

Balancing the Roles of a Junior Faculty Member: Perspectives from Athletic Training and Physical Therapy

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Context: The role of a faculty member in higher education includes engaging in the 3 facets of research, service, and teaching. Allied health faculty members face additional responsibilities such as administration, patient care, and addressing external accreditation. It is not understood how junior faculty members balance these multiple roles.

Objective: Gain an understanding of athletic training and physical therapy junior faculty members' ability to find and maintain role balance.

Design: Qualitative phenomenology.

Setting: Accredited athletic training and physical therapy programs.

Patients or Other Participants: Twenty-six participants—13 physical therapists (7 male, 6 female) and 13 athletic trainers (4 male, 9 female)—completed interviews. All participants held academic terminal degrees (21 doctor of philosophy, 5 doctor of education).

Main Outcome Measure(s): Data were collected using a one-on-one semistructured phone interview, which was digitally recorded and professionally transcribed. Following saturation, data were analyzed using the interpretive phenomenological analysis method. Trustworthiness was ensured through peer review, multiple analyst triangulation, and member checking.

Results: Two primary themes were identified: role overload and strategies. *Role overload* describes overwhelming responsibilities placed on junior faculty and the conflict they face when attempting to balance each of these responsibilities. *Strategies* articulate the participants' reliance on time management, scheduling and planning, and keeping work and home lives separate.

Conclusions: Junior faculty members are overloaded by the plethora of responsibilities they must assume, causing role strain. The time-management techniques of scheduling and planning allow junior faculty members to attempt to balance their roles by designating chunks of time for each responsibility. They also keep their work and home lives separate to buffer the strain. Though faculty members have developed adaptations, the primary way to reduce role overload is to decrease the number of duties for which they are responsible.

Key Words: Role overload, role strain, time management

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Full Citation:

Barrett JL, Mazerolle SM, Nottingham SL. Balancing the roles of a junior faculty member: perspectives from athletic training and physical therapy. *Athl Train Educ J*. 2019;14(1):24–34.

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KEY POINTS

- Junior faculty are overwhelmed by their responsibilities and face conflict when attempting to balance their teaching loads, research endeavors, patient care, and administrative tasks.
- Due to the plethora of obligations in their first few years of employment junior faculty members are overloaded and suffer from role strain.
- The percentage of workload assigned to junior faculty members to complete their job duties does not match the amount of time that is actually spent associated with each duty.
- When attempting to maintain work-life balance, junior faculty members keep structured, planned schedules and elect to hold their work and home lives separate.

INTRODUCTION

Finding comfort in the culture of a new institution can take a faculty member 3 or more years.¹ Junior faculty in allied health programs face challenges transitioning to their new role as well as maintaining the multiple roles they are faced with in the new position.²⁻⁴ The lack of experience and the limited preparation in pedagogy for allied health educators has been articulated in physical therapy,^{3,5-7} nursing,^{4,8} athletic training,⁹⁻¹³ and occupational therapy.¹⁴ Challenges for junior faculty include engaging in the 3 pillars of teaching, research, and service.

In tenure-track positions, junior faculty members are expected to achieve scholarly productivity, maintain teaching loads, and engage in other responsibilities, which they are often unprepared to balance.²⁻⁵ Those with their terminal degree are likely aware of the tripartite responsibilities of scholarship, teaching, and service associated with new faculty positions. However, throughout their doctoral preparation it is unlikely they were exposed to the management of all 3 facets.² Even if junior faculty members understand the expectations of the 3 tenets of higher education, they may not be clear on the expectations regarding the emphasis on each facet by their institution/employer.²

