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EMOTIONAL DISSONANCE IN CLINICAL INSTRUCTION ROLES IN NURSING

Neomi DAR COHEN[1], Stefan COJOCARU[2]

Abstract

Clinical instruction in nursing is a significant and integral part of the nurse education program. The clinical instructor's role is a key role in developing and instructing nursing students. The clinical instructor's role comprises developmental and instructional roles. On the one hand, the clinical instructor needs to develop the nursing students, and impart knowledge and skills, so as to get them to a good professional level, which will accompany them in their future nursing work. this is the key role. On the other hand, the instructor must fulfill a teaching role, that is, to teach and strengthen poorly understood academic subjects, and to evaluate the student's professional capability. This is the evaluative role. These are conflicting roles, which are not always congruent with the clinical instructor's system of value and internal emotions, thus creating tensions, emotional burden, and guilt feelings that sometimes result in emotional dissonance. This can create tension and an in-built conflict between the roles of clinical instruction in nursing, influence role satisfaction, and a desire to quit the instruction role. This article will present research findings seeking to expose and discuss the phenomenon of emotional dissonance created in the role of clinical instruction.

Keywords: clinical instruction role theory, role conflict, role ambiguity; emotional dissonance.

Introduction

Studies about nursing education show a decline in willingness to take up clinical instruction. This article seeks to present the findings of a doctoral study dealing with the emotional dissonance that develops from contradictions in the nature of the clinical instruction in nursing role, and causes a structured role conflict forclinical instructor. The research sought to develop a model that will explain the in-built conflict in clinical instruction, describe the consequent emotional dissonance and provide tools that can help clinical instructors in their complex role, thereby raising the level of willingness to take up clinical instruction in nursing.

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Clinical Instruction

Orton (2007) defined clinical instruction as the interaction between instructor and learner, usually in the proximity of a patient focusing either on the patient or a clinical problem associated with the patient (Lamiaa & Mervat, 2012). One of the strongest motivations for clinical instruction in nursing is an opportunity to influence the students' success, and the possibility of shaping the next generation of nurses. The clinical instructor can serve as a model for values and professional skill that will ultimately affect the quality of care provided by nursing students who will be nurses in the future (Penn, Wilson & Rosseter, 2008). The importance of clinical instruction in the process of nurse education is in providing students with tools, knowledge and skills that will help them to develop their professional identity and will pave the way to their development as nurses. The ultimate goal of nurse education is to train students to think critically, engage in accurate communication and conduct nursing interventions, apply ethical perspectives in making clinical decisions and function effectively as members of a team in the organizational structures surrounding patient care. The hospital ward is the clinical laboratory where all this occurs (O'Connor, 2015).

Role Theory, Role Conflict and Role Ambiguity in Clinical Instruction

The work of instruction is a complex process that is filled with tension and conflict. There are four main components in an instructor's role: (1) instruction; (2) Assistance; (3) evaluation; (4) Organizational component (Rand and Shkolink, 2009). Instructors are required to adjust to a new organizational framework, cope with emotional and organizational difficulties and construct their professional identity. As such, instructors undergo a process of molding their role (Schatz-Oppenheimer, 2011). Instruction practices include complex components and tensions as a result of conflicts arising from their multiple roles and the students' different needs (Schatz-Oppenheimer, 2011). People often face different demands whereby they are expected them to take a role that conflicts with their value systems or are likely to fill two or more roles that clash with one another (Turton, 2010). For example, an instructor has to nurture learning approaches and learning styles in the students, point out a well-founded relationship between theory and practice, as well as to critically evaluate them, as well as to filter unsuitable candidates. These are development and evaluative roles, which are conflicting.

Role theory deals with the compatibility and gap between an individual's expectations and the expectations of the environment regarding the role that the individual fulfills in the organization (Ministry of Education, 2007). Role theory illustrates how behaviors are often related to co-workers and management's expectations. The role may carry inconsistent or unclear expectations, which may lead to role conflict and role ambiguity. Role ambiguity encompasses uncertainty about what the role holder should do, because leadership does not reflect its expectations and does not convey information about the duties related to the role (Katz & Kahn, 1966). Ilgen and Hollenbeck (1991) defined role ambiguity as uncertainty or ambiguity around expectations of a particular role (Carpenter & Lertpratchya, 2016). Ambiguity in the clinical instruction role in nursing might

develop when a clinical instructor is both an instructor and a nurse who is part of the staff. Who should he/she address first - patients? Students? The requirements of the ward? The demands of school administration? This creates uncertainty about the expectations of the role. Role conflict is defined as a simultaneous occurrence of two or more role expectations, where meeting one may decrease the opportunity to meet another (Carpenter and Lertpratchya, 2016).

