, pp. 5-28).

This study was restricted to baccalaureate and higher degree programs accredited by the National League for Nursing. Other types of programs and baccalaureate and higher degree programs not accredited by the National League for Nursing were outside the parameters of the study. The National League for Nursing is the recognized accrediting agency for schools of nursing in the United States. Assurance of underlying program uniformity, independent of geographic location or governing body of the school, is provided by the accrediting process.

An Administrative Questionnaire (Appendix C) to be completed by the program administrator or designate was distributed by mail to each of the randomly selected schools. This questionnaire requested data regarding institutional characteristics and a list of full-time faculty members.

Two hundred fifty full-time faculty members from institutions completing the Administrative Questionnaire were requested to take part on an individual basis. Faculty participants were randomly selected by computer from a compiled list of names furnished by the respective program administrators. A Faculty Questionnaire (Appendix

E) requesting individual information was mailed to each of the selected individuals at the school address.

Instruments

Two questionnaires were developed to collect data relevant to the purposes of this study. The Administrative Questionnaire was designed to collect demographic data from program administrators regarding longevity of collective faculty service and institutional characteristics. The Faculty Questionnaire was designed to collect data from individual faculty members regarding their academic preparation, type of appointment, tenure status, perception of official expectations, and reported role strain.

Administrative Questionnaire

The Administrative Questionnaire provided data regarding such institutional characteristics as size, controlling body, and degrees offered by the parent institution; the size, type, and number of different program offerings in nursing; information regarding criteria for appointment, retention, or tenure of each type of faculty appointment; and longevity of faculty service. These data respond to the following research questions:

- Does faculty attrition vary according to institutional structure, size, and complexity?
- Is faculty attrition higher in institutions with a greater number of official expectations?
- Is faculty attrition higher in institutions which require a higher academic degree for retention than for initial appointment?

Is faculty attrition higher in institutions which have official expectations requiring concurrent faculty practice?

Is attrition higher among faculty appointed to joint appointments than among faculty holding traditional academic appointments?

This questionnaire also solicited a portion of the data necessary to respond to the research question:

Does role strain reported by faculty vary according to institutional structure, size, and complexity?

Rationale for selection of items for the Administrative Questionnaire was based on demands of the research questions and a review of relevant literature. Goode (1973, pp. 97-120) and Biddle (1979, pp. 73-74) have noted that an individual who has a role set which is overloaded, ambiguous, conflicting, or is characterized by excessive breadth, difficulty, or complexity is subject to role strain. The individual sustaining excessive role strain has a propensity to terminate a portion of his role relationships (Goode, 1973, pp. 104-106). In the event the perceived role strain is attributed to occupationally-related stress, resignation from the position is a potential consequence (Bailey, 1980, p. 5).

Heightened role strain can be expected as the number and complexity of role expectations within a role set are increased. The role expectations of faculty members in baccalaureate and higher degree programs are in the process of expansion. The increasing expectation for completion of doctoral studies as a condition of tenure was noted by

Kelley and Baker (1980, pp. 41-48). In addition to continued graduate study, an expectation for maintenance of a clinical practice role beyond the traditional academic roles has received support from Christman (1979, pp. 8-11), Mauksch (1980, p. 21), Sovie (1981, pp. 41-49), and others (Nursing Educator, 1979, p. 3).

Difficulty, complexity, and breadth of a role set are also compounded by an increased number of role relationships within the set (Biddle, 1979, pp. 73-74). The number of role relationships maintained by a faculty member within the context of the school is dependent, in part, on organizational structure and control, size of the faculty, and the number of students. Therefore, these institutional characteristics have potential for affecting the role strain of the individual faculty member.

Faculty Questionnaire

The questionnaire distributed to randomly selected faculty members from participating schools provides data regarding the individual's academic preparation, type of current appointment, tenure status, program responsibilities, perception of official expectations of the position, and reported role strain. Information to respond to the following research questions was elicited from this questionnaire:

Does role strain reported by faculty vary according to institutional structure, size, and complexity?
Does role strain reported by faculty members increase as the number of official expectations increases?
Is reported role strain greater in non-tenured or tenured faculty?
Does role strain reported by faculty vary according to length of time of service?

Selection of items to be included on the Faculty Questionnaire was determined by the research questions and based on a review of the relevant literature and a pilot study.

The faculty role is comprised of a varied set of expectations. Traditionally, faculty members have been expected to carry out the teaching function and service to the university. Over the years the role has expanded to include scholarly activities such as research and professional publication. Each of these activities requires diverse and highly developed skills. Although not necessarily contradictory in nature, demands to fulfill all components of the role compete for the individual's time.

Within the nursing community there is a concerted effort directed toward further expansion of the faculty role in baccalaureate and higher degree programs. The increasing emphasis on the doctoral degree as a minimum criterion for tenure is becoming more apparent (Kelley & Baker, 1980, pp. 41-48). In addition to the impetus for completion of doctoral studies, nursing faculty are becoming subject to the expectation for maintenance of a

clinical practice role beyond the practice function entailed in clinical teaching (Christman, 1979, pp. 8-11; Mauksch, 1980, p. 21; Sovie, 1981, pp. 41-49). Individuals with excessively broad, complex, and difficult role sets which are characterized by ambiguous, conflicting, discontinuous, or overloaded expectations are subject to role strain (Bates & Harvey, 1975, p. 368; Biddle, 1979, pp. 324-325; Goode, 1973, pp. 103-104; Miles, 1977, p. 22; Parsons, 1966, pp. 275-276).

It has been noted that role sets which are characterized by diverse, competing, conflicting, ambiguous, or overloaded demands are subject to role strain. Biddle (1979, p. 323) also implicates a lack of autonomy and freedom to control one's activities as a contributing factor. Lack of collegial support, support from supervisors, high conflict levels, time pressures, and lack of opportunities for professional development are also cited as sources of role strain (Ivancevich & Matteson, 1980, pp. 17-20; Mullins & Barstow, 1979, p. 1425; Patrick, 1979, pp. 87-90). Behavioral indicators of role strain include psychophysiological disorders, sleep disturbances, substance abuse, depression, anxiety, exhaustion, absenteeism, low morale, and high levels of interpersonal conflict (Kyriacou & Sutcliffe, 1979, p. 166; LaRocco & Jones, 1978, p. 629; Munro, 1980, pp. 179-182; Bailey, 1980, p. 5; Clark, 1980, p. 39).