The development of a research agenda along with course preparation and participating in service activities can be overwhelming.³ Faculty members reportedly spend most of their time addressing the teaching requirements of their position, resulting in less time for research endeavors.^{1,15} Eighty-four percent of nontenured physical therapy faculty members were found to spend a portion of their designated research release time on teaching preparation, and 70% reported difficulties in finding ways to balance the multiple demands of teaching, research, and service.¹⁶ Payne and Berry² list a plethora of faculty member responsibilities for athletic training educators, many of which junior faculty members may not have been exposed to as graduate students. These items include division or department meetings, advis-

ing, mentoring, and administrative tasks. These responsibilities are in addition to the typical faculty responsibilities of teaching, scholarship, and service. Depending on the junior faculty members' experience and educational program, they may not be prepared for a shift in the expectations of how they are to balance their time and energies.²

Pressure and accountability for role balance comes from various sources for junior faculty, including accreditation criteria and institutional promotion and tenure guidelines as well as the personal desire to establish a quality reputation.⁵ Physical therapy educators are in a unique position among their fellow allied health educators in that their accreditor, the Commission on Accreditation in Physical Therapy Education (CAPTE), requires all faculty members to obtain a doctoral degree. The 2012 standards set forth by the Commission on Accreditation of Athletic Training Education (CAATE) do not require terminal degree preparation for athletic training educators.¹⁷ To maintain CAPTE accreditation, physical therapy educators must also maintain "a well-defined, ongoing scholarly agenda,"¹⁸ making scholarship an expectation for all faculty members. Peterson and Umphred⁵ found 66.7% of physical therapy education programs were out of compliance with the above criterion between 1998 and 2002.

Meeting accreditation requirements is not the only difficulty for junior faculty members. Issues such as the requirement to engage in clinical practice to maintain specialty certification credentials, the challenge of scholarly productivity, and high teaching workloads that may not align with other science programs have all been identified as problematic for junior faculty.¹⁹ Role overload, or difficulty performing one's responsibilities when they are excessive,²⁰ has been identified in nursing²⁰ and athletic training.²¹⁻²³ Brummels and Beach²¹ identified that those particularly at risk for role overload are professionals with multiple appointments, such as clinical, academic, and administrative responsibilities. Role overload and strain can lead to decreased job satisfaction and increased thoughts of leaving or intentions to leave the job.²¹ Many of these same challenges face academicians in other allied health programs.^{3,4}

Currently the concept of role balance has not been examined for junior faculty members in athletic training or physical therapy. Both professions aim to prepare high-quality allied health practitioners. The experiences of the faculty members are integral in executing that aim and ensuring the quality of the educational product. The purpose of this study was to explore the experiences of role balancing from the perspective of junior faculty members in athletic training and physical therapy education programs. We were concerned with gaining an understanding of how athletic training and physical therapy faculty members who have received an academic doctoral degree and are newly engaged in a faculty role are able to balance their multiple roles and responsibilities. Additionally, we sought to determine how they maintain balance between the multiple roles and responsibilities within their positions.

METHODS

Research Design

We used a qualitative phenomenological lens to address the objectives of our study. Qualitative research allows researchers to explain multilayered experiences,^{24,25} and is appropriate here as we set out to describe the experience of junior faculty members learning to balance their multiple roles. The specific methodology of phenomenology allowed us to focus on the personal reflections of the participants.¹⁹ This qualitative approach enabled us to explore and understand the experiences of balancing multiple roles through the eyes of the junior faculty members with firsthand knowledge.²⁴ Capturing the individual viewpoints of athletic trainers (ATs) and physical therapists (PTs) provided us with a description of the phenomenon of balancing multiple roles in a new faculty position.^{24,26}

Recruitment

We identified suitable participants using the purposive technique of e-mailing the program directors (PDs) of all CAPTE-accredited physical therapy education programs at the doctor of physical therapy level and CAATE-accredited athletic training programs at both the professional bachelor's and master's degree levels. The e-mail described the study and asked the PDs to forward a second e-mail to any athletic training or physical therapy educator who fit the inclusion criteria. The inclusion criteria were defined as (1) employment in a full-time faculty position in a CAPTE- or CAATE-accredited program for 1 to 4 years, (2) on a tenure track or eligible for reappointment, and (3) holding an academic doctoral degree. The potential participants were asked, in the second e-mail, to reach out to the researcher. The researcher screened potential participants via e-mail to ensure they met the inclusion criteria. If inclusion parameters were met a phone interview was scheduled.