The transition from theoretical to practical studies is a stage where students are required to make the shift from theoretical knowledge to a stage where they are tested on their practical abilities. These experiences entail frustrations, a sense of helplessness and sometimes even failure. Instructors are meant to instruct and support students that face these difficulties, but at the same time, they must evaluate their professional qualifications, abilities and resources to cope with difficulties. The instructor evaluates the students' abilities and potential as future, professionals and in this regard, instructors have a highly responsible role – to determine the fate of students, to serve as gatekeepers who allow them to enter the profession or close the door in their faces (Schatz-Oppenheimer, 2011). The developmental and instructional instruction roles included in the role of clinical instruction in nursing contradict each other and as a result, the instructor experiences an emotional dissonance, which is expressed in discomfort, inner conflict, and lack of congruence between emotion and action that leads to a role conflict.

Emotional dissonance is defined as role expectations interface with emotional expression regarding work regulations but are in conflict with internal emotions. Hoffman and Bateson (2001) defined the emotional dissonance as an outcome of a person / role conflict in which people are required to hide their true feelings. Emotional dissonance can result in feelings lack of authenticity (Ashforth & Humphrey 1993). In the long term, the possible psychological consequences of stress and feelings of lack of authenticity include emotional exhaustion, job dissatisfaction and burnout, and depression (Phillips, Tsu-Wee & Julian 2006). In order to ensure that clinical instructors in nursing can properly perform their duties as leaders of the future generation in nurse education, the article presents research findings that describe clinical instruction and the multiple roles it entails. This study analyzes inter and intra role conflict situations, the emotional dissonance created by these situations, and suggests a new thinking that will enable clinical instructors to fulfill their role and prevent dropping out of this important role.

Methodology

This article refers to the findings of two parts of doctoral mixed methods research. Qualitative research examining clinical instructors' attitudes, raising issues related to emotional conflict in clinical instruction, from the mouths of nurses who serve as clinical instructors and senior coordinators of clinical instructors' professional development. The qualitative research approach was chosen for the purpose of examining these issues, since qualitative research focuses on personal experiences of people and societies in their natural surroundings. This research aims to understand how people experience their personal and professional, which interpretations they give to situations and phenomena they experience and what

their views are regarding to their experiences[3]. Qualitative research entails collecting empirical materials - case study, personal experience, introspection, life stories, interviews, observations, history, reciprocal relations and visual texts describing routine and problematic and significant moments in individuals' lives (Creswell, 1998). Qualitative research was found most suitable in the attempt to understand the phenomenon of clinical instructors' emotional dissonance.

Research Question

How does emotional dissonance emerge from multiple clinical instruction roles?

Research Tools

In the first research part, we used in-depth, structured interviews with 10 clinical instructors in order to achieve uniformity of the collected information. In the second part of research we conducted in-depth, structured interviews with three senior clinical instructors' coordinators so as to strengthen and ground what the clinical instructors said.

Research Population

In the first part of research, the research population included 10 clinical instructors from different ethnic origins in a hospital in the north of Israel, instructors in different wards, all with undergraduate degrees who were certified as clinical instructors. Six of them participated in a specialized professionalization course such as midwifery, emergency medicine, public health. In addition to their instruction role, all clinical instructors serve as ward nurses. In the second research part, the research population consisted of three senior clinical instructors' coordinators from a hospital in central Israel, all three having participated in specialized programs, PhD candidates, who serve in senior positions in a medical center in Central Israel. The current research made sure to protect confidentiality of participants' personal details and adhered to ethical rules. We received written permission from the Helsinki Committee, and asked clinical instructors' permission to conduct interviews. Permission was granted after providing full information about the research topic, aims and guaranteeing that the interviews would be conducted while maintaining privacy and anonymity. Instructors gave their consent without any coercion on my part.

Data Analysis Methods

Because this part of the study was described verbally, qualitative content analysis was employed as is customary in qualitative research. According to the literature, qualitative researchers derive the common meaning from the participants' data in order to obtain many subjective descriptions. The focus of research is usually words, texts, and images, as opposed to collecting statistical data

[3] http://web.macam98.ac.il/~tamil/research/a3.htm#_msocom_3

(numbers) and using language focused on variables in order to confirm research hypotheses (Hesse-Biber, 2016). Because this part of the study was described in words, the analysis technique was performed by analyzing qualitative content as is customary in qualitative research.

Researchers Involvement in Research

A registered nurse for over ten years, the researcher has been a clinical instructor and pediatric nurse coordinator at a school of nursing for four years. In the framework of her clinical instruction role, she instructs students in a children's ward in a hospital in the north of Israel, engages in ongoing communication with other clinical instructors on the ward and at other hospitals at which her students are placed for their pediatric clinical experience. The researcher is thus exposed to tensions and conflicts accompanying her and other clinical instructors in their work, which lead to dissatisfaction and lack of willingness to take the role of clinical instructors. And hence the significance of this research.

