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Faculty practice : an exploratory study

Patricia J. Nervino
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FACULTY PRACTICE: AN EXPLORATORY STUDY

A Thesis

Presented to

The Faculty of the Department of Nursing
San Jose State University

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of the Requirements for the Degree

Master of Science

By

Patricia J. Nervino

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for his support, patience
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Abstract

FACULTY PRACTICE AN EXPLORATORY STUDY

by Patrica J. Nervino

The purpose of this exploratory study was to determine if nursing faculty perceive faculty practice as relevant to the nurse educator role and to identify facilitating and inhibiting factors which influence it. Additionally, the study describes the organizational arrangements of those in faculty practice roles. The conceptual framework is derived from role theory. A survey method collected data on nursing faculty currently working in National League for Nursing accredited baccalaureate programs in the state of California. Data were analyzed using means and percentages.

A majority of the participants felt the enrichment of teaching was the most relevant reason to practice. The greatest facilitator was scheduling flexibility while the greatest inhibitor was workload/time constraints. Clinical practice not arranged through the university or school was described as the faculty practice arrangement most often used. Recommendations include determining consensus regarding the definition, purpose, implementation strategies and outcomes of faculty practice roles.

TABLE OF CONTENTS

	Page
LIST OF TABLES.	vii
 Chapter	
1. INTRODUCTION	1
The Problem Statement and Research Question.	4
Purpose and Need.	5
Definition of Terms.	6
Research Design	8
Scope and Limitations	9
2. CONCEPTUAL FRAMEWORK AND REVIEW OF THE	
LITERATURE.	10
Conceptual Framework	10
Review of the Literature	13
3. RESEARCH DESIGN AND METHODOLOGY.	28
Research Design	28
Sample and Setting	29
Data Collection	29
Instrument.	31
Data Analysis.	33

Chapter	Page
4. ANALYSIS AND INTERPRETATION OF DATA . . .	34
The Findings	34
Interpretations	49
5. CONCLUSIONS AND RECOMMENDATIONS.	54
Conclusions	55
Recommendations	58
REFERENCES	63
APPENDIXES	69
A. Questionnaire	70
B. Cover Letter to Nurse Educators . . .	76
C. Cover Letter to Deans/Directors . . .	79

LIST OF TABLES

Table	Page
1. Demographic Data.	35
2. Importance of Faculty Practice to the Nurse Educator Role.	38
3. Perceived Importance of Faculty Practice to the Nurse Educator Role	39
4. Inclusion of Faculty Practice in the Department of Nursing Philosophy	42
5. Criteria for Evaluating the Effectiveness of Faculty Practice.	42
6. Factors That Nursing Faculty Believe Facilitate Faculty Practice	43
7. Factors That Nursing Faculty Believe Inhibit Faculty Practice	45
8. Descriptions of Faculty Practice Organizational Arrangements	46
9. Descriptors of Faculty Practice Settings.	49

Chapter 1

INTRODUCTION

The focus of this study is to examine the concept of faculty practice. Specifically, the study's goal is to understand whether or not nursing faculty perceive practice as relevant to the nurse educator role and to identify the facilitating and inhibiting factors which influence it. Additionally, the study aims to explore the organizational arrangements of those nursing faculty who are currently participating in some type of faculty practice endeavor.

The participation of faculty in the practice domain of nursing is emerging as an issue of increasing importance for the nursing profession today; however, a lack of consensus exists regarding the definition of faculty practice, its rationale, its goals and its implementation.

The involvement of nursing faculty in the practice domain of nursing has received its impetus from the need to bridge the gap that has separated nursing education from nursing service. Proponents of faculty practice suggest the following as reasons for faculty practice: (a) maintaining and/or enhancing clinical skills, (b) functioning as more effective role models to nursing students, (c) facilitating the utilization of nursing theory, (d) promoting the

development of nursing research, (e) enhancing the effectiveness of client care, (f) increasing faculty credibility with staff, and (g) improving teaching effectiveness (MacPhail, 1980; Neely et al., 1986; Royle & Crooks, 1986). Thus, monitoring the impact of faculty practice on the professional development of nursing is an important area for study.

Faculty practice is facilitated when nursing faculty consider practice as an integral component of their role and not merely as an additional responsibility (Royle & Crooks, 1986). In 1983, the American Academy of Nursing established a national symposium on the topic of faculty practice "designed to give visibility to the importance of faculty practice and to provide for the exchange of ideas" (Chickadonz, 1987, p. 138). Since that time, representatives from nursing education and nursing service have endeavored to identify approaches for planning, implementing and evaluating faculty practice. However, a review of the literature reveals varying definitions of faculty practice, a lack of consensus with regard to its implementation, and only a few descriptive research studies available which address the issue.

The development of faculty practice has been a rather long and arduous process. In fact, only a few unification

models, those that integrate the areas of practice, teaching and research, currently exist in the United States.

Although the premise behind faculty practice is difficult to dispute, in reality, heavy faculty workloads and additional academic responsibilities often inhibit the success of faculty practice (Anderson & Pierson, 1983). Additionally, the realities of tenure requirements in the university setting which emphasize research and teaching often relegate faculty practice to a secondary position (Munroe, Sullivan, Lee, & Sarter, 1987).

Nursing, a practice discipline, often places nursing faculty in a dilemma; differences in the values, demands, rewards and expectations in the academic and service arenas are frequently a source of frustration and stress. Thus, faculty who find themselves too far removed from the clinical setting are apt to receive criticism from not only their peers in the service arena, but from nursing students and others in the health care delivery system (Kuhn, 1985). Nettles-Carlson, Field, Friedman and Smith (1985) state, "...we sometimes feel we serve two masters" (p. 11).

Proponents of faculty practice suggest that there is little doubt that faculty practice can bridge the gap between theory and practice, and as a result, both will benefit by a strong association. In fact, the goals of education and

service are desirable. However, to be truly operational, proponents argue that faculty practice must be an integral component of the faculty member's job description (Munroe et al., 1987).

Issues confronting the successful implementation of faculty practice include: (a) varying definitions and models of faculty practice, (b) lack of academic, peer and administrative support, (c) lack of time, (d) excessive workloads, (e) inadequate rewards, (f) role stress and role strain, and (g) goal conflicts between nursing education and nursing service (Anderson & Pierson, 1983; Chickadonz, 1987; McClure, 1987; Nettles-Carlson et al., 1985; Royle & Crooks, 1986).

This study aims to understand the perceived relevance nursing faculty place on faculty practice and to ascertain the facilitating and inhibiting factors that faculty perceive regarding its implementation. Additionally, organizational arrangements of faculty practice models will be discussed. The intention is that this knowledge will contribute to a clearer understanding of the concept of faculty practice.

Problem Statement

Even though nursing faculty are and have been traditionally expected to demonstrate and maintain clinical

competence in the role of educator, the issue of faculty practice has recently evolved as a means by which this competence can be assured. Faculty practice often improves the quality of student learning, enhances the effectiveness of client care and asserts nursing's place within the health care delivery system (Neely et al., 1986). However, the literature indicates differences not only with the definition of faculty practice, but with its implementation as well. Therefore, this study's purpose is to determine the perceived relevance nursing faculty have regarding the issue of faculty practice. Specifically, this study aims to understand the factors which facilitate and inhibit faculty practice as well as the organizational arrangements of faculty practice models.