Selection of items to be included for the determination of the role strain index was initially based on a review of the literature. A pilot study was then conducted to verify suitability of the selected items. Items 8 through 27 of the Faculty Questionnaire were submitted to a panel of full-time faculty members. All twelve members of the panel had a minimum of a master's degree in nursing and from one to twelve years of teaching experience in a baccalaureate nursing program. Each panel member was instructed to make a judgment regarding the appropriateness of each item as a contributing factor to faculty role strain and to recommend inclusion of additional items. Based on the outcomes of the pilot study, no changes were made in the Faculty Questionnaire.

Reported role strain was determined from items 8 through 27 of the questionnaire for faculty. The possible range of scores was from zero to sixty. "A" responses received a score of zero; "B" responses, a score of one; and "C" responses, a score of three. Based on the results of this scoring procedure, faculty respondents were categorized into high, moderate, or low reported role strain groups. Scores of zero to twenty were classified as low reported role strain; twenty-one to forty, as moderate reported role strain; and forty-one to sixty, as high reported role strain.

Data Collection Procedures

Seventy-five baccalaureate and higher degree programs in nursing were selected, using a table of random numbers (Edwards, 1967, pp. 396-400), from the list of 330 programs accredited by the National League for Nursing (National League for Nursing Publication No. 15-1311, pp. 5-28). A cover letter of explanation (Appendix A), a form indicating agreement to participate (Appendix B), a questionnaire to be completed by the program administrator (Appendix C), and a sample of the questionnaire to be completed by faculty members were mailed to the dean or director of the selected schools.

A list of full-time faculty members from all of the participating schools was compiled. Two hundred fifty faculty participants were randomly selected from this list. A letter (Appendix D) explaining the study and requesting participation and the Faculty Questionnaire (Appendix E) were mailed to each of the selected individuals at the school address.

Procedures for Analysis of Data

A series of chi square tests of independence was used to treat the data. A probability of .05 was established as the level of significance.

Data to respond to the research questions related to faculty attrition and official expectations, institutional

structure, institutional size, and institutional complexity were provided by the questionnaire completed by program administrators. The questionnaire completed by faculty members provided data to respond to the research questions related to reported faculty role strain and perceived official expectations, institutional size, and institutional complexity.

Reported role strain was determined from items 8 through 27 of the questionnaire for faculty. The possible range of scores was from zero to sixty. Based on the results of the scoring procedures, faculty respondents were categorized into high, moderate, or low reported role strain groups. Scores of zero to twenty were classified as low reported role strain; twenty-one to forty, as moderate reported role strain; and forty-one to sixty, as high reported role strain.

Chi square analysis of the data was as follows:

Research question one, category one: "Does faculty attrition vary according to the institutional structure, size, and complexity?" was subjected to the following chi square tests:

1. Type of nursing program (department or separate college or school) x length of faculty service.
2. Type of institutional control (public or private) x length of faculty service.
3. Institutional designation (college, university, or medical center) x length of faculty service.
4. Institutional degrees awarded (bachelor's, master's, doctoral) x length of faculty service.

5. Size of student body of parent institution x length of faculty service.
6. Types of nursing programs offered (baccalaureate, master's, doctoral) x length of faculty service.
7. Size of school of nursing x length of faculty service.
8. Total number of faculty members x length of faculty service.

Research question two, category one, "Is faculty attrition higher in institutions with a greater number of official expectations?" was subjected to the following chi square test:

Number of official expectations (teaching, service, and scholarly activities) x length of faculty service.

Research question three, category one, "Is faculty attrition higher in institutions which require a higher academic degree for retention than for initial appointment?" was subjected to the following chi square tests:

1. Academic degree for tenure (higher or same) x length of faculty service.
2. Academic degree for retention in continuing non-tenure track appointment (higher or same) x length of faculty service.

Research question four, category one, "Is faculty attrition higher in institutions which have official expectations requiring concurrent faculty practice?" was subjected to the following chi square test:

Requirement for concurrent faculty practice x length of faculty service.

Research question five, category one, "Is attrition higher among faculty appointed to joint appointments than

among faculty holding traditional academic appointments?" was subjected to the following chi square test:

Joint appointment x length of faculty service.

Research question one, category two, "Does role strain reported by faculty vary according to institutional structure, size, and complexity?" was subjected to the following chi square tests:

1. Type of nursing program (department or separate college or school) x reported role strain.
2. Type of institutional control (public or private) x reported role strain.
3. Institutional designation (college, university, or medical center) x reported role strain.
4. Institutional degrees awarded (bachelor's, master's, doctoral) x reported role strain.
5. Size of student body of parent institution x reported role strain.
6. Types of nursing programs offered (baccalaureate, master's, doctoral) x reported role strain.
7. Size of school of nursing x reported role strain.
8. Total number of faculty x reported role strain.

Research question two, category two, "Does role strain reported by faculty members increase as the number of official expectations increases?" was subjected to the following chi square test:

Number of perceived official expectations (teaching, service, and scholarly activities) x reported role strain.

Research question three, category two, "Is reported role strain greater in non-tenured or tenured faculty?" was subjected to the following chi square test:

Tenure status x reported role strain.

Research question four, category two, "Does role strain reported by faculty vary according to length of time of service?" was subjected to the following chi square test:

Length of service x reported role strain.

Summary

The design of this study is based on its purpose to determine whether role strain reported by faculty members and faculty attrition in baccalaureate and higher degree programs in nursing vary according to institutional size, structure, and complexity and the official expectations of faculty members.

Two questionnaires were developed to provide data to respond to the research questions of the study. A questionnaire requesting information regarding institutional characteristics, longevity of faculty service, and a list of names of full-time faculty members was mailed to administrators of seventy-five randomly selected baccalaureate and higher degree programs in nursing. A comprehensive list of faculty members was compiled from the names provided by program administrators. A questionnaire designed to collect individual data regarding academic preparation, type of appointment, tenure status, perception of official expectations, and reported role strain

was mailed to two hundred fifty faculty members randomly selected from this list.

Data provided by the questionnaires were analyzed using a series of chi square tests of independence. A probability of .05 was established as the level of significance. Data analysis was utilized in formulating conclusions and recommendations.

