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Clinical Workload Policy in Nursing Programs: Striving to Be Equitable and Transparent

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Clinical Workload Policy in Nursing Programs: Striving to be Equitable and Transparent

by

Melinda West

A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
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Submitted by:

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Abstract

Nursing schools throughout the country are facing a dilemma over how to concisely and fairly count faculty's clinical workload hours. Faculty members report dissatisfaction with their workload as one of the reasons for leaving the education field and contributing to the shortage of qualified nursing educators. There is no standardized method or policy for counting clinical teaching hours, so schools are left to create their own policies or simply not have one. The purpose of this study was to determine the perceptions of the faculty members at a community college of the current clinical teaching workload policy and to determine if that policy needed to be changed. A mixed methods research study was conducted modeled on Lewin's Change Theory to get the faculty member's input before and during any changes implemented to the clinical workload policy. The results showed the faculty did not have a clear understanding of the term clinical teaching nor did they understand the policy as it was written. It was recommended that changes be made to the clinical workload policy to better define clinical teaching and to give the faculty clearer guidelines for reporting time spent on clinical teaching duties.

Keywords: clinical teaching, workload policy

Acknowledgements

I would like to take this time to express my gratitude first and foremost to Jesus, my personal Savior, without whom I would not have been able to complete this process. Secondly, I need to thank my wonderful family for all their support throughout this journey, their love and encouragement has been priceless. Also, I would like to thank my colleagues for their assistance, participation, and guidance. Lastly, I need to express my appreciation for the faculty at Gardner-Webb University, especially Dr. Sparti, for all the encouraging words and inspiration during my graduate education.

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CHAPTER I

Introduction

Nursing schools throughout the country are experiencing a shortage of qualified faculty, and in addition to the existing need approximately 50% of current educators are expected to retire within the next 10 years (Ellis, 2013). Many of the educators leaving the field have cited unfairness in the workload policies as the reason they are retiring early or pursuing other nursing careers (Ellis, 2013). When nursing programs have a policy related to clinical teaching, it has been described as malleable or based upon individual faculty members' abilities or the program's need; often there is no written policy (Ellis, 2013). Studies have shown that overseeing clinical students in some capacity is the second most time-consuming part of a nurse educator's job and 25% of those educators who are likely to leave their position gave workload problems as the reason (Roughton, 2013).

This mixed methods research study took place at a community college that has two separate nursing programs, an Associate Degree RN (ADN) program and a Practical Nursing (PN) diploma program. The ADN program is also divided into a traditional program and a PN to RN (bridge) program. These programs, although separate, are a part of the same division. Fall semester of 2016, a nursing task force was created consisting of a PN faculty member, an ADN traditional faculty member, and an ADN bridge faculty member. This group of faculty was given the task of exploring the idea of combining the ADN and the PN programs into one nursing program with different divisions. The reason for this was to be able to share resources such as faculty, laboratory space and physical supplies, online resources, and other valuable assets. The administration of the college

was favorable to the idea, but did not want to push ahead if the full-time faculty was against it. To get the faculty's opinion on merging the ADN and PN programs, the task force created a survey asking their opinion on the different programs and how they operated. After reviewing the survey, results the task force soon realized the faculty had misconceptions as to how clinical workload was being calculated by different faculty members. Different programs and levels in the same programs were calculating their hours differently and this created what seemed to be a feeling of unfairness. The results of the faculty survey led to the question, is the nursing faculty clinical workload for two separate programs within the same community college equitable and transparent enough to allow faculty to work as a team to achieve outcomes of the program and the mission of the college. Also, adding to the impetus for this study, a new Vice President of Academic Affairs (VP of AA) has been appointed who has identified the need for more concrete policies on clinical workloads in programs that utilize adjunct faculty.

Significance

With a nursing faculty shortage, educational programs are looking at why educators are leaving before retirement age. Dissatisfaction with workload accounts for 27% of those who intend to leave the field (Roughton, 2013). An industry wide model for calculating workload hours does not exist, so deans, department chairs, and directors should create an equitable way of measuring clinical time. It is suggested that faculty have some say in the creation of the formula that will be used to maintain a sense of equity and transparency (Natvig & Stark, 2016). Clinical instruction has been mentioned minimally in research; however, it is a crucial part of nursing education. Faculty who teach clinical education are responsible for student learning outcomes and client safety

and health care (Ellis, 2013). For these reasons, it is vital that nursing programs have clinical workload policies that strive to be equitable and transparent.

Theoretical Framework

The theoretical framework guiding this research was Kurt Lewin's Change Theory. By using Lewin's three step force field theory, organizations use unfreezing, moving and refreezing steps to bring about change (Tiffany & Johnson Lutjens, 1998). During the unfreezing stage the participants are unsettled or discontented. They may have expressed displeasure with the current way of operations. In the movement phase, participants make the need for change known and start initiating strategies that will start the change process. The final stage, refreezing, the change is implanted. One thing to note is that any change should not be rapid or forced upon faculty. It should be done in phases and should be a slow and steady progression toward the desired outcome (Schriner, Deckelman, Kubat, Lenkay, & Sullivan, 2010). This study started with a problem recognized by a task force survey and will be further identified by another survey focusing on the faculty's perceptions on how clinical workload should be calculated. Also, included in the survey was an opportunity for the staff to give a detailed explanation of what types of clinical duties they perform and how many hours per week they spend doing them. The results of the survey, along with the faculty recommendations, was passed along to program chairpersons, the division dean, and the VP of AA with the expectation of creating a new equitable and transparent clinical workload policy for use in the ADN and the PN programs.

