# Experiences of Iranian Nursing Faculty Members on Working in Conflict Climate

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**Abstract**

**Background:** Few studies have been conducted on role conflict in nursing faculty in the world. This research reports the first study about this subject in Iran.

**Objectives:** The purpose of this research was to explore the experiences of role conflict in Iranian nursing faculty members.

**Materials and Methods:** We conducted a qualitative study using a conventional content analysis approach. We used semi-structured and in-depth interviews by purposive sampling of 19 (15 instructors, three group managers and one educational assistant) participants to identify the influential factors of role conflict among nurse faculty members, working in seven nursing colleges in Iran.

**Results:** The three following categories emerged from data analysis: "roles Interference"; "role ambiguity", and "conflicting expectations". The main theme was "working in conflict climate".

**Conclusions:** This study highlighted the influential factors that could produce role conflict for nursing faculty members. The results can help university leaders to improve nursing faculty working conditions.

*Keywords:* Qualitative Research, Professional Roles, Conflict, Nursing Faculty, Education, Iran

## 1. Background

The development of modern nursing education in Iran has been parallel with many other countries (1). There is a movement towards advanced nursing education to keep pace with today's health care demands and nursing faculties have an important role to achieve this aim.

In recent years, the Ministry of Health and Medical Education in Iran (MHMEI) has increased the admission of nursing student without changes in faculty numbers. This condition has increased the working pressure in nursing faculties (2, 3). To sustain a significant link between the faculty work and the discipline of nursing, nursing faculties need to prioritize their roles to meet these changes (4). Faculty members are expected to be excellent instructors, engage in meaningful researches, and participate in academic and community service activities; these can lead them to role strain (5).

The professional roles for a faculty in university and college settings are generally three parts which encompass teaching, research, and executive service (4, 6, 7). In the recent years, MHMEI added cultural-educational-social role to these roles (8). Therefore, faculty members have multidimensional roles which must be accomplished simultaneously. However, universities have not yet clearly define the faculty roles (5).

Based on role theory, when an individual faces with challenges or conflicting sets of expectations and demands for one position in the organization, role conflict occurs (9). Role conflict could result from inconsistencies in the expected behaviors associated with an individual's role (2, 10). In nursing faculty, this situation has induced a misunderstanding and miscommunication climate and the faculty has not found a clear perception of what is expected of their performance or how they will be evaluated (11). Many studies have suggested that role conflict has been negatively related to job satisfaction and organizational commitment of nursing faculty (12-15).

The current sociological view is that organizational conflict should be neither avoided nor encouraged, but managed (16). Because of frequent and various effects of role conflict on nursing faculty, it is important to understand the causes of role conflict. Conflict also has a qualitative nature. A person may be very overwhelmed in one conflicting situation, yet can handle several simultaneous conflicts later. The difference is in the quality or significance of that conflict to the person experiencing it. We did not find any qualitative research about role conflict in nursing faculty in the literature. Therefore, we decided to perform this qualitative research.

## 2. Objectives

The purpose of this research was to explore the experiences of role conflict in Iranian nursing faculties.

## 3. Materials and Methods

### 3.1. Design

A qualitative approach (conventional content analysis) was used to discover role conflict experiences among nursing faculty members. This qualitative approach is an appropriate selection for exploring the data and develops the dominant and major themes of the participant's experiences (17).

### 3.2. Setting and Participants

The sampling process began in July 2013 and ended in March 2014. The first researcher communicated with each of the participants to describe the purpose of research and research questions and the participants were asked if they had any questions. In this study, the participants were nursing faculty members from seven universities. During the sampling process, 19 nursing faculties were selected through a purposeful sampling technique with maximum variation sampling method (Table 1). We tried to select highly experienced participants according to their educational degrees, job responsibilities, durations of work, and gender. With regard to the aim of the research, the characteristics of the participants included: nursing faculty members with master of science and doctorate degrees who announced their desire to participate in the research and explain their own experiences about the aim of the research. Participants were excluded if they did not like to continue their participation. No one of our participants were excluded from the study.