CHAPTER BIBLIOGRAPHY

- Bailey, J. Stress and stress management: An overview. Journal of Nursing Education, 1980, 19 (6), 5-8.
- Bates, F. L. & Harvey, C. C. The structure of social systems. New York: Gardner Press, 1975.
- Biddle, B. J. Role theory: Expectations, identities, and behaviors. New York: Academic Press, 1979.
- Christman, L. The practitioner-teacher. Nursing Educator, 1979, 4 (2), 8-11.
- Clark, C. C. Burnout: Assessment and intervention. Journal of Nursing Administration, 1980, 10 (9), 39-43.
- Edwards, A. L. Statistical methods (2nd ed.). New York: Holt, Rinehart and Winston, Inc., 1967.
- Goode, W. J. Explorations in social science. New York: Oxford University Press, 1973.
- Ivancevich, M. J. & Matteson, M. T. Nurses and stress: Time to evaluate the potential problem. Supervisor Nurse, 1980, 11, 17-20.
- Kelley, L. K. & Baker, J. M. Women in nursing and academic tenure. Journal of Nursing Education, 1980, 10 (2), 41-48.
- Kyriacou, C. & Sutcliffe, J. Teacher stress: Prevalence, sources, and symptoms. British Journal of Educational Psychology, 1978, 48, 159-167.
- LaRocco, M. J. & Jones, A. P. Coworker and leader support as moderators of stress-strain relationships in work situations. Journal of Applied Psychology, 1978, 63, 629-634.
- Mauksch, I. Faculty practice: A professional imperative. Nursing Educator, 1980, 5 (3), 21-24.
- Miles, R. H. Role set configuration as a predictor of role conflict and ambiguity in complex organizations. Sociometry, 1977, 40, 21-34.

- Mullins, A. C. & Barstow, R. E. Care for the caretakers. American Journal of Nursing, 1979, 79, 1425-1427.
- Munro, J. D. Preventing front-line collapse in institutional settings. Hospital Community Psychiatry, 1980, 31, 179-182.
- National League for Nursing Publication No. 15-1311. Baccalaureate education in nursing: Key to a professional career in nursing 1980-81. 1980, pp. 5-28.
- Parsons, T. Role conflict as the genesis of deviance. In B. J. Biddle & E. J. Thomas (eds.), Role theory: Concepts and research. New York: Academic Press, 1979.
- Patrick, P. K. S. The human ingredient burnout: Job hazard for health workers. Hospitals, November 16, 1979, 53, 87-90.
- Sovie, M. D. Unifying education and practice: One medical center's design. Journal of Nursing Administration, 1981, 11 (1), 41-49.
- Statement of belief regarding faculty practice. Nursing Educator, 1979, 4 (3), 3.

CHAPTER IV

ANALYSIS OF DATA

The purpose of this chapter is to present, analyze, and discuss the findings of this study. Data will be examined as they relate to each research question.

Procedures for Collection of Data

A questionnaire (Appendix C) to elicit data regarding faculty attrition and institutional characteristics was mailed to seventy-five randomly selected administrators of baccalaureate and higher degree programs in nursing nationwide. Sixty-three usable questionnaires were returned and included in the analysis of data.

Two hundred fifty faculty members from participating institutions were requested to participate in an individual basis. A questionnaire (Appendix E) eliciting data regarding individual perceptions of official expectations of faculty members, type of academic appointment, longevity of service, tenure status, academic preparation, and role strain were mailed to each of the randomly selected faculty members. One hundred ninety-five usable questionnaires were returned and included in the analysis of data.

Procedures for Analysis of Data

A series of chi square tests of independence was used to analyze the data as they related to the nine research questions posed. A probability of .05 was accepted as the level of significance. Results of this data analysis will be reported according to each of the research questions.

Responses of Administrators

Sixty-three of the seventy-five questionnaires mailed to administrators of baccalaureate and higher degree programs were returned in usable form. Data from these questionnaires were used in responding to research questions related to faculty attrition.

Longevity of faculty service was categorized into three groups: (1) up to and including twenty-four months of service, (2) twenty-five through seventy-two months of service, and (3) seventy-three or more months of service. The longevity of service of faculty members was analyzed by a series of chi square tests to determine independence from institutional characteristics, official expectations of faculty members, criteria for retention of faculty, and type of faculty appointments.

Attrition versus Selected Institutional Characteristics

A series of tests was performed to determine independence of faculty attrition from the variables of (1) institutional designation, (2) institutional control, (3) degrees awarded by the parent institution, (4) size of the student body of the parent institution, (5) type of nursing program, (6) size of the school of nursing, (7) number and type of program offerings in nursing, and (8) total number of faculty members. None of the obtained values reached a level of significance. Variations in faculty attrition based on these institutional characteristics were not found.

Attrition versus Number of Official Expectations

Official expectations identified for the purpose of this study were teaching expertise, scholarly activities, and institutional and professional service. Variations in longevity of faculty service based on the number of these expectations required for retention on a continuing non-tenure track position or for the awarding of tenure were tested. Analysis of the data did not produce significant values for either test performed. However, 72.3 per cent of the program administrators reported performance in the three areas of teaching, scholarly activities, and service was the minimum expectation for

the awarding of tenure. Since the small number of remaining institutions was divided between the other two categories, any existing difference would be virtually undetectable.

Attrition versus Academic Degree Required
for Retention

Longevity of faculty service was tested for independence from the requirement for a higher academic degree for retention in a continuing non-tenure track position and for the awarding of tenure than was required for initial appointment. Obtained values failed to reach levels of significance for either test. Since only 7.4 per cent of the program administrators reported the requirement for earning a higher degree to retain a continuing non-tenure track position and 19.4 per cent reported the requirement for earning a higher degree for receiving tenure than for initial appointment, these findings remain speculative.

Attrition versus Requirement for Concurrent
Clinical Practice

Variations in faculty attrition based on the institutional requirement for the maintenance of concurrent faculty clinical practice in addition to the teaching role were tested. Analysis of the data failed to produce a value reaching a level of significance.

Attrition versus Joint Appointments

Independence of the institutional practice of making joint appointments from variations in longevity of faculty service was tested. However, only twelve of the sixty-three respondents reported any joint appointments at their institutions. The remaining respondents reported only traditional academic appointments. The outcome of analysis of these data produced a value failing to reach the .05 level of significance.

Summary of Responses to Administrative Questionnaire

A series of chi square tests was performed to determine independence of faculty attrition from selected institutional characteristics, number of official expectations of faculty members, criteria for retention of faculty, and type of faculty appointment. The outcomes of data analysis are summarized in Table I. None of the obtained values reached the .05 level of significance. The outcomes of data analysis failed to find variation in faculty attrition based on the variables studied.