Thesis Question

The thesis research questions for this study are: what is the faculty's perception of the current clinical workload policies and is there a need to make a change to the current policies. With the misconceptions found during the task force survey, it became apparent at least some faculty did not know what the policy was or if there was a consistent policy. Using Lewin's Change Theory as a framework to instill the idea of change, a survey was done to determine the faculty's perception of what the policy is now, whether it is equitable and if the workload is calculated in the same manner to ensure transparency.

Key Definitions

Key definitions and variables used in this research study are defined below.

Faculty pertains to full time nursing faculty who either oversee or teach clinical nursing education. Clinical education refers to nursing education that takes place in a simulation laboratory, skills laboratory, or an off campus clinical site such as a hospital or a skilled nursing facility. Overseeing clinical education entails supervising adjunct faculty or clinical preceptors. Equitable refers to being fair and impartial. Transparent is defined as being clear, obvious, and evident.

The purpose of this study was to elicit the perceptions of the faculty to determine if the policies that are used now are equitable and transparent. By allowing the instructors to write out exactly what they do, how much time they spend doing it, and their perceptions about the way their time is calculated currently, this study highlighted policies that needed changing. This study allowed the faculty to be a part of any change that will take place in the department policy.

CHAPTER II

Literature Review

With a looming faculty shortage, faculty satisfaction decreasing, and no industry standard in how clinical workload is calculated, faculty members are often left feeling overwhelmed (Ellis, 2013). Development of a policy that is both equitable and transparent is a priority. There is limited research about developing workload policies for clinical nursing faculty. What is evident is nursing faculty are dissatisfied with current workload policies.

Review of Literature

A review of literature was conducted using ProQuest nursing database and CINAHL database using keywords of nursing faculty workload, nursing clinical roles, and nursing faculty satisfaction. The literature review was done to compare the research that has already been done and to identify the gaps in the research. Limited research has been done on clinical workload and even less research has been done in schools that have an ADN and a PN program that desire to have one concise policy.

Faculty Workload Policy

The literature was lacking in studies about development of clinical workload policies. The University of Louisville's School of Nursing faculty voted to develop a comprehensive faculty workload formula (Voignier, Hermann, & Brouse, 1998). Faculty at this school were facing increasing and multidimensional strains such as working more than 40 hours a week, pressure to be a highly skilled clinical practitioner, as well as advising students and being on divisional and university committees. It was decided that a new workload policy needed to be created. Three faculty members volunteered to write the

new policy with input from other faculty. After many drafts and revisions, a policy was incorporated into practice. Because it was designed by faculty, it was accepted (Voignier et al., 1998).

Natvig and Stark (2016) looked at the concerns about equitable workload and how schools of nursing can use Tuckman's model of small-group development to design and implement a workload policy. Two schools of nursing were involved in the study and the workload policies were different for both, however faculty were dissatisfied at both institutions with the current policies. A small group was formed at each school and each group had a leader. The teams came together after initial chaos and created workload policies that were approved by the respective faculty. Key points to take away from this study are faculty should be a part of the development of policies related to workload, and the assignments need to be as equitable and transparent as possible (Natvig & Stark, 2016). The researchers found that forming a diverse group of faculty into an effective and efficient team takes time, organization, and good leadership (Natvig & Stark, 2016).

Workload as related to clinical teaching has been mentioned minimally in the research literature. Research has shown that there are many ways to provide workload credit for clinical teaching (Ellis, 2013). Ellis (2013) compared different workload policies from multiple nursing programs from across the country. The most common methods found were a 0.5 or 0.33 to 1 ratio; this means that an instructor must teach two or three actual hours to receive one credit hour of teaching workload. To achieve eight-hour credit hours, a clinical instructor must teach a total of 16 clinical hours. This does not include any preparation before the clinical experience. Also, it does not consider the increased responsibility of a clinical instructor. They are responsible for student learning

as well as client care and safety. Adjunct or part-time faculty have sometimes been utilized to help address the problem of full time faculty shortage, however their use increases the workload of full time faculty who must train and evaluate them (Ellis, 2013). Ellis (2013) concluded that given the complexity of nursing education, programs should incorporate all aspects of practice into the workload policy. The policy “should be driven by the mission and conform to the strategic plan for the nursing program and university. It should be equitable and transparent but designed to help faculty work together as a team to achieve the outcomes of the program” (Ellis, 2013, p. 308).

Faculty members at George Mason University were unhappy with the faculty workload policy. Members of the faculty were expressing feelings of unfairness and dissatisfaction (Durham, Merritt, & Sorrell, 2007). A task force was created of faculty from all nursing departments and a plan of action was developed. Faculty was surveyed and encouraged to keep a log of all time spent on work-related activities for a designated time period. Faculty were also asked how they felt about their workload, were they doing anything they were not getting credit for, and any other comments, concerns, or questions (Durham et al., 2007). Analysis consisted of deciding what should be included in the workload formula; previously uncredited responsibilities were added and then submitted to faculty for approval. The new policy allowed for certain responsibilities to be more clearly weighted, workload to be more equitable, and work assignments to be available for all faculty to see. The task force recommended that all schools that desire to undergo similar policy changes to implement changes in an organized manner, utilizing a task force or committee, develop a plan and submit the plan to the faculty for approval. It is also important to note that students are the top priority and their needs must come first.

This means that sometimes faculty must work more hours, however with a fair policy faculty will collaborate in situations of faculty shortages (Durham et al., 2007).