Research Questions

The research questions are:

1. What reasons do nursing faculty give for considering faculty practice relevant to the nurse educator role?
2. What factors facilitate and/or inhibit faculty practice?
3. What are the organizational arrangements of those faculty engaged in faculty practice?

Purpose and Need

The primary purpose of this study is to explore the

perceived relevance and facilitating and inhibiting factors associated with faculty practice among nursing faculty currently working in a faculty practice model. This study replicates a published research study developed by Anderson and Pierson (1983) in the Western Journal of Nursing Research. Anderson and Pierson (1983) utilized an exploratory survey to examine the problems of faculty practice and to determine the facilitating and inhibiting factors that nursing faculty perceive when attempting to maintain their clinical expertise.

A review of the literature indicates a need for further study of faculty practice. Although sufficient literature is available that supports the increasing interest in faculty practice models, there is a paucity of published research that substantively addresses whether or not the intended goals of faculty practice are being realized. Specifically, this lack of available, well-designed research may indicate that there is a lack of consensus on the implementation and outcomes of faculty practice models.

Definition of Terms

For the purpose of this study, the following definitions will apply:

1. Faculty practice is periodic and/or continuous clinical practice involving nursing faculty in the direct

provision of nursing care to clients (Kuhn, 1985). This practice is arranged through the university or school of nursing which is considered the primary employing institution and may be referred to as dual appointment. This practice is considered to be beyond the expected clinical teaching role of the nurse faculty member (Anderson & Pierson, 1983).

2. Moonlighting is clinical practice not arranged by or through the university or school of nursing (Anderson & Pierson, 1983).

3. Unification models of faculty practice refer to the collaboration between nursing faculty and nursing service to enhance the profession of nursing through three primary modes; education/teaching, practice and research (Chickadonz, 1987).

4. Role is an organized set of expected and actual behaviors associated with an individual's status within a group. Specifically, role development is referred to as the process of internalizing the values, attitudes and behaviors of a particular occupation or profession. Further, it involves the assumption of the knowledge and skills necessary to function within an occupation or profession (Hardy & Conway, 1978).

Research Design

This study used a survey design to explore the relevance of faculty practice as well as the facilitating and inhibiting factors which influence the implementation of faculty practice models. Organizational arrangements of faculty practice were also explored. A cover letter and questionnaires were sent to the deans/directors of National League for Nursing (NLN) baccalaureate nursing programs in the state of California requesting them to distribute these questionnaires to nursing faculty who describe themselves as being involved in faculty practice. All respondents were assured of anonymity and confidentiality. The return of the questionnaire indicated consent to participate in the study.

The study used a questionnaire based on one developed by Anderson and Pierson (1983) for data collection. The authors have authorized its use by written permission. The instrument was modified to correlate more precisely with the research questions of this study. See Appendix A for a copy of the questionnaire. The questionnaire included structured and open-ended questions designed to (a) obtain information on nursing faculty's attitudes, feelings and opinions regarding faculty practice, (b) survey current and/or previous involvement in faculty practice, and (c) assess opinions on the relevance and facilitating and inhibiting

factors as they relate to faculty practice. Demographic data of the respondents was assessed in a separate section.

The data obtained from the questionnaire were analyzed utilizing descriptive statistics, including rank order by mean and percentage distribution.

Scope and Limitations

The study is limited by design, data collection method, instrument and sample. Design only enables the study to suggest a correlation of variables regarding faculty practice, not cause and effect. The questionnaire has not been subjected to extensive reliability and validity testing and may encourage responses that are superficial and varied, hence, skewing the findings. Further, respondents' perceptions of faculty practice may be influenced significantly based on their degree of involvement in faculty practice programs. A poor response rate and the method by which the deans/directors disseminate the questionnaires to their nursing faculties may provide an unrepresentative sample. Additionally, the sample is limited to those faculty members in NLN accredited baccalaureate nursing programs in the state of California. Therefore, the findings should be generalized with caution.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF THE LITERATURE

Conceptual Framework

Role theory provides the theoretical basis for this research study and can be described as a collection of various concepts that attempt to predict how individuals will perform in a given situation (Conway, 1978).

Specifically, the concepts of role stress, role strain, role conflict, role ambiguity and role overload, all of which are central to role theory (Hardy, 1978), will be utilized to explain the relationship between role conceptualization and the issue of faculty practice.

Corwin and Taves (1962) define role conceptions as images of the behavior which an individual perceives to be associated with his/her position in a given situation.

These conceptions provide a framework with which an individual organizes his/her actions in order to validate the occupancy of a position or role (Sarbin, 1954).

Therefore, a role not only directs an individual's behavior, but it also determines the responsibilities inherent in a specific position.

The concept of role has been described from two major theoretical perspectives, functionalist and interactionist.

From the functionalist perspective, roles are characterized by the prescribed status of an individual within society to which certain behaviors and expectations are attached (Conway, 1978).

From the interactionist perspective, roles are described as responses with which the individual can organize or interpret social action. The interactionist perspective, unlike the functionalist perspective, recognizes that although individuals may be assigned to certain roles within society, these roles are greatly influenced by the interpretation given to the particular role rather than by learned responses of the role occupant. Further, an individual will interact with others and the environment based on the relevance and significance the outcome of the interaction has for the individual (Conway, 1978).

In role theory, when an individual faces difficult, conflicting or changing demands within a situation or structure, the resulting condition is termed role stress (Hardy, 1978; Sarbin, 1954). The response to role stress is significantly affected by whether or not the individual occupies a single position or role, or several positions or roles. Presently nurse educators are subject to the academic pressures of teaching and all of its related

responsibilities: research, publication, the pursuit of advanced degrees and, more recently, faculty practice (Charron, 1985). The ability of the individual to manipulate these roles will determine, to a large extent, the degree of role stress experienced.

Common in emerging roles such as faculty practice, role stress is associated with the subjective feelings of anxiety, frustration and tension called role strain (Hardy, 1978). As a general term, role strain includes the concepts of role conflict, role ambiguity and role overload (Hardy, 1978).

Role conflict is thought to occur when existing role expectations are incompatible, incongruent or contradictory, whereas role ambiguity occurs when there are unclear, uncertain or incomplete role expectations. Role overload occurs when an individual cannot meet the prescribed role obligations within the allotted time frame. Some nursing leaders suggest that teaching, research, publishing and faculty practice are expected roles of the nurse educator without giving adequate attention to the limitations associated with these multiple roles (Charron, 1985). The appearance of role overload in the literature suggests that it is a prevalent type of role strain related to lack of adequate resources, overwhelming role expectations and

excessive role demands (Hardy, 1978).