Participants and Setting

The term *junior faculty member* is used to define the participants. Junior faculty members are typically faculty members at the assistant professor or equivalent level who have not earned tenure or are in a nontenure line.²⁷ Twenty-six participants, 11 male and 15 female, completed qualitative interviews. Thirteen were PTs and 13 were ATs. All participants held a faculty rank of assistant professor in an accredited athletic training or physical therapy program. Participants indicated their roles included a myriad of responsibilities in their faculty positions. On average, athletic training faculty roles were broken down into the following expectations: service (14%), scholarship (16%), teaching (51%), and administration (19%). Within the administrative role, 3 participants indicated being a PD and 3 participants indicated being clinical education coordinator (CEC) for their program. One athletic training participant indicated serving in both PD and CEC roles. One athletic training participant was serving in a dual-role position whereby the participant was an assistant professor and also served as a clinical AT. Physical therapy faculty roles were broken down into the following expectations: service (10.5%), scholarship (28%), teaching (55%), administration (5%), and clinical practice (1.5%). Only 1 participant also indicated being a PD and 1 participant a CEC. With regard to clinical practice, 54% of PTs indicated

that maintaining clinical practice was an expected facet of their position, but only 2 had it directly accounted for within their workload. The single athletic training faculty member responsible for clinical practice described that that aspect of her position was accounted for in the teaching portion of her workload. Faculty roles and responsibilities are shown for each participant in Figures 1 and 2. Participants have been assigned pseudonyms to maintain confidentiality.

Data Collection

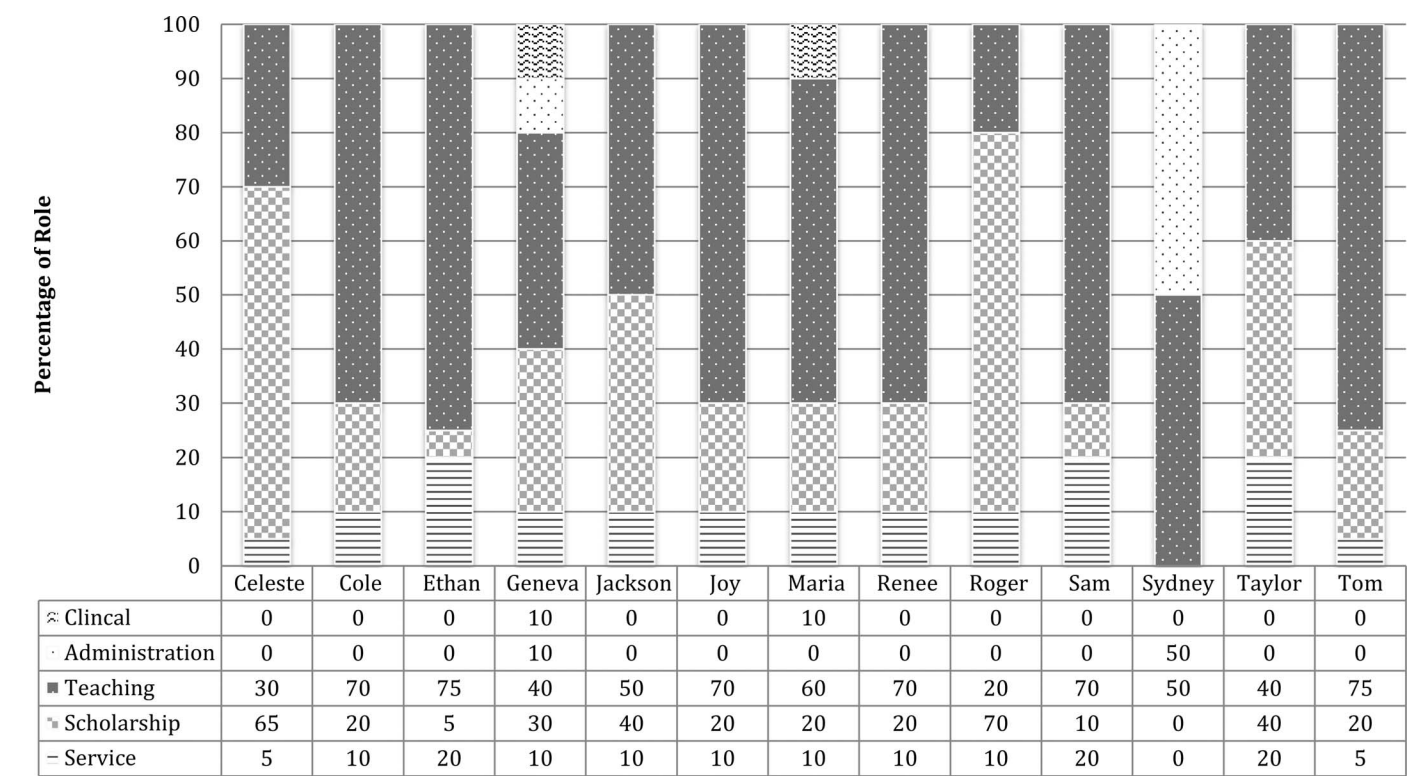
Each participant completed a one-on-one phone interview, lasting on average 63 minutes. Interviews were digitally recorded and transcribed by a professional transcription agency. The interview guide (Table) was developed to examine education, career development, organizational socialization, and role balancing through adaptation of previous research.^{28,29} Experts in qualitative research from faculty development, physical therapy, and athletic training conducted a review of the interview guide to validate its content and cohesion with the research aim. The experts provided feedback on question ordering and construction and suggestions for gathering demographic information. Upon approval from the institutional review board, the interview was piloted with 1 AT and 1 PT who met the inclusion criteria. The piloting process was used to ensure appropriate order, flow, and understanding of the questions.³⁰ No changes were made to substantially impact the interview guide; pilot data are included in the final display of results.