Findings

First Theme: Conflict Components in Clinical Instruction

Categories	Quotes
Multiple roles	*"If you are a nurse, only a nurse, excellent. If you are only an instructor, fantastic, but together, it's the combination that is a burden"*
Conflict between roles	*"Sometimes I feel as if I'm being torn into small pieces, because everyone has expectations of me. They expect me to be both an instructor and a regular nurse, and sometimes I feel as if everyone is disappointed, when I can't do enough"*
Evaluation versus instruction	*"I'll hurt him, he is so sweet on the one hand and now I'll be responsible for him not becoming a nurse, and he has already been studying for two, three years and now he has got to his fourth year and now I'm going to stop his studies"*

Content analysis of data that emerged from interviews with clinical instructors yielded the theme of conflict components with three categories: multiple roles, conflict between roles, and evaluation versus instruction. Below is a presentation of the categories and testimonies.

Category 1: 'Multiple roles': Interviewees' statements suggest that 'multiple roles' is a key component among conflict components. This is expressed in the words of Y.T., "*If you are a nurse, only a nurse, excellent. If you are only an instructor, fantastic, but together, it's the combination that is a burden*". It is further expressed in M.H.'s statement, "*Now it's in addition to the work I do, yes, irrespective, I didn't speak about that. I am a clinical instructor, a nurse in everything, okay, I'm on the ward, I am strict, there are things I have to do, they don't let me*

off and I am a clinical instructor!". Z.R. pointed out: "*I have a million other thinks, responsible of course for medication, equipment, everything that happens here*." N.A said, "*I am both a teacher and a nurse, part of the ward, I personally have a role, I am also deputy nurse-in -charge and sometimes I can, if I'm on shift, I am also shift supervisor, everything that happens on the ward. We're a small team, the nurse cannot leave, the nurse is part of the team, the nurse acts, takes rooms, the nurse cares, no, he's not, he's not separate*."

The component of 'multiple roles' is expressed in the need to perform tasks in different areas – treating patients as part of the nursing work, an administrative role as a deputy nurse-in charge responsible for the entire ward staff. In conclusion, it appears from content analysis that multiple roles cause overload, tension and stress, which enhance the conflict in clinical instruction in nursing. In conclusion, it turns out from content analysis that 'multiple roles' causes and overload and tensions the increase the conflict in nursing clinical instruction.

Category 2: 'Conflict between roles: From what interviewees said, it emerges that there is conflict between roles that can be seed from what N.A. said, "Sometimes I feel as if I'm being torn into small pieces, because everyone has expectations of me. They expect me to be both an instructor and a regular nurse, and sometimes I feel as if everyone is disappointed, when I can't do enough."- Further testimonies can be foundin the words of N.K,"You're called on from all sorts of places and you have to see what you do first and you're torn between tasks. The difficulty is satisfying everyone, that everyone will be satisfied with your performance", and L.A., "Sometimes it is also difficult from the point of view of finding my place in, I also do my regular work and in addition to that, I have another role." It appears that in addition to pressure and frustration, clinical instructors experience conflict as a result of their inability to perform all the tasks and manage their multiple roles, which often contradict one another. In conclusion, from content analysis it turns out that the practice of instruction includes complex processes that create conflicts as a result of clinical instructors' inability to meet expectations required to fulfill the many roles connected with their work as clinical instructors.

Category 4: Evaluation versus instruction: Interviewees statements showed that there is difficulty in giving negative evaluations to students to whom they provide instruction. In Y.T.'s words, "*I'll hurt him, he is so sweet on the one hand and now I'll be responsible for him not becoming a nurse, and he has already been studying for two, three years and now he has got to his fourth year and now I'm going to stop his studies*". Z. said, "*My greatest disappointment is that I have to find a way of approaching her and telling her, to lead her to choosing another area. To provide evaluation and quantify it with a grade, that is very difficult. Very, very. It causes me to lose sleep.*" That is, to have to tell a student who chose an area that doesn't suit him/her causes tension and conflict between the developmental and advancing roles included in instruction. R. Stated, "*These evaluations made it very difficult. I had to write, failed, I didn't do it. I contacted their center and told them that they had to make a change.*"That shows that the conflict is so great that the instructor could not give the negative evaluation himself, and I needed a messenger to do it for him.