Responses of Faculty

One hundred ninety-five usable questionnaires were returned by faculty members and included in the analysis of data. Faculty respondents were categorized into low, moderate, or high role strain groups based on the

TABLE I
 VARIATIONS IN FACULTY ATTRITION BASED ON
 SELECTED INSTITUTIONAL CHARACTERISTICS,
 OFFICIAL EXPECTATIONS OF FACULTY MEM-
 BERS, CRITERIA FOR RETENTION, AND
 TYPE OF FACULTY APPOINTMENT

Faculty Attrition versus . . .	Statistical Values		
	x^2	df	Sign.
Type of nursing program	5.010	2	0.082
Institutional control	1.661	2	0.436
Institutional designation	3.432	4	0.488
Institutional degrees awarded	2.202	4	0.699
Size of student body	8.180	6	0.225
Type of program offerings in nursing	6.398	8	0.603
Number of program offerings in nursing	6.559	6	0.367
Number of undergraduate nursing stu- dents	12.548	10	0.250
Number of graduate nursing students	8.963	10	0.536
Total number of nursing students	12.487	8	0.131
Total number of nursing faculty	8.721	8	0.366
Expectations for continuing non-tenure track appointment	3.000	4	0.558
Expectations for tenured and tenure track appointments	8.931	4	0.117
Higher academic degree for continuing non-tenure track appointment	1.615	2	0.446
Higher academic degree for awarding of tenure than for appointment	1.804	2	0.406
Requirement for concurrent clinical practice	1.326	2	0.515
Joint appointments	0.511	2	0.774

numerical value of the role strain index. This value was derived from items eight through twenty-seven of the faculty questionnaire, with a possible range of zero to sixty. Values of zero to twenty were categorized as low reported role strain; values of twenty-one to forty, as moderate reported role strain; and values of forty-one to

sixty, as high reported role strain. One hundred eight of the one hundred ninety-five respondents reported low role strain; seventy-one, moderate role strain; and sixteen, high role strain. Results of data related to reported role strain will be presented according to each of the research questions in category two.

Reported Role Strain versus Selected Institutional Characteristics

A series of chi square tests was used to analyze the data for independence of reported role strain from the variables of (1) institutional designation, (2) institutional control, (3) degrees awarded by the parent institution, (4) size of the student body of the parent institution, (5) type of nursing program, (6) size of the school of nursing, (7) number and type of program offerings in nursing, and (8) total number of faculty members. Significant values were obtained for variations in levels of reported strain based on the variables of (1) institutional control, (2) degrees awarded by the parent institution, (3) type and number of program offerings in nursing, (4) number of graduate students enrolled in the school of nursing, and (5) total number of faculty members.

Analysis of the data indicated a significantly higher percentage of faculty members in private nursing programs reported low role strain than did their counterparts in public institutions, while a higher percentage of

faculty members associated with public institutions reported moderate levels of role strain. The relative incidence of high levels of reported role strain was virtually identical in public and private institutions.

Significant variations in reported role strain based on the degrees awarded by the parent institution were obtained. The lowest occurrence of reported role strain was found in faculty members employed by parent institutions awarding bachelor's degrees only. Faculty members in institutions awarding the doctorate reported the highest incidence of moderate and high role strain. In the category of moderate role strain, faculty members in institutions awarding bachelor's and master's degrees occupied a position intermediate to those occupied by faculty in institutions awarding bachelor's degrees only and those awarding the doctorate. High role strain was reported in almost equal proportions by faculty members in institutions awarding bachelor's degrees only and in those institutions awarding both bachelor's and master's degrees.

Variations in reported role strain based on the number and type of program offerings in nursing reached levels of significance. Results of data analysis indicated that faculty members teaching in institutions offering a generic baccalaureate program only reported proportionally lower levels of role strain than did those

teaching in other types of programs. Moderate levels of role strain were more frequently reported by faculty affiliated with institutions offering a graduate program in nursing than those in institutions with baccalaureate offerings only. However, faculty members teaching in baccalaureate programs for registered nurses proportionally reported a high level of role strain more frequently than did any other group.

Tests of independence of reported role strain from the number of program offerings in nursing also produced significant results. Analysis of the data showed the lowest level of role strain to be reported by faculty teaching in nursing programs with a single type of offering. Single program offerings included generic baccalaureate programs and baccalaureate programs for registered nurses. The highest level of role strain was reported by faculty teaching in those institutions with three different program offerings in nursing. All of these schools offered opportunities for graduate study. Faculty from schools offering two programs reported an intermediate level of role strain. Schools offering two different programs included those with two types of baccalaureate programs and those offering one baccalaureate program and opportunities for graduate study.

Results of the analysis of data regarding the size of the nursing program were mixed. Tests of independence of the size of the undergraduate program and level of role strain and total program size and faculty role strain did not produce significant findings. However, significant results were obtained for variations in level of reported role strain based on the size of the graduate program, although the finding was somewhat tenuous due to clustering of respondents in the categories of extremes in number of graduate students enrolled. Eighty-three of the responding faculty members taught in institutions offering no graduate program. Of the remaining one hundred twelve, ninety were employed in institutions with more than one hundred graduate students. However, the highest levels of role strain were clearly reported by faculty members teaching in institutions with one hundred or more graduate students. Whether faculty members in schools with no graduate program experienced more role strain than did those in graduate programs with less than one hundred students was questionable due to the extremely small number of respondents from the smaller graduate programs.

The test of independence between levels of reported role strain and total faculty size was the final one to reach a level of significance for this category. The lowest level of role strain was reported by faculty members in institutions with fifteen or fewer faculty.

The highest level of role strain appeared in faculties of fifty or more. This finding, however, should be viewed cautiously due to two vacant cells.

Chi square tests of independence of reported role strain from institutional size, structure, and complexity reached values of significance at the .05 level of probability or beyond for the variables of (1) institutional control, (2) degrees conferred by the parent institution, (3) type of program offerings in nursing, (4) number of different program offerings in nursing, (5) number of graduate students in nursing, and (6) size of the total nursing faculty.

Analysis of the data failed to produce significant findings for independence of reported role strain from (1) type of nursing program, (2) institutional designation, (3) size of the student body of the parent institution, and (4) total number of nursing students and number of undergraduate students.

Reported Role Strain versus Number of Official Expectations

For the purposes of this study, official expectations were identified as those of teaching, scholarly activities, and institutional and professional service. Levels of reported role strain were tested for independence from the individual faculty member's perception of the number of these expectations officially held of his or

her position. Analysis of data did not produce significant findings. Role strain was not demonstrated to vary according to the number of expectations perceived by the individual.