Faculty Satisfaction

The need for full-time registered nurses is projected to increase from 2 million in 2000 to 2.8 million in 2020 and one obstacle to accomplishing this is a deficit of qualified nursing faculty (Roughton, 2013). Nursing programs are not only looking at recruiting but also at retention of full time faculty. Salaries are lower and work hours are higher than non-nursing faculty. While teaching is the most time-consuming responsibility, clinical instruction is second. Roughton (2013), in a cross-sectional analysis, found that most of nurse faculty who responded to the study's survey believed their workload was higher than faculty in other departments and were dissatisfied with their current workload. Information learned from this study included the top reasons faculty were leaving their positions as well as strategies programs can employ to retain full time educators. One of this study's findings was that workload was a reason faculty gave for leaving education and that with changes to policy, retention was possible (Roughton, 2013).

Gerolamo and Roemer's (2011) research review found similar data regarding nurse faculty satisfaction. They found that there have not been effective methods to look at workload policies documented in the literature and concluded that nursing education administrators should work together to analyze faculty workload problems and to promote faculty recruitment and retention (Gerolamo & Roemer, 2011). Nursing faculty often report workload inequity. Schools typically use a workload formula to calculate all faculty workload, but that formula does not consider the non-classroom activities that are

typical for nursing faculty. Suggestions from the research were to create a national workforce center for programs to assist the shortage of faculty and more research nurse faculty workload to address the faculty shortage (Gerolamo & Roemer, 2011).

A descriptive, quantitative research study of nurse educators in the New England region (Bittner & O'Connor, 2012) revealed that workload was a key factor in job satisfaction. Almost 20% of respondents reported having overload hours during at least one semester per academic year. Having a policy that clearly defines roles will assist administrators and faculty to identify duties that may need to be shared with faculty with less responsibilities or support the need for more part-time full-time faculty (Bittner & O'Connor, 2012). The researchers found a need to acknowledge the complexity of nursing faculty demands and the barriers to satisfaction, including workload issues (Bittner & O'Connor, 2012).

A retrospective study focusing on nursing faculty satisfaction and retention (Lee, Miller, Kippenbrock, Rosen, & Emory, 2017) found that there are factors affecting the shortage of qualified faculty. Retirement, advancing age, decreased funding, decrease in qualified applicants, and a dissatisfaction with the workload of nurse faculty are reasons given by nursing programs for vacant positions. While recruitment is important, retention is perhaps more important. It is more efficient to keep qualified faculty than to train new faculty. Researchers ascertained key factors that improved job satisfaction included shared governance and collaboration. By including faculty in the process of creating and implementing new policies, faculty have ownership of the process and the change has better chance of succeeding (Lee et al., 2017).

A national quantitative study analyzing the emotional exhaustion of nurse educators surveyed nurse faculty from pre-licensure degree programs (Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014) and found that workload was a major source of emotional exhaustion. Although total job satisfaction was high, the levels of emotional exhaustion were noted to exceed those of nurses working in acute or long-term care. Reasons cited were longer hours than expected and general workload dissatisfaction. Emotional exhaustion can lead to burnout and cause educators to retire early or leave the academic setting. Researchers recommended nursing programs work together to organize resources to reduce stress among faculty and meet the needs of students. Another area for programs to consider is to increase clinical simulation to reduce the number of clinical instruction hours required of faculty. However, this will increase the demands of the faculty that specialize in simulation. More research is needed in this area (Yedidia et al., 2014).

There is limited research on workload policies for nursing faculty and a definite gap in the literature concerning clinical workload policies. But the dissatisfaction with workload shows a need for more research and equitable and transparent policies. For the most effective implementation of these new policies, faculty should be involved in every step of the process.

CHAPTER III

Methodology

Nursing schools across the country are experiencing a shortage of full time faculty. Multiple studies have cited dissatisfaction with workload and policies as contributing factors to this shortage. Administrators are examining ways to increase faculty satisfaction and retention. One way is to revise or create new workload policies by involving faculty in the creation and implementation of these policies (Ellis, 2013).

Study Design

A mixed methods study was conducted to discover faculty's perceptions of how clinical workload is calculated in the ADN and the PN programs of a community college. Faculty input was also sought on how many hours per week they spend on clinical education, including supervising students in clinical and simulation settings, overseeing and advising preceptors, and administrative duties. Participants were given the chance to add any suggestions and/or comments they feel were relevant. The purpose of this study design was to value the opinion of the faculty members and to be able to begin the process of implementing changes necessary in the clinical workload policies to make them clear and transparent (Groves, Burns, & Gray, 2013).

Setting and Sample

This study took place in a community college that has an ADN and a PN program that are housed on two separate campuses in neighboring counties. Faculty is not shared; however, the programs are under the same division and often collaborate on projects and committees. There are nine full time faculty members in the ADN program with two

dedicated to the LPN to RN bridge program and five full time faculty in the PN program. Each division has a department chairperson.

Both campuses are in a nonurban area, with the PN program in a less populated area and in a much older facility. All but two faculty members in both program are Master's prepared; one faculty has earned a DNP and one faculty is currently enrolled in a MSN program. All faculty, including this researcher, were included in the study. Part time and adjunct faculty were not included in the survey. The survey was emailed to faculty by the Institutional Research (IR) department and returned to the IR department to maintain anonymity. The results were categorized, and all names redacted and forwarded to this researcher.

Data Collection Procedure

A survey (see Appendix A) was created by the researcher and distributed to all faculty members by IR department. Faculty was encouraged to complete survey as part of their faculty duty. Participants were given two weeks to complete and return survey to IR department. IR department staff removed names and email addresses. No responses were removed. The responses were organized by in a chart formation, with questions on one side and all responses on the other.

The organized data was sent to the researcher to be analyzed for content. This researcher, along with three other faculty members reviewed the data. Varying times spent on clinical duties were noted. Also, the perceptions of faculty on the current policies were grouped together. Common themes were sought. A report of the findings was compiled to present to the department chairs, dean, and VP of AA.