### 3.3. Data Collection

After obtaining written or oral informed consent, the interview was scheduled according to the participant's agreement. Based on the participants' preferences, the interviews were performed in a private room at the participants' work places. Accordingly, 19 unstructured, face-to-face, in-depth interviews using open-ended questions were conducted by the first author. The interviewer was a faculty member of nursing with 18 years of experience and was trained on interviewing in qualitative studies. Each interview continued 20 - 90 minutes. Furthermore, the observation of interviewer was recorded as field notes.

**Table 1.** Participants' Characteristics

| Participants No. | Gender | Education Level | Age, y | Work Experience, y | Professional Status |
|---|---|---|---|---|---|
| P1 | Male | PhD | 28 | 3 | Instructor |
| P2 | Male | MSc | 33 | 5 | Instructor |
| P3 | Female | MSc | 39 | 10 | Instructor |
| P4 | Male | MSc | 53 | 23 | Instructor |
| P5 | Female | PhD | 37 | 10 | Instructor |
| P6 | Male | PhD | 55 | 27 | Instructor |
| P7 | Male | PhD | 47 | 16 | Group manager |
| P8 | Female | PhD | 54 | 25 | Group manager |
| P9 | Female | MSc | 49 | 15 | Instructor |
| P10 | Female | MSc | 50 | 20 | Instructor |
| P11 | Female | MSc | 57 | 28 | Educational assistant |
| P12 | Male | MSc | 43 | 11 | Instructor |
| P13 | Female | MSc | 53 | 25 | Instructor |
| P14 | Male | PhD | 50 | 17 | Instructor |
| P15 | Female | PhD | 48 | 11 | Instructor |
| P16 | Male | MSc | 49 | 13 | Instructor |
| P17 | Female | PhD | 51 | 19 | Instructor |
| P18 | Male | PhD | 56 | 28 | Group manager |
| P19 | Male | MSc | 39 | 8 | Instructor |

The participants were asked to narrate their experiences of role conflict. The first author initiated the interviews with a general open-ended question about the experience of professional roles and proceeded questions that were more specific. The interviews were directed by subsequent questions and the researcher directed his/her questions based on a specific category. Some of the questions were:

a) Would you please describe your roles as a faculty member?
b) Do you have any problem related to your roles?
c) What are the related factors?

The sampling continued until data saturation was achieved or until no new codes were derived in the three final interviews and all the conceptual levels were completed. The interviews were recorded by voice recorder and were transcribed as soon as possible. Demographic data were also collected using the interview guide. The faculty members appeared comfortable and were not reluctant to discuss their experiences.

### 3.4. Data Analysis

MAX-Q-DATA (version 10) software was used to assist with storage, searching, initial and final coding of qualitative data. In this study, a qualitative data analysis was performed simultaneously with data collection. The qualitative content analysis used in the present study was based on Graneheim and Lundman methods, which was conducted in the following steps (17): 1) Digital recordings of each interview were transcribed to create verbatim written accounts. The transcription was performed at the end of each day, as recommended by Polit and Beck (18). The total transcribed texts were read multiple times to obtain the sense of whole; 2) The important parts of the text were divided to meaningful units; then, these meaningful units were categorized as condensed units; 3) The condensed units were categorized as subcategories; 4) According to the similarities and differences, subcategories were divided to categories; 5) The final categories according to the similarities and differences were formulated as the theme of the expression of the latent content of the text.

The first author analyzed the total data, while the other three authors compared the codes, and minor disagreements were resolved after discussion. Thereafter, the codes (and meaningful units) were read several times and compared to the context. The authors examined the final categories to ensure a clear difference between them. The meaningful units within all the subcategories were checked for accuracy. Minor revisions were made thereafter. After the categorization of the data at the group level, the researchers returned to the individual level to ensure that the categories were differentiated at an equal level of abstraction. Necessary modifications were made to find content and category titles. The analysis was repeated by adding each interview and modifying categories. The

analysis was an inductive process and the goal was to create a detailed description and list of themes or categories related to the phenomenon under investigation, that was, role conflict.