Reported Role Strain versus Tenure Status

Variations in reported role strain were tested against the type of appointment--tenured, tenure track, or continuing non-tenure track. Significant results were obtained from analysis of the data.

The lowest level of reported role strain occurred in faculty holding continuing non-tenure track appointments. A lower proportion of tenured faculty were in the low role strain category than either tenure track or continuing non-tenure track faculty members. Proportionally more tenured faculty occupied the category of moderate role strain than faculty holding other types of appointments. High role strain was reported almost equally in all groups.

Tenured faculty reported more role strain than did either those with tenure track or continuing non-tenure track positions. Faculty appointed on a continuing non-tenure track basis reported the lowest level of role strain. Faculty members appointed to a tenure track position occupied an intermediate position.

Reported Role Strain versus Length of Time
of Service

Variations in levels of reported role strain based on the longevity of service were tested. The obtained value failed to reach a level of significance. Faculty members reported levels of role strain consistently across categories of longevity of service.

Summary of Responses to Faculty
Questionnaire

Role strain reported by faculty members was tested for independence from (1) selected institutional characteristics, (2) individual perceptions of official expectations, (3) tenure status, and (4) longevity of service. The outcome of data analysis is presented in Table II.

Data analysis produced significant findings for variations in level of reported role strain as measured against the following variables: (1) institutional control, (2) degrees awarded by the parent institution, (3) type and number of program offerings in nursing, (4) number of graduate students enrolled in the school of nursing, (5) total number of nursing faculty, and (6) type of faculty appointment. Variations in role strain based on type of nursing program, institutional designation, size of the student body of the parent institution, number of undergraduate students in nursing, and total number of nursing faculty did not produce significant findings.

TABLE II
 VARIATIONS IN REPORTED ROLE STRAIN BASED ON
 SELECTED INSTITUTIONAL CHARACTERISTICS,
 NUMBER OF OFFICIAL EXPECTATIONS,
 TENURE STATUS, AND LENGTH OF
 SERVICE

Levels of Reported Role Strain versus . . .	Statistical Values		
	χ^2	df	Sign.
Type of nursing program	0.566	2	0.753
Institutional control	6.115	2	0.048*
Institutional designation	8.876	4	0.064
Institutional degrees awarded	10.758	4	0.029*
Size of student body	1.852	6	0.933
Type of program offerings in nursing	13.019	6	0.043*
Number of program offerings in nursing	12.690	4	0.013*
Number of undergraduate nursing students	4.392	8	0.820
Number of graduate nursing students	18.663	6	0.005*
Total number of nursing students	10.231	8	0.249
Total number of nursing faculty	18.717	6	0.005*
Number of official expectations	1.756	4	0.781
Tenure status	9.582	4	0.048*
Length of time of service	1.265	4	0.867

*Significant findings; probability exceeds .05 level.

Chapter Summary

Data analysis produced the following findings:

1. Variations in the incidence of faculty attrition based on institutional structure, size, and complexity were not demonstrated.
2. Variations in the incidence of faculty attrition based on the number of official expectations were not demonstrated.

3. The requirement of a higher academic degree for retention of faculty than for initial appointment was not demonstrated to be associated with a significantly higher incidence of faculty attrition.
4. The official expectation of concurrent faculty clinical practice was not accompanied by a higher incidence of faculty attrition.
5. Variations in the incidence of faculty attrition in institutions utilizing joint appointments were not demonstrated.
6. Role strain reported by faculty members varied based on institutional control, degrees awarded by the parent institution, type and number of program offerings in nursing, number of graduate students in nursing, and total number of nursing faculty.
7. Role strain reported by faculty members did not vary according to organizational designation of the school of nursing, size of the student body of the total institution, or number of undergraduate nursing students.
8. Variations in the level of reported role strain based on the number of official expectations were not demonstrated.

9. Variations in the level of reported role strain based on tenure status were demonstrated.
10. Role strain reported by faculty members did not vary based on the length of time of service.

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The design of this study was based on its purpose to determine whether variations existed in role strain reported by faculty members and faculty attrition in baccalaureate and higher degree programs in nursing based on institutional size, institutional complexity, and official expectations for faculty members. This chapter presents a summary of procedures used to collect and analyze the data, the findings and conclusions of the study, the implications of the study, and recommendations suggested by the results.

Summary

Seventy-five administrators of baccalaureate and higher degree programs in nursing were requested to participate in this study. Participating schools were selected using a table of random numbers from the list of 330 accredited baccalaureate and higher degree programs published by the National League for Nursing (National League for Nursing Publication No. 15-1311). Each administrator was requested to complete an administrative questionnaire regarding such institutional characteristics

as size, controlling body, and degrees awarded by the parent institution; size, type, and number of program offerings in nursing; information regarding criteria for appointment, retention, and tenure of faculty; longevity of faculty service; and total number of faculty members. Each administrator was also requested to furnish the names of full-time faculty members. Sixty-three usable questionnaires were returned by program administrators.

A list of full-time faculty members from all participating schools was compiled. Two hundred fifty names were randomly selected by computer from this list and requested to participate on an individual basis. Each faculty member selected was mailed a questionnaire eliciting data regarding the individual's academic preparation, type of current appointment, tenure status, program responsibilities, perception of official expectations of the position, and reported role strain. One hundred ninety-five, or 78 per cent, of the faculty members returned usable questionnaires.

A series of chi square tests of independence was used to treat the data. A probability of .05 was established as the level of significance.

Findings

Analysis of the data produced the following findings:

1. Variations in the incidence of faculty attrition based on institutional structure, size, and complexity were not demonstrated.
2. Variations in the incidence of faculty attrition based on the number of official expectations were not demonstrated.
3. The requirement of a higher academic degree for retention of faculty than for initial appointment was not demonstrated to be associated with a significantly higher incidence of faculty attrition.
4. The official expectation of concurrent faculty clinical practice was not accompanied by a higher incidence of faculty attrition.
5. Variations in the incidence of faculty attrition in institutions utilizing joint appointments were not demonstrated.
6. Role strain reported by faculty members varied based on institutional control, degrees awarded by the parent institution, type and number of program offerings in nursing, number of graduate students in nursing, and total number of nursing faculty.

7. Role strain reported by faculty members did not vary according to organizational designation of the school of nursing, size of the student body of the total institution, or number of undergraduate nursing students.
8. Variations in the level of reported role strain based on the number of official expectations were not demonstrated.
9. Variations in the level of reported role strain based on tenure status were demonstrated.
10. Role strain reported by faculty members did not vary based on the length of time of service.