Data Analysis

Data were analyzed following the inductive methodological framework of interpretive phenomenological analysis.²⁶ Interpretive phenomenological analysis is a multistep inductive process^{26,31} common in health and social science^{31,32} and nursing and public health.³³ An inductive approach in phenomenological analysis allows the experiences and perceptions of participants to emerge through a description of linked categories and themes, which are derived from the data set.^{31,33} Through the inductive process, themes emerged from the data based on the constant continuous comparison of each individual transcript.²⁵ Analysis progressed as we first became immersed in the data and then coded key portions that related to our objective. We then removed the coded segments from individual interviews and placed them into categories based on their similarities.^{31–33} The categories were then grouped into themes, which defined the phenomenon of finding and maintaining role balance for junior faculty members in athletic training and physical therapy programs.

To ensure trustworthiness in data analysis, the primary researcher engaged in bracketing prior to the interviews.^{25,26} In addition to bracketing to diminish researcher bias and add rigor to the study, researchers used expert review, multiple analyst triangulation,^{25,34} and member checking.³⁴ The expert review consisted of 3 experts who evaluated the data collection instrument in conjunction with the research design and research questions to verify their alignment. Multiple analysts triangulated their findings by reviewing the data, coding structure, and organization of final themes. These steps were first completed independently, then shared, discussed, and agreed upon for final alignment. Once the final thematic structure was determined, an outline of the findings was sent

Figure 1. Physical therapist faculty roles and responsibilities.



to the participants as a form of member checking to verify the results as a final confirmatory step.