As nursing faculty continue to assume faculty practice roles in increasing numbers, they are in jeopardy of experiencing role conflict as they attempt to merge practice with academia (Lambert & Lambert, 1988). Infante (1986) states that, "...conflict cannot be avoided when a role emerges from two basically different orientations such as the role of nurse educator and nurse practitioner" (p. 96). Unless the effects of faculty practice on the multiple roles of nurse educators are investigated more clearly, role expectations are apt to be perceived as unclear, inordinate and conflicting. As a result, the subjective feelings of frustration, tension or anxiety (role strain) are likely to develop (Batey, 1983).

Review of the Literature

History of Faculty Practice

While the development of unification models of faculty practice has been in progress for several years, the thrust behind the revolution of faculty practice is a result of the separation of nursing education and nursing service. The original setting for nursing education in the United States began in the clinical/hospital setting, where students learned from other students, nurses and physicians. After World War II, as institutions of higher learning developed

and nursing struggled to be recognized as a profession capable of setting its own standards, nursing shifted from the hospital setting to the educational setting (Aydelotte, 1985). This resulted in the beginning of the collegiate nursing program. These were typically four year colleges or universities unrelated to university hospitals. Therefore, nursing education began to be pulled away from the hospital setting (Mauksch, 1981) and nursing began to evolve in two directions. Nursing education focused on the development of a theoretical and scientific basis for nursing practice in the education of nursing students, while nursing service focused on the delivery of effective and economic nursing service to the client (Aydelotte, 1985).

The trend for collaboration between nursing education and nursing service was first set by Dorothy Smith in 1956, when she received dual appointments as Dean of the College of Nursing at the University of Florida and Director of an associated health center. She felt it was imperative to unify nursing education and nursing service (Mauksch, 1981) and established an early model of faculty practice. Since that time, similar efforts have been made to facilitate and support the implementation of faculty practice models. The following is a review of models of faculty practice that have been well-recognized in the literature.

Models of Faculty Practice

Perhaps the most celebrated models of faculty practice are the unification/collaboration models that exist at Case Western Reserve University, Rush University, and the University of Rochester (Gilson-Parkevich, 1983). According to MacPhail (1980) the purpose of a unification model is to enable nursing faculty to share in the responsibility for providing quality nursing care and to function as exemplary role models in nursing practice. Both purposes are necessary components in establishing a favorable learning environment for students.

The elements of a unification model consist of the integration of education, practice and research (Ford, 1981) and may be established through joint or shared appointments. The models at the University of Rochester and Rush University are organized under one administration, one budget and one governing board. In contrast, the model at Case Western Reserve University is organized between two private and independent institutions, each with its own administration, budget and governing board (MacPhail, 1980). The practice experience of the faculty is reflected in the teaching of students, research opportunities and the collaborative generation and sharing of knowledge between nursing education and nursing service.

The model at Case Western Reserve University employs three types of joint appointments to promote unification: an associate in nursing appointment, a clinical appointment to the School of Nursing and a shared appointment. The associate in nursing appointment involves a primary appointment in the School of Nursing and an associate appointment in the hospital setting. This appointment enables faculty to practice and participate in research in the University Hospital of Cleveland, Ohio. The clinical appointment is a position held by nurses in a clinical agency who demonstrate expertise in the clinical setting and who meet the academic standards necessary for influencing student learning in the School of Nursing. The shared appointment is determined by the chief nurse executives in the School of Nursing and the hospital setting; the cost is shared according to the responsibilities involved in the position and the need of each institution. For example, the sharing may be on a 50-50 basis or any other agreeable proportion (MacPhail, 1980, 1981).

The affiliative model of faculty practice was implemented by Rutgers College of Nursing in 1980. Known as primary affiliation, the agreement includes clinical placement of students, a joint appointment system and a Center for Nursing which addresses the continuing education

needs of nurses in the State of New Jersey (Joel, 1985). The focus of the affiliative model, like the unification/collaboration model, is the sharing of expertise between nursing service and nursing education through the joint appointment model. The appointments of the affiliative model are similar to those at Case Western Reserve -- associate, clinical and shared.

Yale University's model of faculty practice is also considered to be an affiliation model. It utilizes joint appointments but differs in its implementation from the model at Rutgers University. All faculty are appointed to area hospitals and the School of Nursing, and the salaries are shared based on the agreement of affiliation. The agreement specifies the advantages to be gained by the clinical agency and the School of Nursing and ensures that each institution will fill and maintain a certain number of nursing positions. For both institutions, the provisions of qualified faculty and experienced clinicians contribute to the improvement of nursing practice (Diers, 1980).

Yale also has three other models of faculty practice: dual appointments, a school run service and faculty moonlighting. In the dual appointment model, individuals essentially have two part-time jobs -- one in the clinical agency under its employment policies and the other in the

School of Nursing under its employment policies. The second model is demonstrated by the Yale Nurse-Midwifery Program, a school run service whereby nurse midwifery faculty operate the practice and "own" all of the services provided. A clinical agency contracts with the School of Nursing and provides funds used to cover part of the cost of faculty salaries. The third model, moonlighting, is utilized by some faculty as a means to maintain clinical expertise. The School of Nursing as the primary employing institution, may not have any knowledge of this practice nor take any responsibility for it (Dickens, 1983; Diers, 1980).

The primary affiliation model at the University of Southern California utilizes a formal collaborative agreement between nursing education and nursing service. This model defines common goals and utilizes an advisory board comprised of nursing education and nursing service personnel to monitor the progress of the affiliation. In this way, nursing education is assured an opportunity to participate in faculty practice and research. In contrast, nursing service is assured the opportunity to participate in nursing education and research and is also assured the presence of faculty who practice (Blazeck, A., Selekman, J., Timpe, M. & Wolf, J., 1982; Munroe et al., 1987).

Yet another model for faculty practice is a

nurse-managed center, where a school of nursing develops its own practice setting for the purposes of providing (a) a service to clients, (b) learning opportunities for nursing students, and (c) research opportunities for nurse educators (Roncoli, 1985). Perhaps the most notable nurse-managed center is the Nursing Consultation Center at Pennsylvania State University which began its operation in 1979.

Designed to promote nursing practice with a focus on health promotion and health maintenance, nursing faculty serve as role models to nursing students, and their practice provides opportunities for research and education as well as offering a service to clients. The fees for these services are based upon an individual's or family's income (Williamson, 1980).

Continued efforts to advance faculty practice within the profession have been reinforced by the American Academy of Nursing, which endorsed a resolution for the collaboration of nursing education and nursing service relationships in 1979 (Chute & Oechsle, 1986) and organized the first Annual Symposium on Faculty Practice in 1983. This endorsement and successful faculty practice models have given legitimacy to the concept and have facilitated the implementation of a wide variety of faculty practice endeavors (Fagin, 1986).

Definitions of Faculty Practice

Various definitions of faculty practice appear in the literature. Some are quite broad and contain a diverse array of activities, while others are more focused, placing restrictions on the activities considered to be faculty practice.

Anderson and Pierson (1983) define faculty practice as clinical practice involving a faculty member in the provision of health care to clients which is over and above the faculty role. This faculty practice could be arranged through a joint or dual appointment, a nurse-managed center or moonlighting. McClure (1987) believes that faculty practice consists of doing what one teaches others to do and is a matter of individual rather than organizational intent. By this definition, faculty members can explore a greater number of faculty practice options.