Protection of Human Subjects

Approval from the Institutional Review Board (IRB) from both the community college and the University was obtained. The identity of faculty's responses was protected by the procurement of the survey data by the IR department and the removal of names and email addresses before the data was forwarded to the researcher. No identifying information was required in the survey. All responses were anonymous, and no retribution was made for negative responses. Faculty was encouraged to answer with their honest opinions without any possible negative consequence.

CHAPTER IV

Analysis

This chapter presents the results of the study. First, the quantitative answers to the survey will be presented followed by the data from the qualitative portion. Finally, the results as they relate to the research questions are discussed.

Quantitative Results

The survey was designed to obtain the faculty's perception of how much time they spend on clinical teaching, if they believed they performed duties not currently credited, if the policy was fair, and any other comments they had on the policy. The survey was emailed to the 14 full time faculty members of the ADN and PN nursing programs at a community college. All but two faculty members had a Master's degree in Nursing Education, one had a DNP in Nursing Education, and one was completing their Master's degree. The survey was emailed to the faculty by the IR department and was returned to the IR department. All identifying information was removed by the IR department before the data was forwarded to this researcher.

The survey was developed by this researcher with assistance from the Dean of Health and Human Services. It was designed as a follow up to a previous survey completed by the Nursing Task Force. The first survey revealed there were misconceptions about the different programs and their workloads and policies and procedures. This led to the question of what were the faculty's perceptions of the current clinical workload policy and was there a need to change those policies.

The first question on the survey was how much time the faculty spent supervising students at a clinical setting. The answers ranged from N/A to more than eight hours, with two respondents choosing not to answer at all. Eight people responded that they spend more than eight hours per week supervising students at a clinical setting. Figure 1 shows the faculty responses (in percentages) of how much time they spend supervising students at a clinical setting.

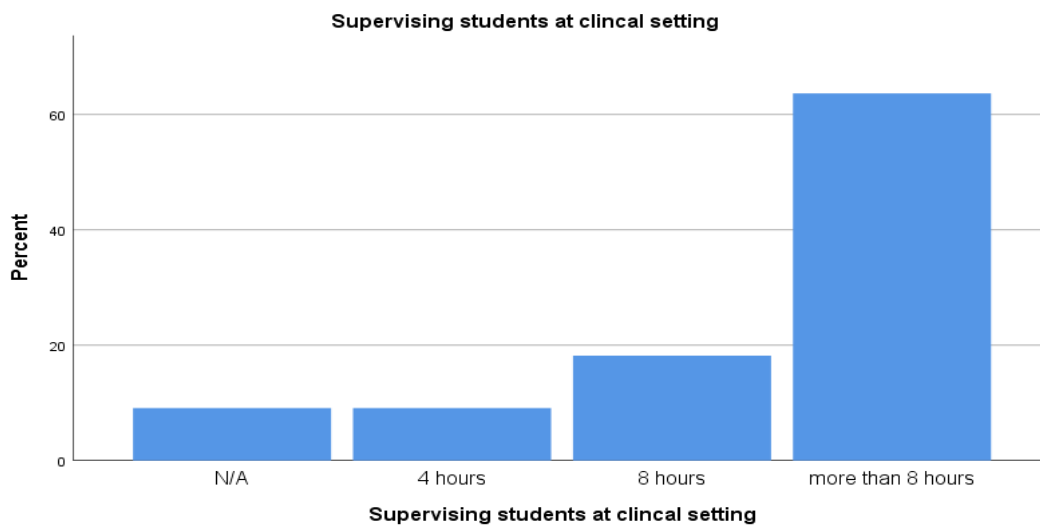


Figure 1. Supervision of Students at Clinical Setting

The second question was how much time do you spend supervising students in a simulation setting. Figure 2 was a representation of the responses to this question. The results ranged from N/A to more than eight hours with two people choosing not to answer the question. There were five people that responded with more than eight hours per week to this question. There was an equal amount that answered N/A.

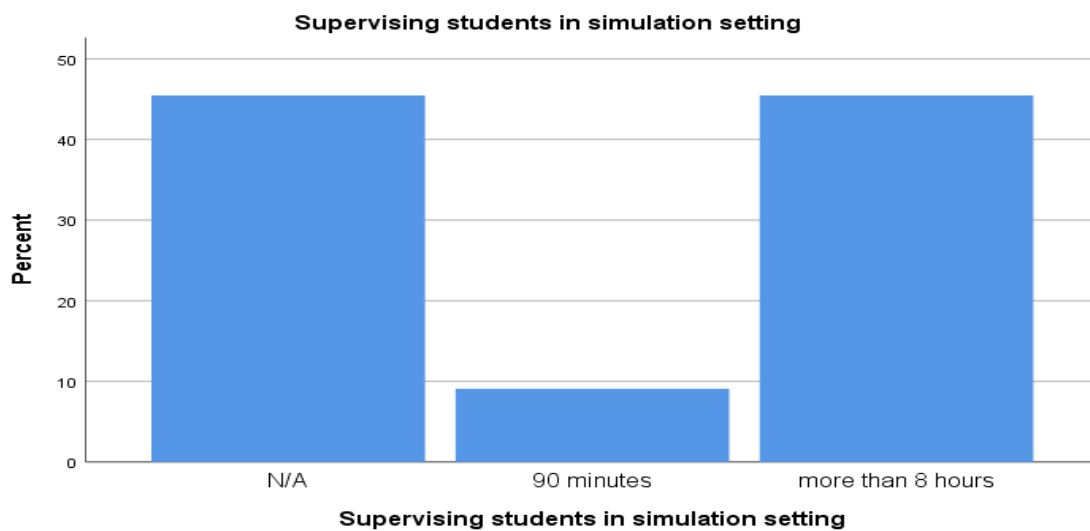


Figure 2. Supervision of Students in Simulation

The next question was the amount of time spent overseeing or supervising clinical preceptors. It needed to be noted that the practical nursing department does not use clinical preceptors at this time. The answers ranged from N/A to more than eight hours, with two people choosing not to answer. Five faculty members responded they spend more than eight hours per week supervising or overseeing clinical preceptors. Figure 3 shows the equal amount of percentages of N/A and more than eight hours.