### 3.5. Trustworthiness

Trustworthiness was achieved through several criteria including credibility, dependability; confirm ability, and transferability (18). Credibility was founded through member checking, prolonged engagement, and constant comparative analysis. Prolonged engagement with the participants within the research field helped the researchers to gain the participants' trust and as well as giving a better understanding of the research fields. Member checking was conducted by asking the participants to ascertain the preliminary findings from the earlier interviews. Constant comparative analyses were performed from the first to the 19th interviews and resulted differentiation in the categorization of data. Transferability was achieved by maximum variance of sampling. For this reason, the participants were selected from various experiences, ages, certifications, universities, and genders. Dependability was obtained by submitting the original data to a theme for the researcher team members and six reviewers. Confirm ability was obtained through asking three participants to compare the results of the study with their own experiences. Multi-observation was conducted for improving the rigor of the study (17, 18).

### 3.6. Ethical Considerations

The current study was part of a doctoral thesis in PhD degree of nursing education. Research ethics approval was obtained from Baqiyatallah University of Medical Sciences (No. 33, 10/27/2013), a nursing faculty in Tehran, Iran. The participants were asked to sign consent forms and were informed that they could withdraw from the study at any time. Code numbers were placed on the audiotapes or transcripts, which were stored in a locked location.

## 4. Results

Of the 19 faculty members, 10 (56.25%) were female and 9 (43.75%) were male nurses. Their mean age was 39.5 years. The occupational statuses of the participants included 15 instructors, three department managers and one educational assistant from seven nursing colleges. The participants' average year of work in university was 12 years.

Content analysis of data from the interviews and field notes generated 275 codes, nine sub-categories, and three categories. During the data analysis, working in conflict climate emerged as the main theme. Categories related to these main categories were: "roles interference"; "role ambiguity", and "conflicting expectations" (Table 2).

**Table 2.** Working in Conflict Climate; Categories and Subcategories of Role Conflict

| Category | Frequency[a] |
|---|---|
| **Roles Interference** | |
| Multiple roles | 43 (15.64) |
| Roles Concurrency | 29 (10.54) |
| Unfavorable balance of roles | 30 (10.91) |
| **Role ambiguity** | |
| Ambiguity on job description | 29 (10.54) |
| Decision making uncertainty | 28 (10.18) |
| **Conflicting expectations** | |
| Contradictory expectations | 42 (15.28) |
| Different role priorities between instructors and college | 28 (10.18) |
| Inappropriate modelling | 21 (7.64) |
| Force in role playing | 25 (9.09) |

[a]Values are presented as No. (%).

## 4.1. Roles Interference

Roles interference was one of the three categories in this research identified by faculty members as a cause of role conflict. This category had three subcategories: "multiple roles", "role concurrency", and "unfavorable balance of roles". Faculty members declared that they had many roles that needed to be done simultaneously; while, there was inappropriate balance between the roles. All of these conditions could result in role conflict in nursing faculties.

Multiple roles were the first subcategories of the role interference category. The participants claimed that according to the Job description announced by the MHMEI, they have multiple professional roles. Furthermore, they had social and family-related roles. In relation to this, one of the participants said:

"I have multiple roles in my job. I teach lessons about nursing care in Medical-surgical disorder. For example, nursing care for neurological disorders, nursing care in critical care units and so on. I have two research projects now and I am an Educational Development Office (EDO) member too. I participate in my group meetings. I have educational and cultural roles too. Furthermore, I have multiple family roles such as being a husband, a father, a son and so on. As you can see, I have many roles" (participant 16, male faculty member, 13- experience).

The second subcategory of the role interference category was role concurrency. Except for the classroom time, universities have not considered certain times to do other roles and instructors had to do different roles in limited times. As a result, the faculty members could not split their roles and had to do multiple roles simultaneously. When a person performs many roles concurrently, the expectations of a role can conflict with other roles, and this condition leads to role conflict.