At the First Annual Symposium on Nursing Faculty Practice, Batey (1983) suggested that faculty practice be incorporated into the role expectations and reward structures of Schools of Nursing. Therefore, faculty practice would be achieved in the context of being a faculty member. Batey specifically stated that faculty practice is not the sporadic care of clients for the purpose of maintaining clinical skills as this should be part of a

faculty member's professional commitment to continuing education. Other nursing leaders believe that in order to be considered credible faculty practice, the following criteria must be met. Practice should (a) have a scholarly orientation, (b) demonstrate the application of scientific knowledge, (c) result in research and publication and (d) have the care of patients as its central focus (Ford & Kitzman, 1983; Royle & Crooks, 1986). The nursing faculty at the University of Southern California describe the following characteristics as essential in the definition of faculty practice: (a) faculty practice is advanced practice that relates to the area of expertise of each individual, (b) faculty practice is a vehicle for generating research and scholarship, and (c) faculty practice enriches teaching through role modeling and the integration of nursing science with the realities of nursing practice (Munroe et al., 1987).

Research Studies on Faculty Practice

Efforts to increase the value of faculty practice within the nursing profession have been enhanced by the support of the American Academy of Nursing and with the development of a wide variety of faculty practice models. However, the attention that faculty practice has received over the years has generated only a few published research

studies, indicating a gap between a changing role of major importance and the availability of research data to guide the change (Chickadonz, 1987). The following discussion will review published research studies addressing factors affecting faculty practice and the receptivity of unification models of faculty practice among nurse educators in the United States.

Dickens (1983) recognized that support is a critical element in incorporating faculty practice into the role of nurse educator. To determine the support mechanisms available to nursing faculty who also practice, Dickens utilized a descriptive survey of nurse administrators in baccalaureate and higher degree programs in the southwestern United States. The study was based on House's (1981) conceptualization of four categories of supportive behaviors: informational, emotional, instrumental and appraisal.

Seventy-four administrators reported that 42% of their part-time faculty and 32% of their full-time faculty participated in faculty practice during the 1981-1982 academic year. The types of faculty practice in which faculty were involved included joint appointments, private practice, group practice, nursing clinics and other (defined as summer, recess/break, or weekend practice). The greatest

number of full-time faculty (52%) were involved in other practices, while the greatest number of part-time faculty (46%) were involved in joint appointments (Dickens, 1983).

Study results indicated that a limited amount of instrumental, informational or appraisal support was available to faculty who practiced, although many of the administrators indicated their approval of faculty attempts to practice. The emotional support available came from the faculty members themselves and consisted of mutual trust and/or caring (Dickens, 1983).

Anderson and Pierson's (1983) research study addressed the facilitating and inhibiting factors that faculty perceive when attempting to maintain their clinical skills. Role theory provided the theoretical framework for the study. In the exploratory survey, questionnaires were sent to faculty members who described themselves as being involved in faculty practice.

Results of the study indicated that 18% of the respondents participated in faculty practice only during the summer and/or vacation periods. Of the remaining respondents, over half averaged 8 or less hours per week in faculty practice and the majority of respondents were not involved in research or professional writing. When asked to rank order the reasons faculty practice is relevant, results

indicated that enriching teaching, maintaining clinical skills and personal satisfaction were the most important. Research and curriculum issues were ranked least relevant related to faculty practice. Seventeen percent of the respondents indicated that they were involved in joint appointments (defined as a salary shared between a hospital and school of nursing or paid entirely by one or the other), while moonlighting was reported by 48% of the respondents as the faculty practice model. The setting most frequently used (58%) was the in-patient hospital setting (Anderson & Pierson, 1983).

Thirty-seven percent of the respondents reported that the school philosophy included faculty practice, but 58% indicated that no time was allotted for this endeavor. The facilitating and inhibiting factors reported were numerous, but the greatest facilitator of faculty practice was the administrator (52%), and workload was the greatest inhibitor (74%). A majority of the sample (95%) indicated that students responded positively to faculty's involvement in faculty practice, while half indicated that faculty colleagues responded either ambiguously or negatively (Anderson & Pierson, 1983).

This study also compared responses between those faculty teaching in a unification model (UM) and those

faculty not teaching within such a model (NUM). The results indicated no difference in total hours of weekly workload between the two groups. The researchers thought that since the NUM group did not have faculty practice incorporated into their weekly workload, they would have a greater number of working hours than the UM group. However, no significant difference was discerned between the two groups.

Differences were shown in the accessibility to the in-patient setting. Since group UM school's had accountability and authority over the in-patient setting, automatic access to patients was guaranteed. As this was not the case with group NUM, this group was able to be more independent and creative in seeking their faculty practice settings (Anderson & Pierson, 1983).

Administrators were reported to be more supportive of faculty practice for the UM group as opposed to the NUM group. Additionally, the UM group perceived less support from service personnel than did the NUM group. Anderson and Pierson suggested that this was likely due to hospital personnel who felt threatened by the unification model.

Anderson and Pierson recommended that future research address the following: attitude of hospital administrators and nursing service toward faculty practice, satisfaction of faculty within a variety of faculty practice models, factors

affecting workload, the effect of faculty practice on clients and students, and the perceptions of those not involved in faculty practice on the importance of maintaining their clinical expertise.

Yarcheski and Mahon's research study (1985) addressed the receptivity of nurse educators in the United States to unification models of faculty practice. The status-risk theory of receptivity was the theoretical framework utilized for the study. This theory maintains that receptivity to change is a function of the status or position of an individual and the degree to which a change either threatens or benefits an individual's status. Receptivity regarding unification models was explored among a random sampling of deans, tenured and non-tenured faculty in National League for Nursing accredited baccalaureate programs in 1982-1983 (Yarcheski & Mahon, 1985).

Based on the literature, a description of a unification model was developed by Yarcheski and Mahon and included the purpose, organizational arrangements, dean and faculty responsibilities, workload and practice settings. Utilizing the semantic differential instrument which measures attitudes, participants were asked to respond to three instruments which assessed the degree of receptivity and perceived risk regarding the introduction of a unification

model of faculty practice.

Utilizing descriptive statistics, the results obtained did not indicate significant differences among the deans, tenured and non-tenured faculty regarding receptivity to the introduction of a unification model of faculty practice in their setting. Further, the results of the study supported the status-risk theory. That is, the receptivity of the three groups to unification related directly to the benefits and risks they perceived accruing to their individual status (Yarcheski & Mahon, 1985).

In summary, a review of the literature on the issue of faculty practice clearly indicates that the conceptions and/or implementation of faculty practice differ widely within the nursing profession. Published research studies are generally descriptive in nature and have only recently begun to address the many questions related to faculty practice.

Chapter 3

RESEARCH DESIGN AND METHODOLOGY

This chapter outlines the research design, sample and setting, data collection, instrument, measurement and data analysis used in this study. The goal was to explore and describe whether or not nursing faculty perceive practice as relevant to the nurse educator role, to identify the facilitating and inhibiting factors which influence practice and to describe organizational arrangements of faculty practice models.