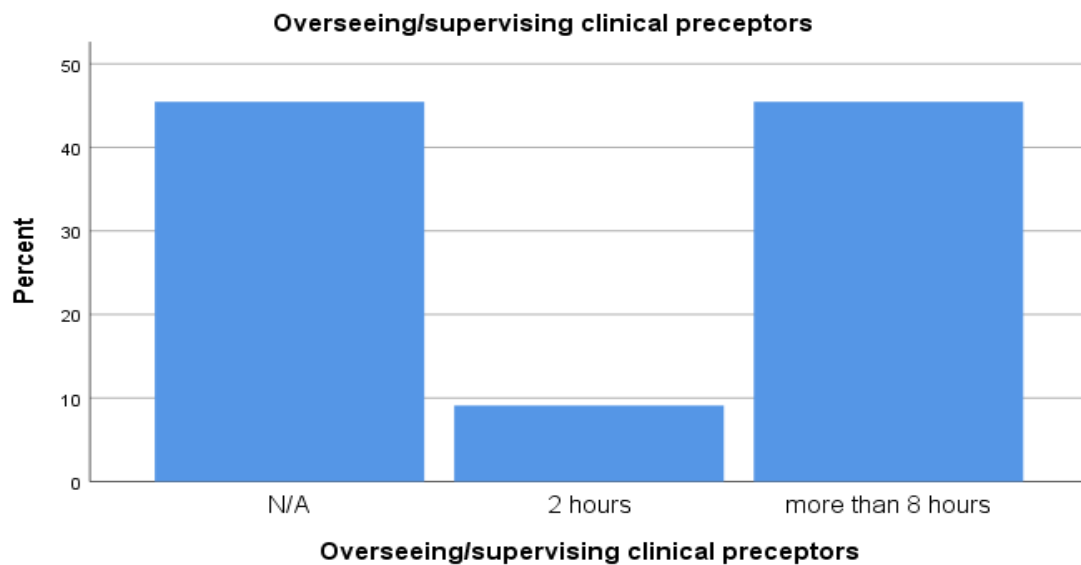


Figure 3. Overseeing Clinical Preceptors

Next, was the time spent advising clinical students. Again, the range was from N/A to more than eight hours, with two people choosing not to answer the question. Four people answered more than eight hours. Figure 4 shows the variety of responses from the faculty.

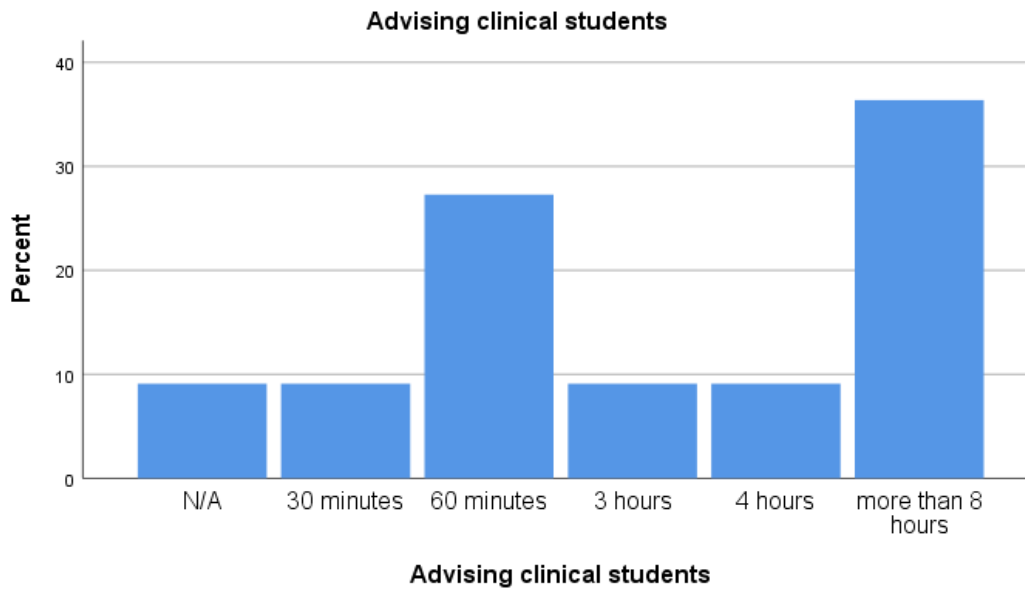


Figure 4. Advising Clinical Students

The fifth question asked how much time the faculty spent on preparation for clinical and/or simulation. The responses ranged from N/A to more than eight hours, with two people choosing not to answer. Five respondents answered they spend more than eight hours per week preparing for simulation and/or clinical. Figure 5 was a representation of the high number of “more than eight hours” responses given to this question.