"I cannot separate my roles from each other. I have limited time to perform my roles, so I have to do all of my roles simultaneously and thus, role interference occurs…. Except for the class time, we do not have clear time slots for other duties. I have to do any tasks in any time…. I do some of my remaining tasks at home; concurrently, I must do my family-related roles. Sometimes I get confused, and cannot concentrate on my work" (participant 10, female faculty member, 20- experience).

Another participant also said:

"I have a limited time and I have to play my roles in parallel. I have to do some of my job-related duties at home and at the same time, I have to do my family-related roles. In the last semester, I had 20 educational credits. At the same time, I was the advisor of three dissertations. I am the manager of a medical-surgical group too. I could not do all of these duties together. This condition caused me to perform my roles incompletely" (participant 8, female, group manager, 25- experience).

Unfavorable balance of roles was the last subcategory of this category. Hours of clinical courses had been doubled compared to the theoretical courses in nursing educational programs in Iran. However, same credits were calculated for both of them. Faculty members who had clinical education had to spend more time for their educational roles. Those who had a managerial position had to allocate a lot of time doing administrative tasks too. Therefore, they had less time for other roles. In this situation, the faculty faced with role interference. One of the participants explained:

"Each clinical credit is 34 - 56 hours, while each theoretical credit is 17 hours. More than half of my credits are clinical education; thus, I spend a lot of time in the hospital…. I have no time for research because I have many educational programs…. There is imbalance between my roles and I cannot do all of them properly" (participant 2, male, 5- experience).

## 4.2. Role Ambiguity

Role ambiguity was the second category of this study. This had two sub-categories: "ambiguity on job description" and "decision-making under uncertainty".

Faculty members mentioned that their job description was ambiguous and they faced with ambiguous roles. The participants stated that the academy expected them to do education, research, executive service, and cultural roles. Although, in guidelines it was not clear explained how faculty members must do these roles. In most participants, lack of clear rules and appropriate job description led them to role confusion. A manager of group said:

"I see that some of college policies are unclear. We have many problems in faculty job description and it should be revised. There is a general description about faculty duties, but there is no explanation about quality and required hours for these duties. For example, I want to do research, but the college does not determine specific

hours for that. I am the manager of the group, but I have not been dedicated specific time for my managerial roles. I do not understand how I must do my roles" (participant 18, male, group manager, 28- experience).

Decision-making uncertainty was the second subcategory of the role ambiguity category. When job description and authority are not cleared, faculty cannot decision certainly, especially when they are in hospitals. Occasionally, faculty members saw differences between what they were said in the academy and what clinical nurses did in hospitals. In this situation, they did not know if their decision was correct or not. A PhD participant said:

"When I go to hospital with my students, we enter into an organization with its own specific rules. Sometimes I feel we are the second-class citizens…. Once, I saw a nurse speaking with a student loudly. I wanted to support my student, but there was not a clear job description for faculty in hospitals. Sometimes, I do not know what the correct decision is. If I support my student, I possibly create a challenge with the unit personnel. If I stay silent, I lose my dignity and students suffer. My hands are tied… I have limited authority regarding my roles" (participant 5, female, 11- experience).

### 4.3. Conflicting Expectations

Most of the participants expressed conflicting expectation as the main cause of the role conflict. This category included four subcategories: "contradictory expectations", "different role priorities between instructors and college", "inappropriate modeling", and "force in role playing".

Faculty members had family roles too; they did not transfer their work to home. On the other hand, faculty members had a heavy workload and they had to use home time to do their duties. Furthermore, universities expected the faculty members to complete all their roles with high quality. Along with these expectations, faculty wanted to indicate some time for their favorite tasks or resting. Therefore, contradictory expectations lead the faculty to role conflict. One of the participants said:

"I am a family man. I have my private life beside my professional life. However, the university managers want me to do my duties even at home. They expect me to do all of my duties simultaneously immediately, but I have not been given enough time. They think I am a superman…. My family expect me not to work at home. Even so, I am responsible for my job…. No one understands me. Everyone wants me to meet their expectations. They do not note my ability" (participant 19, male, 8- experience).