Research Design

The descriptive survey method was used to collect data and partially replicate a questionnaire developed by Anderson and Pierson (1983). This design allowed data to be collected from nursing faculty who described themselves as being involved in some type of faculty practice endeavor. The descriptive survey design was chosen for the study because this approach serves as an effective method of portraying a population that has specific characteristics. This type of survey is frequently used to determine the extent of attitudes or behaviors and organizes, summarizes and presents data in a usable and understandable fashion (Wilson, 1989).

Sample and Setting

The sample population for the study consisted of nursing faculty currently working in all 27 National League for Nursing (NLN) accredited baccalaureate programs in the state of California. This list was obtained from the State-approved Schools of Nursing R.N. (National League for Nursing, 1988) guide published by the division of research of the NLN. A further requirement for inclusion into this study was current participation in some type of faculty practice endeavor which was defined in the cover letter (see Appendix B).

Following an introductory phone call to the dean or director, a total of 416 questionnaires were sent to the 27 schools. The number of questionnaires sent to each school was based on input from each of the deans/directors. Two programs did not respond; therefore, 25 programs participated with one or more faculty responses. There were 206 completed questionnaires returned, which comprised a 50% return rate. However, 36 were not currently in faculty practice, making the final usable sample total 170.

Data Collection

Data were collected jointly with another San Jose State University graduate student who used the same sample and instrument and similar data. Therefore, the instrument

was designed to collect data for both studies to avoid having the same participants complete two similar instruments.

After approval from the San Jose State University Human Subjects Institutional Review Board, calls were made to the deans/directors of the NLN accredited baccalaureate programs seeking permission to use their faculty in this study. Several of the deans/directors were unwilling to disclose the names of their faculty due to departmental policy. Others were unable to provide the researchers with a list of names because they were uncertain as to how many of their faculty members were currently participating in faculty practice. Therefore, a packet of questionnaires was sent to each of the deans/directors requesting them to distribute the questionnaires to those faculty members who described themselves as being involved in a faculty practice role. The number of questionnaires sent was based on the estimation of each dean/director.

The packets contained a letter of introduction, a cover letter, survey instrument and self addressed, stamped envelope (see Appendixes A, B, and C). The letter of introduction, addressed to each dean/director, described the purpose of the study and instructions for distributing the packets to their nursing faculty. This letter served as a

follow-up to the verbal contact made earlier between the researcher and the dean/director. The cover letter contained a description of the study, a definition of faculty practice and instructions for participation and consent.

Instrument

The instrument was a 22 item questionnaire adapted from an instrument developed by Anderson and Pierson (1983) who authorized its use by written permission (see Appendix A). The questionnaire was designed to (a) collect demographic data, (b) obtain information on nursing faculty's perception of the relevancy faculty practice has to the nurse educator role, (c) explore factors that facilitate and inhibit faculty practice, and (d) describe the organizational arrangements of faculty practice models. Eight nursing faculty involved in faculty practice assessed the content validity of the questionnaire and suggested comments were incorporated into the final copy.

The instrument for data collection asked faculty to respond to 22 questions. Ten questions dealt with the demographics of the respondents with regard to education and professional experience. The remaining items consisted of 7 close-ended, 2 Likert-type, 1 ranking and 2 open-ended questions designed to solicit the opinions of nursing

faculty regarding various aspects of faculty practice. Return of the questionnaire indicated consent to participate in the study.

Measurement

Data related to the reasons nursing faculty gave for considering faculty practice relevant to the nurse educator role were requested in items 16 and 20. Item 16, utilizing a Likert scale, asked the respondents to circle a number which best described their belief on the importance of faculty practice to the nurse educator role. Item 20 asked the respondents to rank in order of importance the reasons they felt faculty practice was relevant to the nurse educator role.

Facilitating and inhibiting factors were measured by items 17, 18, 21 and 22. Item 17 measured whether or not the philosophy of the department of nursing included faculty practice and item 18 measured whether or not the faculty practice component of the respondent's teaching position was evaluated through the use of established criteria. Items 21 and 22 requested open-ended responses to the questions, "List those factors which you believe FACILITATE faculty practice in your Department of Nursing," and "List those factors that you believe INHIBIT faculty practice in your Department of Nursing."

Organizational arrangements of faculty practice were described by items 11, 14 and 15 which measured descriptions of faculty practice, settings of faculty practice and accountability to the respondents' Department of Nursing for involvement in a faculty practice endeavor. The following is a discussion of how these data were analyzed.

Data Analysis

The demographic data were analyzed using percentages, frequency distribution and means to provide a profile of the sample's characteristics. Closed-ended, Likert-type and ranking questions were analyzed using count and percentages. Open-ended responses to the questions regarding the factors that facilitate and/or inhibit faculty practice were analyzed using percentages and were categorized based on a review of the literature.

Chapter 4

ANALYSIS AND INTERPRETATION OF DATA

The data from this descriptive study were analyzed to determine the reasons nursing faculty consider faculty practice relevant to the nurse educator role and the factors that facilitate and/or inhibit the implementation of faculty practice models. The data were also analyzed in an attempt to describe the organizational arrangements of faculty practice models. The study was based on a questionnaire developed by Anderson and Pierson (1983) for data collection. However, the instrument was modified as necessary for the research questions of this study.

This chapter presents the findings and interpretation of results as they relate to faculty practice. The first section describes the demographic characteristics of the sample.

The Findings

Demographic Data

Table 1 shows the demographic description of the respondents who describe themselves in some type of faculty practice arrangement. The majority of the respondents were female (95%) between the ages of 40-49 (39%) and 30-39 (35%). The highest degree earned by a majority of the

Table 1

Demographic Data (N=170)

	<u>n</u>	<u>%</u>
Sex		
Female	159	95.2
Male	8	4.8
Missing	<u>3</u>	
Total	170	100.0
Age		
20-29	5	3.4
30-39	53	35.3
40-49	59	39.2
50-59	30	19.9
Over 60	3	2.0
Missing	<u>20</u>	
Total	170	99.8
Highest Degree Earned		
Baccalaureate in Nursing	2	1.3
Baccalaureate in Another Major	0	0.0
Master's in Nursing	98	61.6
Master's in Another Major	1	0.6
Doctorate in Nursing	21	13.2
Doctorate in Another Major	37	23.3
Missing	<u>11</u>	
Total	170	100.0

Table 1 (Cont'd)

Specialty Area

Medical Surgical	37	25.5
Community Health	37	25.5
Gerontology	16	11.0
Pediatrics	8	5.5
Parent/Child	11	7.6
Psych/Mental Health	15	10.3
Other	21	14.5
Missing	<u>25</u>	
Total	170	<u>99.9</u>

Affiliated with a Teaching Hospital

Yes	76	45.5
No	91	54.5
Missing	<u>3</u>	
Total	170	<u>100.0</u>

Note. Percentage totals may not add to 100 due to rounding.

respondents was a master's degree in nursing (62%) followed by a doctorate in another major (23%) and a doctorate in nursing (13%). Twenty-six percent of the sample specialized in medical-surgical nursing, 26% in community health nursing, 11% in gerontology, 10% in psych/mental health, 8% in parent/child and 6% in pediatrics. Fifteen percent of the sample stated they specialized in "other" types of settings which included administration, women's health care, occupational health, family health, school nursing, critical care, perinatal high risk and anesthesiology. Fifty-five percent of the respondents stated that their department of nursing was affiliated with a teaching hospital.