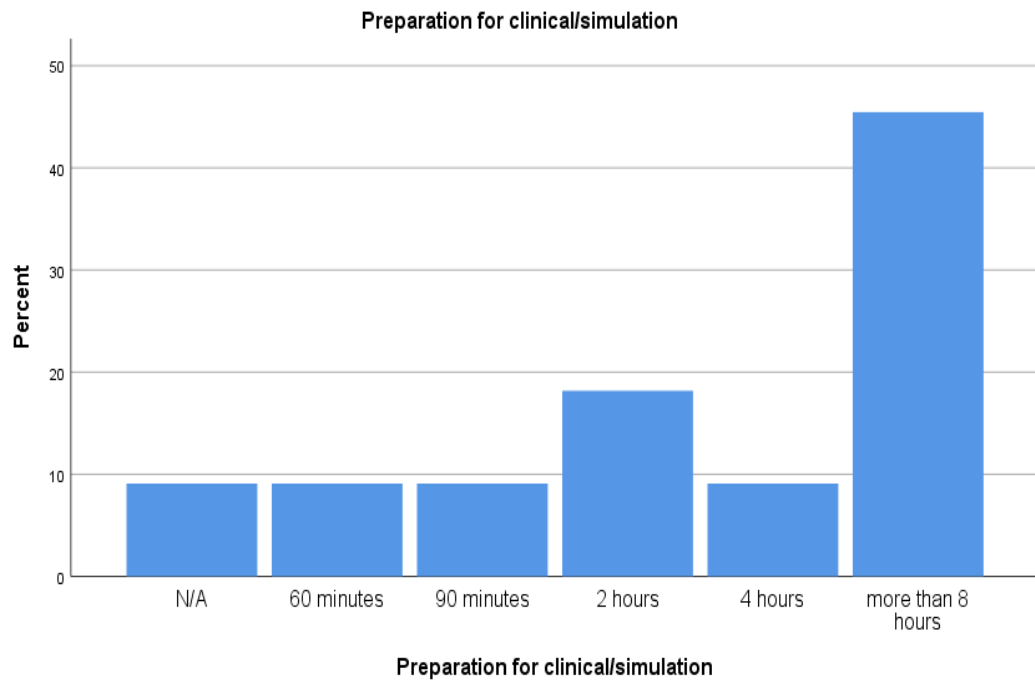


Figure 5. Preparation for Clinical or Simulation

The sixth question was how much time was spent on setting up the clinical calendar per week. The times given were, once again, from N/A to more than eight hours, and two people choose not to answer. Four people answered more than eight hours.

Figure 6 shows the most common response was “more than eight hours”.

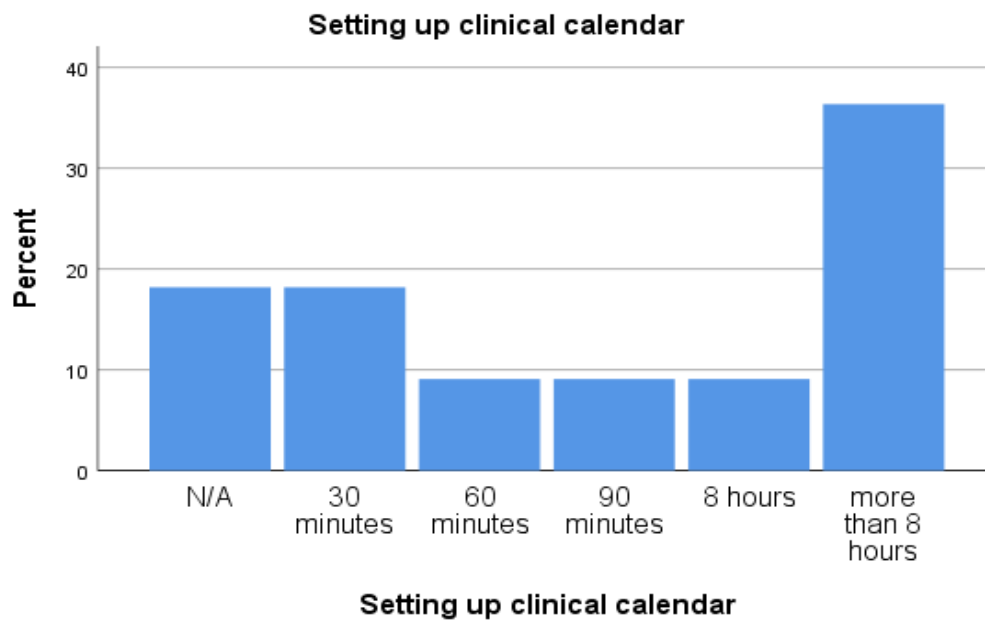


Figure 6. Setting up Clinical Calendar

The final quantitative question was how much time do you spend per week doing clinical evaluations. The answers ranged from 30 minutes to more than eight hours, with the same two respondents choosing not to answer. This was the only question that did not have a N/A response, as evidenced in Figure 7.