RESULTS

Analysis of athletic training and physical therapy junior faculty members' perceptions regarding their ability to find

role balance in their new faculty positions revealed 2 primary themes: (1) role overload and (2) strategies (Figure 3). The first theme, *role overload*, describes the overwhelming responsibilities placed on junior faculty that make it difficult for them to find role balance. This theme describes the conflict faced by junior faculty who are attempting to balance the roles of teaching, research, service, administration, and, in

Figure 2. Athletic trainer roles and responsibilities.

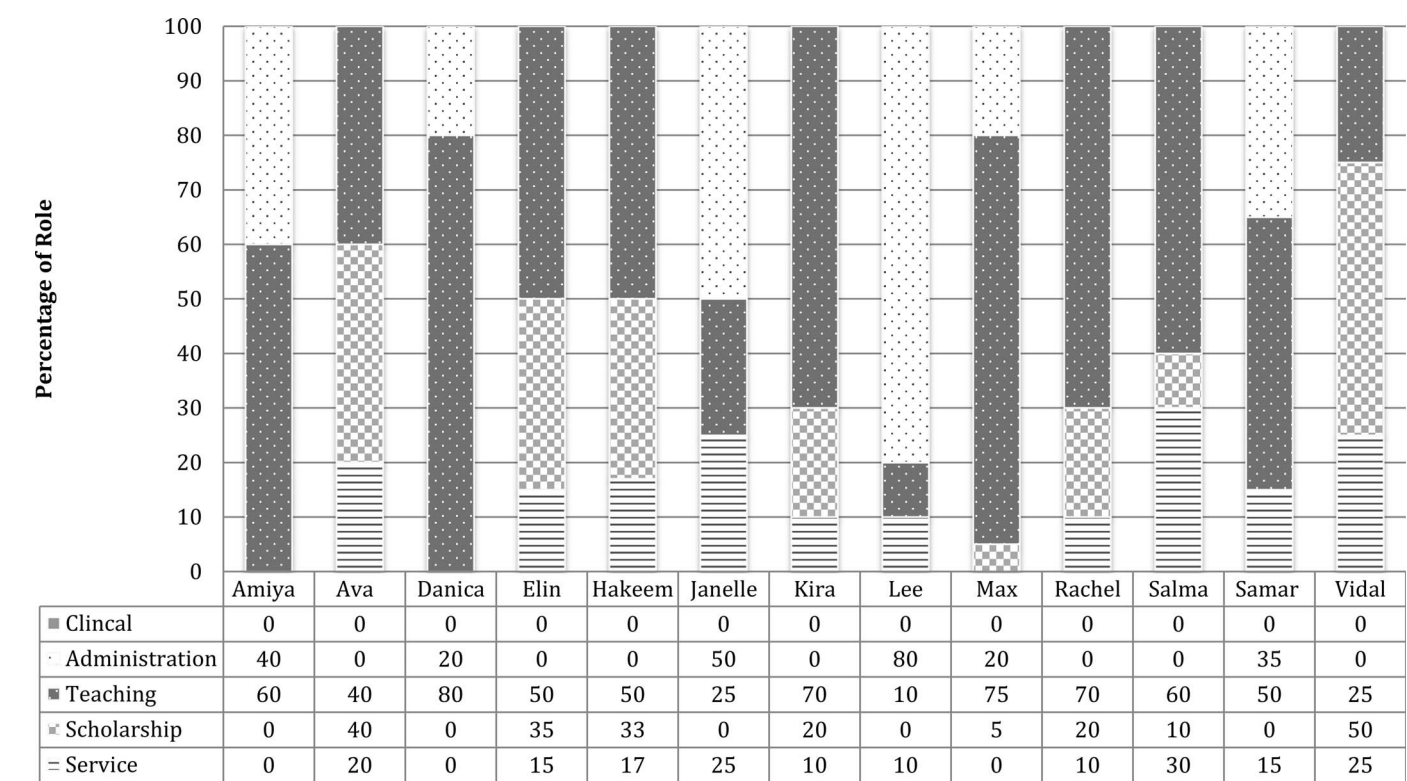


Table. Interview Questions

1. Do you feel you are adequately fulfilling your roles and responsibilities as a faculty member?
Probing questions:
If no, what can be done to assist you in better managing these roles?
If yes, what has contributed to the successful navigation of these roles?
2. What strategies do you use to manage the various roles and expectations as a faculty member?
3. Do you feel as though your current position allows you the opportunity to engage in areas that are important to you within the workplace? Please explain.
4. Do you feel as though your current position allows you the opportunity to engage in areas that are important to you within your personal life (family, leisure, etc)? Please explain.
5. What strategies do you use to manage your different roles, personally and professionally?
6. What advice would you share with a newly hired faculty member getting ready to enter higher education?

some cases, clinical practice (Figures 1 and 2). The heavy teaching loads experienced by the junior faculty members and the limited time they were allocated for research endeavors proved to be the 2 primary areas where role strain was most apparent. The second theme, *strategies*, depicts participants' reliance on scheduling and planning as well as separating their work and home lives as ways to attempt to maintain balance in their new position.

Role Overload

Junior faculty described difficulty in their new position that caused them trouble as they sought to balance their roles and responsibilities. When asked about how she balances her multiple faculty roles, Celeste, a PT managing teaching, research, and service components, said, "I am still looking for a good balance." Similarly, Geneva, also a PT, said,

I'm still working on balancing my time. And I don't know if there's ever an answer to that. That's still a challenge. The to-do list is never done. Well, you can never get to the end of your to-do list. You feel like you're being productive and getting something done, but then there's always something else to do.