Relevance

Table 2 reports the perceived importance of faculty practice to the nurse educator role. Item 16 asked the respondents to indicate on a scale of 1 (very important) to 5 (not at all important) the perceived importance of faculty practice as it relates to the nurse educator role. Sixty percent of the respondents reported that they believed faculty practice to be very important to the nurse educator role while fewer than 1% felt it was not at all important.

The reasons faculty give for the importance of faculty practice are reported in Table 3. After a review of the

Table 2

Importance of Faculty Practice to the Nurse Educator Role

(N=166)

1 Very Important		2		3		4		5 Not at all Important	
<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
100	60.2	41	24.7	20	12.1	4	2.4	1	0.6

Table 3

Perceived Importance of Faculty Practice to the NurseEducator Role (N=128)

Reason	Mean Importance Rank
<u>Faculty Practice:</u>	
-enriches teaching by gaining knowledge through experience	2.3
-allows one to maintain his/her own clinical skills	3.1
-allows one to function as a better role model to students	3.4
-allows one to gain credibility with staff and influence staff practice	5.2
-enhances personal satisfaction	5.5
-improves quality of nursing care	6.2
-generates hypotheses for research	6.8
-establishes harmonious relationships between nursing service and nursing education	7.1
-enhances autonomy in practice	7.3
-facilitates curriculum change	7.6

Note. 1 = most important; 10 = least important

literature, a list of 10 reasons related to the importance and relevance of faculty practice was identified and included in question 20. The respondents were asked to rank the reasons they believed faculty practice was relevant to the nurse educator role from most important (1), to least important (10). Mean importance rank was obtained by multiplying each rank number (1 through 10) by the number of responses in that rank for each reason, adding the responses and dividing by N=128. Utilizing this mean importance rank, the three most important reasons to practice were to (a) enrich teaching by gaining knowledge through experience, (b) allow one to maintain his/her own clinical skills, and (c) allow one to function as a better role model to students. Ranked fourth through eighth in order of importance were to (a) gain credibility with staff and influence staff practice, (b) enhance personal satisfaction, (c) improve the quality of nursing care, (d) generate hypotheses for research, and (e) establish harmonious relationships between nursing education and nursing service. Reported least important were the issues of enhancing autonomy in practice and facilitating curriculum change.

Facilitating and Inhibiting Factors

The facilitating and inhibiting factors as they related to faculty practice were measured by items 17,18,21 and 22.

Table 4 reports whether or not the philosophy of the department of nursing included faculty practice (item 17). Of the 154 responses, 121 (79%) reported that their department did not have a written philosophy that included faculty practice.

Table 5 reports whether or not the department of nursing had established criteria for evaluating the effectiveness of the practice component of the faculty member's teaching position (item 18). Of the 157 responses, 141 (90%) said no.

Nursing faculty were asked to respond to two open-ended questions regarding those factors they believe facilitate and those factors which they believe inhibit faculty practice (items 21 and 22). The responses were divided into categories based on a review of the literature on faculty practice. Several categories were listed as facilitators by some faculty and inhibitors by others.

Table 6 reports the facilitating categories. The two most frequently identified facilitators of faculty practice were scheduling flexibility/release time (32%) and support/encouragement from peers and administration (32%). Other responses included (a) the maintenance of clinical

Table 4

Inclusion of Faculty Practice in the Department of Nursing
Philosophy (N=154)

	<u>n</u>	<u>%</u>
Yes	33	21.4
No	<u>121</u>	<u>78.6</u>
Total	154	100.0

Table 5

Criteria for Evaluating the Effectiveness of Faculty
Practice (N=157)

	<u>n</u>	<u>%</u>
Yes	16	10.2
No	<u>141</u>	<u>89.8</u>
Total	157	100.0

Table 6

Factors That Nursing Faculty Believe Facilitate Faculty Practice (N=140)

Factors	<u>n</u> of Responses	% of Identified Factors
Scheduling Flexibility/Release Time	53	32.3
Support/Encouragement from Peers and Administration	53	32.3
Provides the Arena for Maintenance of Clinical Skills	13	7.9
Income/Salary Supplement	11	6.7
Variety of Modes Available to Accomplish Faculty Practice	11	6.7
Personal Desire/Commitment/Motivation	11	6.7
Harmonious Nursing Service/Nursing Education Relationships	6	3.7
Affiliation with Hospital/Clinic	5	3.1
Access to Research Subjects	<u>6</u>	<u>.6</u>
Total	164	100.0

Note. Total is more than 140 due to multiple responses.

skills, (b) salary supplementation, (c) a variety of modes available to accomplish faculty practice, (d) a personal desire and commitment, (e) establishing harmonious nursing education and nursing service relationships, (f) the close affiliation with a hospital/clinic, and (g) increased access to research subjects.

Table 7 reports the inhibiting categories listed by faculty. The most frequently identified responses to the question regarding those factors that inhibit faculty practice were workload/time constraints (60%) and the lack of recognition/value by faculty and/or administration (17%). Additional responses included that (a) faculty practice is not counted toward promotion/tenure, (b) there is a lack of a definitive joint appointment/arrangement currently in place, (c) there is no monetary reward, (d) the expectation to conduct research, publish and complete a PhD is very demanding, and (e) there is the lack of a written policy concerning faculty practice.

Organizational Arrangements

Table 8 reports the organizational arrangements of faculty practice as described by item 11. The literature describing faculty practice includes a variety of definitions and organizational arrangements; therefore,

Table 7

Factors That Nursing Faculty Believe Inhibit Faculty Practice (N=158)

<u>Factors</u>	<u>n of Responses</u>	<u>% of Identified Factors</u>
Workload/Time Constraints	141	59.5
Lack of Recognition/Value by Faculty and/or Administration	39	16.5
Lack of Contribution Toward Promotion/Tenure	14	5.9
Lack of Joint Appointment/Organizational Arrangement in Place	13	5.5
Lack of Monetary Reward	11	4.6
Expectation to Conduct Research, Publish and Complete a PhD	11	4.6
Lack of Written Policy	<u>8</u>	<u>3.4</u>
Total	237	100.0

Note. Total is more than 158 due to multiple responses.

Table 8

Descriptions of Faculty Practice Organizational Arrangements
(N=160)

	<u>n</u>	<u>%</u>
Joint Appointment	14	8.5
School/Department Run Service	18	11.0
Clinical Practice <u>Not</u> Arranged Through the University or School	132	79.5
Total	<u>160</u>	<u>99.5</u>

Note. Percentage total does not add to 100 due to rounding.

three major headings accompanied by brief definitions were included in item 11 on the questionnaire. Respondents checked the organizational arrangement that most closely described their faculty practice. Joint appointments were checked by 14 (9%) of the sample while 18 (11%) checked school/department run service. Clinical practice not arranged through the university or school (most often termed "moonlighting" in the literature) was checked by 132 (80%) of the respondents. A category entitled "other" was also included in this item; however, responses to this choice were described as clinical practice not arranged through the university or school and, therefore, were included in that category.