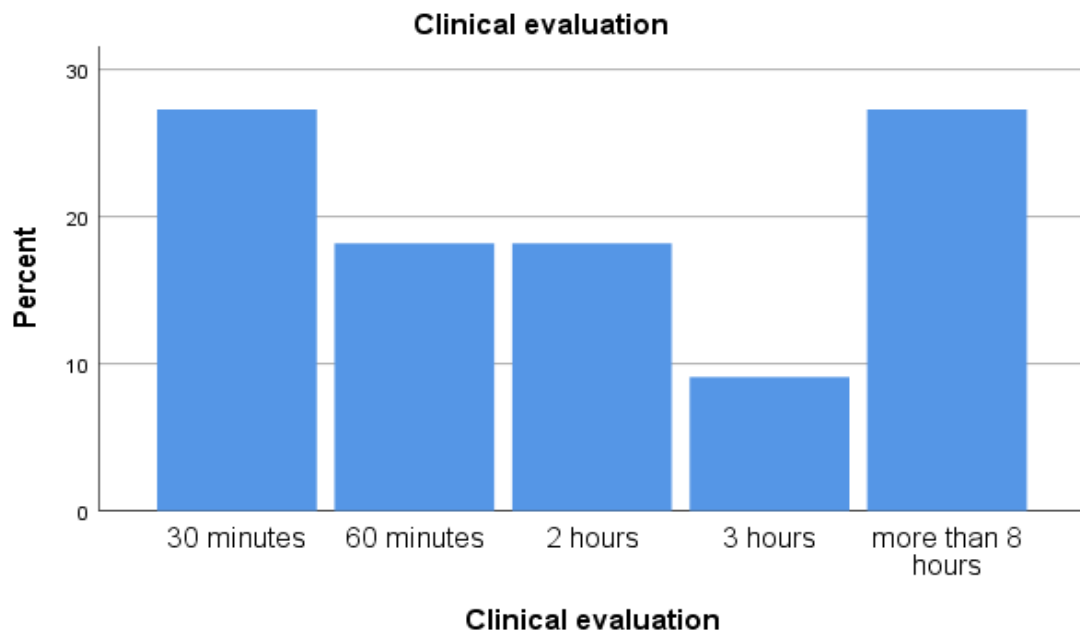


Figure 7. Clinical Evaluation

Two faculty members did not answer any of the quantitative questions. Two faculty members answered more than eight hours to all the questions for a total of more than 56 hours of clinical workload hours per week. Another faculty's clinical workload totaled 53.5 hours while another totaled 48 hours per week. Four totaled between 19.5 and 26 hours per week while the remaining three responded with a total between 10 and 11 clinical hours per week. The faculty was required by policy to work a total of 40 hours (classroom, clinical, lab, and office) per week. According to the answers to this survey some of the faculty were working in an overload situation. For an overload situation to occur, the program director must approve it and then submit the proper documentation to the dean for approval as well.

Qualitative Data

The survey also contained four questions that the faculty answered in free text form. These questions were designed to elicit the faculty's perception about the workload policy, how the workload hours were calculated, and any comments/questions/concerns they had about the workload policy as it was written currently. All identifying information was removed from the responses before they were forwarded to this researcher.

The first question was what the perceptions about the current clinical workload were. Two people responded that their workload was manageable. Two people felt there were activities they did that did not get credit for. One person felt their clinical workload helped them to stay relevant in clinical practice. Two people responded they were happy with their clinical rotations and felt it was fair. Two people answered that varied from semester to semester. Two people stated that their workload was equitable to their peers

and that they worked as a team to help get everything done. One person responded that they did not participate in clinicals. One person did not answer the question.

The next question was what activities are you doing that you feel you are not getting credit for. Three people did not answer and two responded they were not doing anything that they were not getting credit for. The emerging themes from this question were developing clinical evaluation tools, being “on call” for adjunct faculty and preceptors, preparing for clinical and simulation, and grading simulation and clinical paperwork.

The third question asked the faculty to list any comments/concerns/questions they had about the current clinical workload policy. Two respondents did not answer, and two people answered they had no comments, concerns, or questions. One person shared the faculty had to decrease the number of hours they spent off campus due to not having enough time to prep for clinical and classes. Two people were unaware that the department had a clinical workload policy. The rest of the responses were concerned that there was no consistency in the policies from department to department.

The last question was the ability to list anything else they would like to say about clinical workload. Three people did not answer, and four people answered that there was not anything else they wanted to share. Two people stated that clinical workload needs to be defined better. One person believed that their primary role was to educate and support students. One person felt that adjunct faculty was the best practice for their department. One person was glad that clinical workload was being considered and they hoped a fair way to document hours would be found. One person wanted a clear definition of clinical and for every instructor to be treated fairly.

Answering the Research Questions

When the data was applied to the research question: What are the faculty's perception of the current clinical workload policy, it was deduced that there was not a clear understanding of what the policy was. There was no consistent understanding of the terminology related to clinical teaching as evidenced that some faculty are stating they are teaching clinical more than 56 hours a week. Also, there was not a clear understanding of a policy regarding clinical workload. In fact, some faculty members were unaware if a policy existed. Some stated that they did not understand what clinical teaching or clinical workload meant. Also, by the fact that some faculty members reported working over 40 hours a week just doing clinical work indicated that there was not a clear understanding of what the term clinical teaching means. No department chair was aware of any faculty currently working in an overload situation.

Since the perception of the clinical workload policy was one of confusion and misunderstanding, the answer to the second research question: Is there a need to make a change in the current workload policies, was that there was a need to make changes to the existing policies. In the updated policy, the term clinical workload needed to be defined and what activities count as clinical needed to be included, considering the faculty's opinions and perceptions. The policies between departments needed to have consistency and the same verbiage to promote the feeling of fairness with all faculty. More education in the form of departmental in-services may be required to update faculty on what constitutes clinical teaching and what does not. Also, more faculty involvement will be encouraged to update the workload policy for the nursing department.

CHAPTER V

Discussion

This was a mixed methods research study designed to determine what the perception of a community college nursing department's faculty was of the current clinical workload policy and if that policy needed to be changed. A survey was designed, disseminated, results gathered and analyzed. All identifying information was removed from the survey before the results were forwarded to the researcher to protect the faculty and to promote honesty on the survey. The results showed that the faculty did not have a clear understanding of what clinical teaching meant and what the policy was, thus proving that the policy needed to be changed to provide a better understanding of the meaning of the term clinical teaching and how to calculate the clinical workload hours. Clinical teaching could include directly supervising students at a clinical facility or in a simulation lab, however some faculty duties involve activities such supervising preceptors, preparing for clinical/simulation, evaluating students, or setting up clinical for the semester. Also confusing to faculty was activities on campus that may or may not be considered clinical, such as training classes and orientation sessions.