Second Theme -Clinical Instruction Roles

Categories	Quotes
Developmental Mentor Roles	*"He must accompany the students from the first day and lead him/her to reaching the experience goals, naturally to help him."*
Instructional Mentor Roles	*"It is expected that the instructor will lead them to the materials they have learnt, ask them relevant questions according to what has been taught. Definitely. I want the instructor to integrate between theoretical materials and what is done in the ward"*

The instructors' statements reinforce the words of the those of clinical instructors, who stated that their role includes instructional and developmental functions that are evidenced in the words of Subject 3, "*Clinical instructors educate the future generation. he/she has to be taught the ways of the profession, OK? Because they are values. In day-to-day life these are not necessarily the same values. They evolve differently. They are educators, they are a kind of coaches, OK? Because they are leading the students from one point to another, a type of supervisors, a type of mentors."* This statement reflects the idea that a developmental mentor role contains both coaching and mentoring, so that the developmental roles are essentially multi-roles. A similar idea is expressed by R., "*The clinical instructor should develop the student, and take him to the next stage*."M.Z said, "*Each student is on a different level, emotionally or academically and I expect the instructor to advance each one in his own way*." In other words, the developmental role is multi-layered as it refers to both the emotional and academic dimensions.

Instructional Roles

R. stated that "the clinical instructor complements the theoretical part taught in class." Subject 3. said, "Bottom line is they evaluate. Once a student has finished with a clinical instructor, he/she gives the student permission to continue experiencing in another ward, and that is why this is the most important role to evaluate the students." Subject 2 stated, "And it is harder for them to write evaluations. Evaluations are the clinical instructors' greatest crisis." In conclusion, the senior coordinators noted that the developmental mentor roles and instructional roles within clinical instruction contradict each other and consequently, an emotional dissonance develops. This dissonance is expressed in inconvenience, internal conflict, and a clash between emotion and action, which all lead to emotional dissonance. On the one hand, a clinical instructor has to develop students and lead them to a professional level that will serve them in their future as nurses. On the other hand, clinical instructors must perform an instructional role, teach academic subjects, evaluate students and give them grades for their professional ability. On the one hand, the role develops and advances students, and on the other hand, clinical instructors determine the students' fate of students, and sometimes inform that they cannot continue their nurse education, because they failed in their clinical experience. These conflicting roles creates difficulty and emotional dissonance for clinical instructors in nursing.

Discussion

The research findings indicate that clinical instruction in nursing is a multi-level role that combines different areas of content. Clinical instructors perform nursing roles as regular nurses, and as such they should function as full-fledged staff members. Sometimes the clinical instructors fill management roles and take responsibility for ward, as well as supervise their students in their capacity as nursing staff members. This may result in a conflict between their role as instructors and their role as department heads with their students. According to the literature, intra-role conflict is defined as a simultaneous occurrence of two or more role expectations, so that meeting one will reduce the ability to meet another (Carpenter & Lertpratchya, 2016). This is a complex role combining instructional and developmental roles. These roles contradict each other, thus causing an emotional dissonance, meaning, role expectations contradict inner feelings, and as defined by Hoffman and Bateson, people are often required to hide their genuine feelings. Emotional dissonance may result in feelings of lack of authenticity, tension, emotional exhaustion, job dissatisfaction and burnout, thus leading to role conflict due to clinical instructors' inability to perform conflicting roles. As argued by Schatz-Oppenheimer (2011) and stated by interviewee, clinical instructors are entrusted with the responsibility to determine a nursing student's fate, which causes tension and an in-built role conflict. Clinical instruction, according to this research, appears to be a complex process characterized by stress and frustration arising from the contradiction between the instructional developmental roles, which require clinical instructors to provide support, listen to and trust their students, and evaluative role that includes providing feedback, which may be negative and criticizing the students' performance.

Conclusion

Content analysis of the conflict component in clinical instruction shows that clinical instruction is a complex role combining several roles as indicated by interviewees, who are nurses performing nursing, instruction, management as well as other roles. As can be seen from the interviewees, multiple roles cause tension, frustration, overload, stress, role conflict, and role ambiguity because of the clinical instructors' inability to perform all these roles properly, meet the students' expectations as well as those of the ward, the patients, the nursing school, the nurse in charge and the nursing staff. Furthermore, content analysis reveals that writing students' evaluations as part of the clinical instructor's role creates great difficulties and conflict. As stated by interviewees, the clinical instructor is tasked with the duty of determining the student's fate, which causes further tension constitutes a component inn inter-role conflict. The picture portrayed by interviewees depicts clinical instruction in nursing as a role that is characterized by role ambiguity as a result of the multiple roles placed on the shoulders of clinical instructors.

This article sought to raise awareness of the components of inter-role conflict in clinical instruction, while considering the emotional dissonance which develops among clinical instructors, thus leading to developing a model that will shed light

on conflicting aspects within clinical instruction. As such, this modest study will contribute to knowledge about clinical instruction in nursing. From a practical perspective, the insights that arose from this study enable producing a framework of professional development to help clinical instructors in nursing cope with the conflicts that characterize their field instruction.

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