Table 9 describes faculty practice settings. The hospital in-patient setting was used most frequently (50%) for faculty practice. Other settings included community agencies or clinics (16%), hospital clinic/ out-patient (9%), private practice from the home or office (4%), private practice and partnership from a physician's office (3%), department of nursing clinic (3%), consulting (3%) and "other" settings (12%).

Table 9

Descriptors of Faculty Practice Settings (N=117)

	<u>n</u>	<u>%</u>
Hospital In-Patient	58	49.6
Community Agency/Clinic	19	16.2
Hospital Clinic/Out-Patient	11	9.4
Private Practice (from home or office)	5	4.3
Private Practice and Partnership (from physician's office)	4	3.4
Department of Nursing Clinic	3	2.6
Consultant	3	2.6
Other	<u>14</u>	<u>12.0</u>
Total	117	100.1

Note. Total is more than 117 due to multiple responses.

Percentage total does not add to 100 due to rounding.

Interpretations

Demographics

The results of the data analysis suggest a profile of faculty members engaged in faculty practice. A majority of these individuals range in age from 30 to 49, have a master's degree in nursing and describe themselves as working in a variety of specialties in nursing. Over one-half of the respondents stated that their department of nursing was affiliated with a teaching hospital.

The sample used in this study could be considered representative of the greater population of nurse educators; however, generalizations should be made with caution. Future study should include a larger population.

The success of questionnaire distribution may have been influenced by the time of year in which the study was completed. Initial contact with the deans/directors was made just before and during winter break, necessitating several phone calls. This, in turn, caused delays in mailing packets of information to the deans/directors who were willing to distribute the questionnaires to their faculty members. Additionally, two other factors may have influenced the questionnaire return rate. First, distribution of the questionnaire depended on the dean/director's knowledge of each faculty member's practice.

Second, the sample population was asked to complete and return the questionnaire during the beginning of a new semester, which can typically be a very busy time for most faculty.

Some respondents reported that they had difficulty answering items 11 and 20. Item 11 asked the respondents to mark the statement that best described their own faculty practice arrangement. A few respondents indicated that they were confused regarding the definition of faculty practice even though the researcher's definition was included in the cover letter. Therefore, some chose not to respond at all while others chose to write in what they thought defined their own faculty practice arrangement.

Item 20 asked the respondents to rank in order of importance (1 = most important and 10 = least important) the reasons they felt faculty practice was relevant to the nurse educator role. Some respondents commented that ranking-type questions were bothersome to complete, and therefore omitted the item. Others simply ranked one, two or three reasons. Only those respondents who completed the ranking question entirely were included in the data analysis.

Relevance

A majority of the sample reported that they believed faculty practice to be very important to the nurse educator role and felt that the enrichment of teaching by gaining knowledge through experience was the most important/relevant reason to practice. While the literature describes this as one of several important reasons to practice, unification models continue to support a strong research and theoretical component to faculty practice. Therefore, to those individuals with limited teaching experience, faculty practice could be the vehicle through which teaching effectiveness is achieved or validated. Additionally, the unclear definitions, lack of consensus and diverse implementation strategies of faculty practice models seem to indicate that personal reasons take precedence over educational and professional reasons for practice.

Facilitating and Inhibiting Factors

A majority of the respondents reported that the philosophy of their department of nursing did not include faculty practice nor were there any criteria for evaluating the effectiveness of the practice component of their role. In addition, the greatest facilitator of faculty practice was scheduling flexibility and support/encouragement from peers and administration; the greatest inhibitor was

workload/time constraints.

The results of this study indicate that while practice is taking place, a majority of the schools are not specifically addressing the issues surrounding faculty practice or including it in their philosophies. Therefore, evaluation of the practice role might be subsumed under the broader criteria of teaching effectiveness, hence, not evaluated directly, or evaluated as part of a faculty member's commitment to professional growth.

Faculty who are practicing may have variable teaching loads, which affords them greater flexibility in scheduling both their teaching responsibilities and their practice commitments. Also, the support and encouragement that faculty receive from their peers and administration is a source of positive feedback and continued incentive to pursue their practice roles.

Workload/time constraints as an inhibitor to faculty practice is a common thread that emerges throughout the literature. Role theory, the conceptual framework of this study, indicates that a faculty member may experience role overload and role conflict when challenged to master the dual roles of educator and practitioner, and therefore supports workload/time constraints as the greatest inhibitor to practice.

Organizational Arrangements

Clinical practice not arranged through the university or school was described by a majority of the respondents as the method by which faculty practice was accomplished. The hospital clinic/in-patient setting was used most frequently for faculty practice, yet a variety of other settings were also described.

Owing to the unclear definition of faculty practice and a lack of consensus regarding its implementation, those faculty who were personally motivated to practice utilized moonlighting (described as clinical practice not arranged through the university or school) as a method to accomplish their teaching/educational goals. Possibly, the reasons many of the respondents chose moonlighting as their faculty practice arrangement are due to (a) the flexibility in scheduling a practice role around teaching responsibilities, and (b) the release time available to the faculty member which facilitates the scheduling of a faculty practice role.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Utilizing role theory as the conceptual framework, the purpose of this study was to determine the reasons nursing faculty consider faculty practice relevant to the nurse educator role. Additionally, the factors that facilitate and/or inhibit the implementation and the organizational arrangements of faculty practice models were also investigated. The 170 respondents surveyed represented nursing faculty currently working in National League for Nursing (NLN) accredited baccalaureate programs in the state of California who were known to deans and directors as participating in some type of faculty practice endeavor. The findings indicate that a majority of the respondents felt that the enrichment of teaching by gaining knowledge through experience was the most relevant reason to practice. The two greatest facilitators were scheduling flexibility and support/encouragement from peers and administration, while workload/time constraints were the greatest inhibitor of faculty practice. A majority of the respondents described their faculty practice arrangement as clinical practice not arranged through the university or school.

Conclusions

A comparison of this study's findings to those of Anderson and Pierson's (1983) study reveals similar responses from the respondents with regard to the relevance, organizational arrangements and facilitating/inhibiting factors as they relate to faculty practice. The results of both studies clearly indicate that enrichment of teaching was the most relevant reason given for faculty practice; of least relevance were the research and curriculum aspects in relation to practice. This suggests that faculty engaged in practice view the components of education, practice and research espoused by unification models as separate and distinct roles. However, it may not be realistic to expect that faculty can accomplish these three roles without first considering the individual's workload, identifying the factors that inhibit faculty practice and increasing faculty's understanding of faculty practice. As a clinical expert, the individual with a practice role may be placed in a better position to receive not only support for research, but funding as well. Collaboration with other health care providers will enable nurse educators to share their intellectual resources, assist in generating ideas for research and gain access to research subjects and sites (Just, Adams & DeYoung, 1989).