Conclusions

Based on the major findings of this study, the following conclusions appear to be warranted:

1. The incidence of faculty attrition appears to be independent of institutional structure, size, and complexity.
2. Official expectations or conditions of the faculty appointment do not appear to affect the incidence of faculty attrition.
3. Both the complexity of the parent institution and the school of nursing may have an impact on faculty role strain.

4. Faculty members teaching in state-supported doctoral degree-granting institutions with multiple program offerings and large graduate programs in nursing seem to be subject to more role strain than are those in other types of nursing programs.
5. Members of large nursing faculties apparently experience increased levels of role strain.
6. Faculty role strain appears to be independent of the number of perceived official expectations.
7. Role strain does not seem to decrease with experience in the faculty role.
8. Role strain is apparently greater in tenured faculty than in those with non-tenured appointments.

Implications

The findings of this study suggest several implications for administrators and faculty members in college- and university-based schools of learning. Despite the support of nursing leaders such as Christman (1979, p. 8), Mauksch (1980, p. 21), and Sovie (1981, pp. 41-49) for faculty clinical practice, joint appointments remain relatively uncommon. Only six of the one hundred ninety-five responding faculty members indicated that they currently held this type of appointment. Since the joint

appointment remains so unusual there are few factual data available that would indicate the nature and degree of its effect on the individual faculty member or its impact on total programs. Assertions made regarding the effectiveness or efficiency of the joint appointment can be based on only a limited number of cases and will be highly speculative if generalized beyond the immediate situation.

The data provided by the questionnaires also indicated a lack of consensus between administrators and faculty regarding the expectation for concurrent clinical practice by faculty members. Over 72 per cent of the administrators reported this as an expectation of all faculty members in their institutions. However, slightly less than 34 per cent of the responding faculty members reported concurrent clinical practice as an expectation of their present position. A lack of agreement of this magnitude regarding expectations of faculty has the potential for generation of conflict between administrators and faculty members.

An additional finding having ramifications for both administrators and faculty members is the increased levels of role strain noted in tenured faculty. Achievement of tenure status markedly increases the job security of the individual. In the case of nursing faculty, the increased security does not appear to be accompanied by a decrease in role strain. In contrast, tenure is accompanied by an increase in role strain. This finding may suggest that

increased involvement and responsibility for program maintenance are assumed by tenured faculty members which are not completely offset by the security of tenure.

The findings of this study do not support Goode's theoretical assumption regarding role strain and its consequences. Analysis of the data provided by program administrators did not indicate variations in rate of faculty attrition based on institutional structure, size, and complexity. Data provided by the faculty questionnaires did, however, reveal differences in reported role strain based on certain of these institutional characteristics. Goode (1973, pp. 103-106) advances two major premises. First, he suggests the notion that as an individual's set of role relationships and responsibilities increases in number and complexity he becomes increasingly subject to role strain. Goode further contends that increased levels of role strain are accompanied by a propensity to eliminate a portion of the relationships. In the case of the faculty role this would result in resignation from the position. The findings of this study did not indicate an increase in faculty attrition in those types of institutions where the highest levels of faculty role strain were reported.

Although some of these implications are beyond the parameters of the purposes of this study, they merit consideration. The potential impact on the individual and the program is evident.

Recommendations

On the basis of the findings, conclusions, and implications of this study, it is recommended that the following types of studies be made:

1. To develop a questionnaire for administrators directed at identification of variables associated with variations in the incidence of faculty attrition.
2. To standardize a tool for measuring role strain in faculty members teaching in collegiate nursing programs.
3. To identify factors contributing to the role strain of faculty teaching in state-supported doctoral degree-granting institutions with large faculties and graduate programs in nursing.
4. To identify areas lacking in agreement between the perception of administrators and faculty regarding the expectations of the faculty role in baccalaureate and higher degree programs in nursing.
5. To determine whether a relationship between the incidence of faculty attrition and role strain can be established.
6. To determine whether a relationship between role strain and faculty productivity can be established.
7. To determine the factors associated with role strain in tenured faculty in collegiate schools of nursing.
8. To determine the impact of joint appointments on faculty attrition and reported role strain.

CHAPTER BIBLIOGRAPHY

- Christman, L. The practitioner-teacher. Nursing Educator, 1979, 4 (2), 8-11.
- Goode, W. J. Explorations in social science. New York: Oxford University Press, 1973.
- Mauksch, I. Faculty practice: A professional imperative. Nursing Educator, 1980, 5 (3), 21-24.
- National League for Nursing Publication No. 15-1311. Baccalaureate education in nursing: Key to a professional career in nursing 1980-81. 1980, pp. 5-28.
- Sovie, M. D. Unifying education and practice: One medical center's design. Journal of Nursing Administration, 1981, 11 (1), 41-49.

APPENDIX A

(Name and title of program administrator)
(Institution)

Dear (title and name):

As a portion of the requirements for my doctoral degree from the College of Education at North Texas State University, I am conducting a study of faculty role strain and attrition. William Goode's definition of role strain as the ". . . felt difficulty in fulfilling role expectations" will be used for the purpose of this study.

Seventy-five schools are being requested to participate in this study. Schools were randomly selected from accredited baccalaureate and higher degree programs. Obviously, your institution was one of those selected.

Enclosed you will find (1) a consent form, (2) a form to furnish the names of full-time faculty members, (3) a sample of the questionnaire that will be sent to randomly selected faculty from participating schools, and (4) a questionnaire to be completed by you or your designate. If you are willing to participate, please sign the consent form, complete the administrative questionnaire and list of full-time faculty members, and return them in the enclosed stamped self-addressed envelope.

Strict confidentiality is assured for your institution and participating faculty. Schools and individuals will be identified in no way.

Please return the materials no later than May 15, 1981.

Thank you for your consideration.

Sincerely,

L. Joan Goe

APPENDIX B

Administrative Consent Form

I agree to participate in the study of faculty role strain and faculty attrition. My participation will include completing the administrative questionnaire and furnishing a list of names of the currently employed full-time faculty members.

I understand that my responses and the responses of faculty members will be kept confidential. I further understand that questionnaires will be sent to participating faculty members at the school address. Personal addresses will not be furnished. My agreement to participate in no way assures any faculty member's participation. Participation of faculty members will be strictly voluntary.

Name _____

Title _____

Institution _____

Date _____

APPENDIX C

Institution Number: _____

Administrative Questionnaire

Institution: _____
(to be typed in prior to mailing)

Directions:

To be completed by program administrator or designate. Please respond to all items on the basis of the program with which you are currently associated.