Implication of Findings

Concerns about how to document workload hours for faculty were not new nor were they limited to this institution, however there was not a standardized solution to this problem (Natvig & Stark, 2016). The results of this survey mimicked data found at other schools of nursing (Natvig & Stark, 2016; Voignier et al., 1998). Without a clear policy, faculty can be left with feelings of dissatisfaction, role ambiguity, and workplace unfairness. This can lead to faculty leaving their roles and thus a shortage of nurse

educators (Natvig & Stark, 2016). While some faculty answered that they were satisfied with their job, there were answers that indicated that was not a clear definition of clinical education nor was there a clear policy. This was made evident by responses given on the survey. Some faculty members stated they did not know what the current policy entailed while others were not sure if there was even a policy in place. This led to confusion and a need to look at this policy for possible change. Administration was aware of some ambiguity with this policy and welcomed faculty input and comments before implemented any changes.

Application to Theoretical Framework

After reviewing the results of the survey, it was apparent that Lewin's Change Theory was the appropriate guide for this research study. Before the survey was completed, the department was in the unfreezing stage. Some of the faculty was discontented and wanted a change to occur. They began to launch surveys and share the findings. More of the faculty realized that the policy was unclear, or they really were unaware of a policy and this led to more faculty being ready to participate in changes. This stage was the movement portion of the theory. There were still a few faculty members who were resisting changes, but with most of the faculty, department chairs, and administration in favor of creating new policies, changes were inevitable. The third and final phase has not occurred yet, but the planning has occurred. Meetings have been created to discuss how the policy needs to be written. Faculty input has been sought throughout the entire process through emails from the administration and faculty meetings (Schriner et al., 2010).

Limitations

One limitation that became apparent after the data was collected was the faculty's lack of a clear definition of the term clinical teaching. This was made known by the fact that some faculty reported over 56 hours of clinical teaching in a week. This definition was not clearly provided in the survey and was not a part of the current workload policy. By realizing the faculty did not have a clear idea of what clinical teaching is proved that changes in the clinical workload policy were needed, because if faculty does not understand what constitutes clinical teaching, how can they be expected to follow a policy on calculating those hours?

Another reason for the high number of reported hours of clinical teaching may have been due to faculty wanting to secure their positions. Although all identifying data was removed, faculty may have wanted to justify their positions. This was a self-reporting survey and there was no way to validate the responses. Some of the responses could have been inflated to appear that the faculty was busier than they were.

After revising the policy to include a clear definition of clinical teaching, the faculty should be surveyed again to see if the numbers match. Also, the faculty could be asked to keep a clinical log book of hours spent to get an accurate number of hours spent. This would eliminate these limitations of this study.

Implications for Nursing

Currently there are no standardized clinical workload policies for nursing departments. The purpose of the survey was to get the perception of the faculty of the current policy and to determine the need for change. If the administration, department chairs, and faculty work together to implement a policy that is clear, concise, and the

faculty perceives as fair, it can be used as a model for other nursing departments across the state facing the same dilemma. If faculty perceive their workload as fair, their satisfaction increases as does their desire to stay in their role as a nurse educator. This will in turn slow the nurse educator shortage (Natvig & Stark, 2016).

Recommendations

Given the lack of research in clinical workload policies and the increasing dissatisfaction that faculty is experiencing, schools of nursing need to survey their faculty and implement changes based on the results (Natvig & Stark, 2016). Faculty involvement in changes boosts morale and feelings of empowerment (Schriner et al., 2010). If more schools of nursing worked together using research data, a standardized workload formula could be implemented, and nurse faculty would have a sense of equity in their roles (Natvig & Stark, 2016). This is a recommendation for the deans and nursing directors to work together, not just at their institution but with institutions across the state and possibly the nation.

Conclusion

This research study analyzed the perception of the faculty of a community college of the current clinical workload policy and the need to implement any changes to that policy. After surveying the faculty, it was found that the faculty did not have a clear definition of the term clinical teaching. By not having a clear understanding of what is meant by clinical teaching, the nursing educators cannot be expected to report with accuracy their clinical workload. This was evidenced by responses to questions on the survey that stated that very fact. Also, several faculty were not aware of any clinical workload policy at all. Faculty indicated they felt the policy needed to be examined and

changed, as well. For these reasons, the policy as it is written needed to undergo changes to be clearer to the faculty.

Additionally, concerning was the amount of hours faculty reported working clinically. Multiple faculty members responded that they were in the clinical setting more than 48 hours a week, when 40 hours a week total is a standard work week for full time faculty. This could be contributed either to a misunderstanding of the term clinical or an over reporting of clinical teaching.

The findings of the study indicated the faculty did not have a clear idea of what the current policy was or even if there was a policy in place. Therefore, a change needed to be implemented. The results of the survey were forwarded to the administration of the department to continue the process of policy changes.

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Appendix A

Faculty Clinical Workload Survey

Please provide the amount of time you spend each week fulfilling each of the following duties. If an item is not a part of your faculty duties, please leave blank. Email this survey back to the IR department at the email provided to you. Thank you.

Duty	Time
Supervising students at clinical setting	
Supervising students in simulation setting	
Overseeing/supervising clinical preceptors	
Advising clinical students	
Preparation for clinical/simulation	
Setting up clinical calendar (faculty, orientation, computer access, calendar)	
Clinical Evaluations	
Other (please specify)	

Please answer the following questions:

- What are your feelings about your current clinical workload?
- Are you doing anything for clinical education that you feel you are not getting credit for?
- Please list any comments/concerns/questions about the current clinical workload policy?
- Is there anything else you would like to say about clinical workload?