This study's findings concur with those of Anderson and Pierson (1983) that "moonlighting," defined as clinical practice not arranged through the university or school, is the organizational arrangement most often used to accomplish faculty practice. Perhaps the reason(s) this method is the one most often used is related to (a) an unclear definition of faculty practice, (b) a lack of support from both education and service regarding the implementation of faculty practice models, (c) the lack of available agencies in which practice can be accomplished, and (d) an inadequate reward system (e.g., money, tenure), which makes faculty practice less desirable as an integral component of the teaching role. Additionally, faculty who practice on weekends or holidays and are considered part-time staff are subjected to role overload and role conflict as they attempt to balance their full-time teaching responsibilities with that of part-time practice. Faculty may be encouraged to practice, yet often are not given necessary release time, lighter teaching loads and/or committee responsibilities. This type of faculty practice is not conducive to theory-based practice (Bellinger, 1985) whose focus is that of education, practice and research. It would seem as if faculty practice is viewed as secondary to, rather than as an integral component of the nurse educator role.

Support from administration received the greatest number of responses in both studies as a facilitator of faculty practice; workload/time constraints were perceived in both studies as the greatest inhibitor. Finally a majority of the respondents in this study as well as in Anderson and Pierson's (1983) study reported that their department did not have a written philosophy that included faculty practice nor were there any established criteria for evaluating the effectiveness of the practice component of their teaching position. This supports the literature, which is largely positive regarding faculty practice yet offers little in the way of research on its implementation and outcomes (Just et al., 1989; Lambert & Lambert, 1988). The profession of nursing, more specifically, departments of nursing, have the power to promote faculty practice at all levels within the educational and service settings; however, although faculty practice may be an expectation for some faculty, the results of this study as well as Anderson and Pierson's (1983) study indicate that few departments of nursing actually facilitate faculty practice.

The findings of this study demonstrated, as did those of Anderson and Pierson (1983), that the in-patient setting was the setting most frequently used for faculty practice. This might relate to the fact that in-patient settings were

more available; both geographically and logistically. The respondents also indicated that their practice not only took place in multiple settings, but in innovative settings as well (e.g., summer camp, completing research).

The literature contains a lengthy discussion of the importance of faculty practice to the profession of nursing in general and to the role of the nurse educator in particular (Chickadonz, 1987; Yarcheski & Mahon, 1985). Yet, perhaps the most striking finding of this study is the number of faculty (78%) who are "moonlighting." This indicates that the department or school was not officially involved in facilitating opportunities for faculty to practice, as would be the case with joint/dual appointments or department/school-run clinics. Additionally, the most important reasons given by respondents for faculty practice included enriching teaching, maintaining clinical skills and functioning as a better role model to students. Therefore, it seems quite clear that a faculty's motivation to practice outweighs the efforts of departments of nursing to support a faculty practice role that focuses on the unification of education, practice and research.

Recommendations

A review of the literature indicates that some faculty practice is taking place; however, little research on its

frequency, implementation or outcomes has been completed (Just, Adams & DeYoung, 1989). Therefore, in light of the findings of this study, additional research should include, but not be limited to:

1. Establishing a clear definition of faculty practice.
2. Determining whether or not the desired outcomes of faculty practice are being achieved by those who practice.
3. Identifying the amount of time necessary for a faculty practice role.
4. Identifying the types of clinical settings in which faculty practice could be accomplished.
5. Determining the economic impact of faculty practice on the faculty member, department or school of nursing and the health care system in general.
6. Identifying available support systems which would facilitate the integration of faculty practice roles in an effort to reduce role stress and role strain.

This topic should be studied further with a larger population. Future study should also include obtaining a specific list of faculty members' names to enable the researcher to more effectively follow-up on questionnaire distribution and return. In addition, the questionnaire should identify more precisely the number of hours each

respondent is involved in faculty practice and whether employment is part-time or full-time. This would enable the researcher to study more closely the effects of faculty practice on the overall workload of the faculty member.

This study is limited by the lack of rigorous reliability and validity testing of the questionnaire. Further, the method by which the questionnaires were distributed depended on the dean/director's knowledge of each nurse educator's faculty practice. A further limitation was the lack of clarity in the confounding variables of the number of hours each respondent was involved in a faculty practice role and whether the respondent was employed part-time versus full-time.

As the profession of nursing continues to develop its autonomy and accountability for its contribution to the health care delivery system, opportunities for faculty practice are likely to increase. In order to remain current, faculty members must continuously update their skills in the areas in which they teach. This would serve as a way in which nursing education and nursing service could share their expertise, create opportunities for research and gain a greater understanding of the realities of both settings.

To facilitate this exchange, nursing education and

nursing service need to actively engage in overcoming the obstacles that currently exist regarding faculty practice. However, for faculty practice to be successful, special emphasis must be placed on creating innovative opportunities and implementaion strategies in which faculty practice can be achieved.

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Appendix A
Questionnaire

PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

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Appendix B
Cover Letter
to
Nurse Educators

S. Hage
1137 Patterson Lane
Pacific Grove, California 93950

P. Nervino
26030 Ned Lane
Carmel Valley, California 93924

January 28, 1989

Dear Nurse Educator,

As graduate students in nursing at San Jose State University we are conducting a study on the issue of faculty practice as an integral component of our graduate work. The enclosed questionnaire is being distributed to nurse educators in National League for Nursing accredited baccalaureate programs in the state of California who describe themselves as being involved in faculty practice. We have defined faculty practice as:

The involvement of a faculty member in the provision of direct nursing care to patients. This practice might be facilitated through joint appointment, dual appointment, a school-run service, summer clinical employment or moonlighting.

The questionnaire will take approximately 15 minutes to complete and it can be returned in the self-addressed, stamped envelope which is provided for your convenience. To facilitate data analysis, please return the questionnaire by February 15, 1989. The only identification on the questionnaire is a code number which will assist us in data analysis. Please be assured that your anonymity will be maintained. If you have any questions regarding the survey, please feel free to contact Samar K. Hage or Patricia J. Nervino at (408) 646-4258, Monday through Friday from 8 a.m. to 5 p.m.

We hope that the results of our reasearch will further increase nursing's understanding of faculty practice. A final copy of this research will be available in the library at San Jose State University upon completion of our thesis.

If you are interested in the results of the questionnaire, please feel free to contact us and we will share the results with you once they are analyzed.

Your contribution to this area of study is very important, therefore, your timely response is greatly appreciated. Thank you for your consideration.

Sincerely,

Samar K. Hage, RN, BSN

Patricia J. Nervino, MS, RN

Appendix C
Cover Letter
to
Deans/Directors

26030 Ned Lane
Carmel Valley, California 93924

January 28, 1989

Several weeks ago we discussed on the telephone my colleague's and my intent to conduct a study on faculty practice for completion of a Master's Degree in Nursing at San Jose State University. Toward this end, we would appreciate your distribution of the enclosed material to those nurse educators who describe themselves as being involved in faculty practice. We have defined faculty practice as:

The involvement of a faculty member in the provision of direct nursing care to patients. This practice might be facilitated through joint appointment, dual appointment, a school-run service, summer clinical employment or moonlighting.

We would greatly appreciate your distribution of this material at your earliest convenience in order to facilitate data analysis. Thank you for your time and consideration.

Sincerely,

Patricia J. Nervino, MS, RN