Some items request one response only. Please do not give additional responses.

A space is provided for each response. Place an "X" in the blank indicating the appropriate response for your institution.

1. The nursing program is a
 department within a college or school.
 separate school or college of nursing.

2. The parent institution is a
 college.
 university.
 medical center.

3. The parent institution is a
 public school.
 private school.

4. The parent institution awards
 bachelor's degrees only.
 bachelor's and master's degrees.
 bachelor's, master's, and doctoral degrees.

5. Size of the student body of the parent institution is (one response only)

less than 3,000.
 3,000 to 3,999.
 10,000 to 19,999.
 20,000 or more.

6. Type of program offerings in nursing include

generic baccalaureate.
 baccalaureate for registered nurses.
 master's.
 doctoral.

7. Number of nursing students currently enrolled (full- and part-time) is

Undergraduate:

none.
 less than 100.
 100 to 249.
 250 to 399.
 400 to 549.
 550 or more.

Master's:

none.
 less than 50.
 50 to 99.
 100 to 199.
 200 to 299.
 300 or more.

Doctoral:

none.
 less than 25.
 25 to 49.
 50 to 99.
 100 or more.

Total:

less than 100.
 100 to 249.
 250 to 349.
 350 to 549.
 550 or more.

Items 8 through 16 deal with the type of appointments and expectations of faculty in the school of nursing.

8. Faculty positions are designated as (one response only)

exclusively graduate faculty or exclusively undergraduate faculty appointments.
 neither as graduate nor undergraduate; faculty have responsibilities for both programs.
 only undergraduate program is offered.
 only graduate program is offered.

9. The following types of faculty appointments are made:

temporary.
 part-time.
 joint appointments (tenure or non-tenure track).
 tenure track.
 continuing non-tenure track.

10. The minimum academic degree a faculty candidate must hold for an appointment to a tenure track position is a (one response only)

bachelor's in nursing.
 master's in nursing.
 master's in related field.
 doctorate in nursing or related field.
 tenure track appointments are not made at this institution.

11. The minimum academic degree a faculty candidate must hold for an appointment to a continuing non-tenure track position is a (one response only)

bachelor's in nursing.
 master's in nursing.
 master's in related field.
 doctorate in nursing or related field.
 this type of appointment is not made at this institution.

12. The minimum academic degree a faculty member must hold in order to be awarded tenure is a (one response only)

bachelor's in nursing.
 master's in nursing.
 master's in related field.
 doctorate in nursing or related field.
 tenure is not awarded at this institution.

13. The minimum academic degree a faculty member must hold to be retained in a continuing non-tenure track position is a (one response only)

bachelor's in nursing.
 master's in nursing.
 master's in related field.
 doctorate in nursing or related field.
 this type of appointment is not made at this institution.

14. Awarding of tenure is based on the minimum criteria of (one response only)

teaching ability only.
 teaching ability and service activities.
 teaching ability and scholarly activities.
 teaching ability and service or scholarly activities.
 teaching ability, scholarly, and service activities.
 other criteria (please specify: _____)
 tenure is not awarded at this institution.

15. Retention of faculty on continuing non-tenure track appointments is based on the minimum criteria of (one response only)

teaching ability only.
 teaching ability and service activities.
 teaching ability and scholarly activities.
 teaching ability and service or scholarly activities.
 teaching ability, scholarly, and service activities.
 other criteria (please specify: _____)
 this type of appointment is not made at this institution.

16. Concurrent clinical practice is an expectation of
- all faculty.
 - faculty with joint appointments only.
 - faculty with tenure or with tenure track appointments.
 - faculty with continuing non-tenure track appointments.

The remainder of the questionnaire deals with the longevity of faculty service in the school of nursing.

Please do not count the same faculty member more than once in items 18 through 22.

17. Total number of nursing faculty: _____
18. Number of part-time faculty members: _____
19. Number of temporary faculty members: _____
20. Number of faculty members with appointments in
- first two years (0-24 months) of service.
 - third through sixth year (25-72 months) of service.
 - six or more years (73 months or more) of service.
21. Number of tenured faculty or faculty in tenure track positions in
- first two years (0-24 months) of service.
 - third through sixth year (25-72 months) or service.
 - six or more years (73 months or more) of service.
22. Number of faculty with continuing non-tenure track positions in
- first two years (0-24 months) of service.
 - third through sixth year (25-72 months) of service.
 - six or more years (73 months or more) of service.

APPENDIX D

(Faculty Member)

Dear Colleague:

As a portion of the requirements for my doctoral degree from the College of Education at North Texas State University, I am conducting a study of faculty role strain and attrition. William Goode's definition of role strain as the ". . . felt difficulty in fulfilling role expectations" will be used for the purpose of this study.

Seventy-five schools have been requested to participate in this study. Schools were randomly selected from accredited baccalaureate and higher degree programs. You are one of the randomly selected faculty from participating schools requested to participate on an individual basis.

Your participation will involve completion of the enclosed questionnaire. Information regarding the type of appointment you hold, length of time in service in the present institution, expectations of the appointment, and areas that may pose problems of varying degrees in meeting the conditions of your appointment is requested. Total time to complete the questionnaire should be less than fifteen minutes.

Your responses will be held strictly confidential. The number in the upper right hand corner of the questionnaire identifies the institution with which you are associated; it does not identify you individually. All information collected will be reported as group data. Information regarding individual faculty or individual schools will not be reported.

Please return the enclosed questionnaire no later than June 1.

Thank you for your consideration.

Sincerely,

L. Joan Goe

APPENDIX E

Institution Number: _____

Faculty Questionnaire

Directions:

The number in the upper right corner identifies the institution with which you are associated. You will not be identified individually.

Please respond to each item on the basis of your current status or your present appointment.

A space is provided for each response. Please place an "X" in the space which is appropriate for your response.

Please, only one response per item.

1. Highest academic degree earned:

- bachelor's.
- master's in nursing.
- master's in related field.
- master's in nursing and in related field.
- doctorate in nursing or related field.

2. Status of current faculty appointment:

- tenured.
- tenure track.
- continuing non-tenure track.

3. Current faculty appointment

- is to the undergraduate faculty.
- is to the graduate faculty.
- includes responsibility for both graduate and undergraduate programs.

4. Present position is a joint appointment:

- yes.
- no.

5. Concurrent clinical practice is an expectation for retention of present position:

_____ yes.
 _____ no.

6. Retention of present position is based on the minimum expectation of

_____ teaching expertise only.
 _____ teaching expertise and service activities.
 _____ teaching expertise and scholarly activities.
 _____ teaching expertise and service or scholarly activities.
 _____ teaching expertise, service, and scholarly activities.