Another participant said:

"Since I have become an educational assistant, my friends in college have had some expectations of me in course planning. On the other hand, we have faculty member shortage and I have to cover all the course plans too. Sometimes I cannot satisfy both managers and my partners" (participant 11, female, educational assistant, 28- experience).

Faculty experienced role ambiguity when job-related expectations were in transition. Indeed, the role expectations have changed over time. At a time, education was more valuable than other roles, but based on new policies, research is more important for universities. Most faculties knew educational and cultural roles as their main roles, while research and publishing articles had more score for upgrading. Faculty felt dissociation between their priorities and college priorities. A group manager said:

"I think the main aim at the university is preparing students for professional roles as a nurse. In my ideas, teaching and education have the most priority in my roles, but the university managers look for gaining good levels in ranking. Therefore, they want us to give more importance to research and publishing articles. I think this is a wrong way and this condition can reduce students' professional performance in future… the organizational policy is the acceptance of students in MSc and PhD levels, but I think extreme attention to advanced education can harm the basic levels of nursing education" (participant 7, male, group manager, 16- experience).

Sometimes, faculty suffered from inappropriate modeling. They believed when one of their colleagues did more work load, mangers or students expected all the faculty members to do the same. This condition caused conflicting expectations from faculty members. A male participant explained:

"One of my partners is single. She accepts all the duties at the college and my group manager expects others to do the same. She does not have responsibility at home, but I have two little children and must take care of them…. When an instructor works above normal duties, the managers' expectations increases and others must work hard too… some of the instructors make a bad model in the college. They do something that is not a job requirement, but that turns to a routine since then" (participant 9, female, 15- experience).

During the last decades, Iranian nursing universities faced with shortage of nursing faculties and their students increased in recent years. Faculty must teach 16 credits each term normally, but sometimes this increases to 22 - 23 credits. Therefore, the faculty workloads increases. In addition, they have to teach nonspecific topics and be present in hospital wards in which they have not worked before. Occasionally, faculty has no choice for select interesting topics and they go under force. The following statement is one example of the participants' claims:

"We have faculty shortage in the university. We have around 730 nursing students in different levels; however, we are 21 nursing faculty members. As a result, I had to teach 23 credits last term. This can cause work overload and burnout over time… my manager said: "you must go to the hospital five days a week with 20 students. We have no one to help you… I was sick, but I could not leave the hospital and go home. I had to be present in the hospital" (participant 16, male, 13- experience).

Another participant said:

"I want to do research on my favorite topics, for example burn patients, but we do not have burn unit in our university hospitals. Therefore, I have to research on other topics that I am not interested to" (participant 1, male, 3- experience).

## 5. Discussion

The current study declared categories of role conflict in nursing faculties. We identified three categories and nine subcategories. This qualitative study provided an important understanding of the experience of role conflict among nursing faculty members in Iran. This qualitative study showed that nursing faculty members experienced role conflict when they worked in conflict climate. Working in conflict climate as the main theme in this study developed with role interference, role ambiguity and conflicting expectations.

Roles interference was one of the factors that affected the emergence of role conflict among faculty members. Role Interference arises when a person with multiple roles has to do the roles simultaneously. Sometimes, the demands inherent to those roles are in opposition with each other (19, 20). Anxiety, discomfort and frustration were experienced when the participants confronted with role Interference. This finding is similar to other studies (13, 14).

Multiple roles were one of the subcategories of this category. Based on the faculty job description (8), faculty members have multiple roles, including teaching, education, research, and executive services. Each of them is a member of their own family, too. According to Settles' study (21), most adults have multiple roles and group memberships and this can produce interference and conflict.

The results of this study showed that faculty members performed their roles concurrently which led to roles interference. The participants of this study explained that they had multiple professional and familial roles. They stated that they could not distinguish their roles from each other. When an individual has to do many roles simultaneously, role conflict is developed. Several findings from this study are consistent with those from previous research (6).