7. Length of time in present institution:

_____ less than two years (24 months) of service.
 _____ third through sixth year (25 to 72 months) of service.
 _____ six or more years (73 months or more) of service.

The remainder of the questionnaire deals with role strain.

Below is a series of statements. In relation to your present position, please indicate to what degree each presents a problem to you in your role as a faculty member.

- A. Not a problem.
 B. Somewhat of a problem.
 C. A serious problem.

Not a Problem	Somewhat of a Problem	A Serious Problem
A	B	C

8. Lack of clearly communicated expectations of the faculty role.

	Not a Problem	Somewhat of a Problem	A Serious Problem
	A	B	C
9. The number of different expectations.	_____	_____	_____
10. Availability of adequate time to meet all of the demands of the position.	_____	_____	_____
11. The expectation for research and publication takes time needed for teaching.	_____	_____	_____
12. Teaching responsibilities absorb time needed for research and publication.	_____	_____	_____
13. Availability of adequate time to work with students on an individual basis.	_____	_____	_____
14. The number of students to supervise in the clinical area.	_____	_____	_____
15. The level of student-faculty conflict.	_____	_____	_____
16. Lack of an opportunity to teach preferred content or in the preferred clinical area.	_____	_____	_____

	Not a Problem	Somewhat of a Problem	A Serious Problem
	A	B	C
17. Lack of freedom to implement own ideas.	_____	_____	_____
18. Lack of freedom to control own time priorities.	_____	_____	_____
19. Lack of colleague support.	_____	_____	_____
20. Lack of support from the administration of the school of nursing.	_____	_____	_____
21. Inadequate opportunity for input into decisions affecting the school of nursing.	_____	_____	_____
22. Unable to engage in professional enhancement activities.	_____	_____	_____
23. Inadequate opportunity to maintain clinical proficiency.	_____	_____	_____
24. Coping with all of the demands of the position.	_____	_____	_____
25. Physical and/or mental fatigue at the end of the term.	_____	_____	_____

	Not a Problem A	Somewhat of a Problem B	A Serious Problem C
26. The level of work-related stress and pressure.	_____	_____	_____
27. Inadequate time and energy to engage in other than professional activities.	_____	_____	_____

Thank you for your time and cooperation.

BIBLIOGRAPHY

Books

- Bates, F. L. & Harvey, C. C. The structure of social systems. New York: Gardner Press, 1975.
- Biddle, B. J. Role theory: Expectations, identities, and behaviors. New York: Academic Press, 1979.
- Biddle, B. J. & Thomas, E. J. Role theory: Concepts and research. New York: John Wiley & Sons, Inc., 1966.
- Edwards, A. L. Statistical methods (2nd ed.). New York: Holt, Rinehart and Winston, Inc., 1967.
- Evans, W. J. Organization theory. New York: John Wiley & Sons, Inc., 1976.
- Goode, W. J. Explorations in social science. New York: Oxford University Press, 1973.
- Holland, R. Self and social context. New York: St. Martin's Press, 1977.
- Parsons, T. Role conflict and the genesis of deviance. In B. J. Biddle & E. J. Thomas (eds.), Role theory: Concepts and Research. New York: Academic Press, 1979.

Articles

- Andreoli, K. G. Faculty productivity. Journal of Nursing Administration, 1979, 9 (1), 47-53.
- Bailey, J. Stress and stress management: An overview. Journal of Nursing Education, 1980, 19 (6), 5-8.
- Christman, L. The practitioner-teacher. Nursing Educator, 1979, 4 (2), 8-11.
- Clark, C. C. Burnout: Assessment and intervention. Journal of Nursing Administration, 1980, 10 (9), 39-43.

- Daley, M. R. Burnout: Smoldering problem in protective services. Social Work, 1979, 24, 375-379.
- Flynn, P. The first teaching job--a new instructor. American Journal of Nursing, 1979, 79, 1996-1997.
- Harrison, W. D. Role strain and burnout in child-protective service workers. Social Service Review, 1980, 54, 31-40.
- Ivancevich, J. M. & Matteson, M. T. Nurses and stress: Time to evaluate the potential problem. Supervisor Nurse, 1980, 11, 17-20.
- Kelley, L. K. & Baker, J. M. Women in nursing and academic tenure. Journal of Nursing Education, 1980, 19 (2), 41-48.
- Kyriacou, C. & Sutcliffe, J. Teacher stress: Prevalence, sources, and symptoms. British Journal of Educational Psychology, 1978, 48, 159-167.
- Kyriacou, C. & Sutcliffe, J. Teacher stress: A review. Educational Review, 1977, 29, 299-306.
- LaRocco, J. M. & Jones, A. P. Coworker and leader support as moderators of stress-strain relationships in work situations. Journal of Applied Psychology, 1978, 63, 629-634.
- Marks, S. R. Multiple roles and role strain. American Sociological Review, 1977, 42, 921-936.
- Maslach, C. Burned out. Human Behavior, 1976, 5 (9), 16-22.
- Mauksch, I. Faculty practice: A professional imperative. Nursing Educator, 1980, 5 (3), 21-24.
- Miles, R. H. Role set configuration as a predictor of role conflict and ambiguity in complex organizations. Sociometry, 1977, 40, 21-34.
- Mullins, A. C. & Barstow, R. E. Care for the caretakers. American Journal of Nursing, 1979, 79, 1425-1427.
- Munro, J. D. Preventing front-line collapse in institutional settings. Hospital Community Psychiatry, 1980, 31, 179-182.

- Patrick, P. K. S. The human ingredient burnout: Job hazard for health workers. Hospitals, November 16, 1979, 53, 87-90.
- Scully, R. Stress in the nurse. American Journal of Nursing, 1980, 80, 912-915.
- Selye, H. Stress and holistic medicine. Family and Community Health, 1980, 3, 85-88.
- Shubin, S. Burnout: The professional hazard you face in nursing. Nursing, 1978, 8 (7), 22-27.
- Sovie, M. D. Unifying education and practice: One medical center's design. Journal of Nursing Administration, 1981, 11 (1), 41-49.
- Statement of belief regarding faculty practice. Nursing Educator, 1979, 4 (3), 3.

Publications of Learned Organizations

- National League for Nursing Publication No. 15-1311. Baccalaureate education in nursing: Key to a professional career in nursing 1980-81. 1980, pp. 5-28.