The unfavorable balance of roles concept was extracted from the data to reflect the difficulties associated. This is a new found and unpublished thematic concept. We could not find any similar or opposite concepts in the available literature. Perhaps, this is a specific condition in the nursing educational program in Iran. It seems that with the difference between theoretical and practical credits on one side and the inappropriate division of credits between faculty members on another side, the unfavorable balance of roles can be developed.

The second category of this study was role ambiguity. Detailed job description is one of the role requirements. A job description is a list that a person might use for general tasks or functions and responsibility of a position. It may often include to whom the position is reported, specifications such as the qualification or skills needed by the person in the job. We explored that the participants in this study did not have adequate necessary information to complete the required duties. Specht (2) reported that nurses transitioning into academe who did not receive direction and guidance experienced role strain, or more specifically role conflict and role ambiguity. These findings are similar to those reported in other studies (2, 11).

We found that the participant faced with uncertainly in decision making, especially in clinical environments. In this situation, the person knows the correct action, but the limitations due to either ambiguity in job description or inappropriate authority lead to decision making uncertainly. This was one of the factors for conflict. Atashzadeh Shorideh et al. reported (22) that where one doubted to do the right action, conflict was developed. Other studies reported that uncertainly in decision-making, role ambiguity and role conflict occurred for the person (5, 11).

Finally, conflicting expectations was the last category of this study. The faculty members faced with many varied expectations in their institute as well as in their family environments. Sometimes, these expectations were incompatible. When two roles have paradoxical expectations and an individual has to be responsible for incongruent expectations, role conflict may be involved. The participants said that they had several roles at the same time as a worker and family member. Duties expected from him at home might have to be put on hold if work is demanding more of his time. This finding supported those of other studies (5, 12, 23).

In addition, when there are differences in role priority, separation between personal and organizational goals develop. The faculty members believed that their main roles was education and other roles had less priority. For this reason, they felt conflict in expectations. The same result was explained in Kolagari et al. study (5). In another study the nurses experienced ethical conflict due to a disparity between their own and the organizational expectations (24).

Inappropriate modeling and force in role playing were other subcategories in this study. We did not find any same report in the available literatures about faculty members. We think organizational environment and culture can be specific in each country. Therefore, these can be cultural-based situations.

Most of the categories that emerged in this study were similar to other studies in the world, but some of them such as unfavorable balance of roles, inappropriate modeling, and force in role playing were not seen in other available studies. Perhaps the culture and organizational climate in Iran are the reasons for such categories and themes.

Finally, it should be mentioned that faculty members faced role conflict. This has been reported in many studies (2, 25, 26). Role conflict is defined as a conflict among

the roles corresponding to two or more statuses. Role conflict is experienced when we find ourselves pulled in various directions, as we try to respond to the many statuses we hold. Role conflict is considered a serious problem for them and causes dissatisfaction (25).

Understanding the factors that can lead to role conflict could decrease role conflict complications, increase satisfaction and retention, and ultimately lead to a decrease in the shortage of both faculty members and nurses. Role conflict affects relationships between faculty members and nursing students and it can affect the quantity and quality of nursing education too. Nursing faculty members who experience role conflict may lose their professional performance and fail to provide the best educational situation for their students. Therefore, it is essential that workplace conditions be improved by the management system. Managers should develop and design clear job descriptions for nursing faculty members. They must also design strategies to reduce conflict-causing conditions, improve decision-making strategies, and try to diminish role conflict factors.

Although the participants shared their experiences with researchers, this study had several limitations. First, it was conducted in nursing colleges and the findings cannot be generalized beyond other faculty members. Second, our findings may not apply to Islamic Azad University, due to difference between policies. We suggest that such qualitative research be conducted in other colleges, Islamic Azad University, and with other faculty members in Iran.

Nursing faculty members are one of the important key elements in universities. The quality of their work directly affects nursing students' performances. Understanding the nature and the causes of conflict in them can play an important role in the prediction and prevention of adverse effects in universities. The results of this study provided valuable information about role conflict for educational managers. This will help them to apply better strategies for solving role conflict challenges in their institutes.

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## Footnotes

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