Ava, an athletic training PD and clinical coordinator with roles that include teaching, research, and service, reflected similarly by sharing a piece of advice she received:

You have all these things that you know that you could do better but as one of my mentors during my PhD [doctor of

philosophy], my advisor, said, "You cannot be the best at everything. You can't be the best researcher and the best teacher, the best administrator; you can't do all of it. You've got to pick one." And that's really hard. But I learned that early on after he said that and after another friend of mine said that, too. You've got to decide what's the most important for you. And then, sadly, get by sometimes with the other things because you're going to burn yourself out if you try to be 110% at all 3 of those.

As Ava described, junior faculty in both physical therapy and athletic training identified conflict between their multiple roles, leaving them unable to complete all their job-related duties without heavy strain. The junior faculty members report feeling conflicted about which roles to engage in at a given time. Engaging in the variety of roles assigned to them meant they had to do so with less quality or attention to detail than they would prefer. The quality of their work was compromised because of their inability to balance their time.

For ATs the problem was identified as compounded by the challenges of working in a program that is transitioning from the bachelor's to the master's level. Amiya, whose job includes teaching along with the administrative responsibilities of clinical coordinator, referenced the impact of the change, saying,

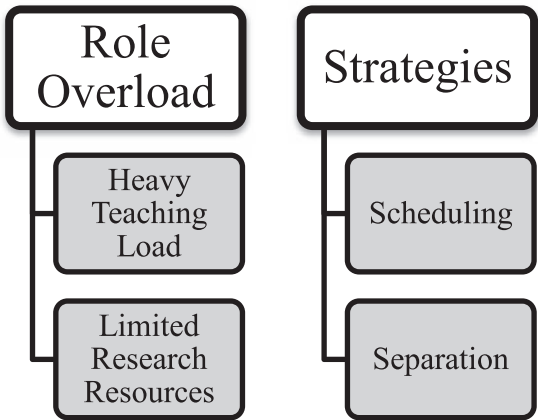
I think a lot of my role strain right now is just, we're transitioning programs, because we're transitioning out our undergrad program and transitioning in our master's, so I really think right now it's just kind of like hanging on tight until things settle with our programs.

Ten of the junior athletic training faculty members were currently working in bachelor's degree-granting programs at the time of their interview. Therefore, even for those participants that were not currently experiencing a transition, those changes are likely to impact them in the near future and introduce further overload.

The junior faculty members in this study were challenged when their ability to engage in their job duties was discrepant with the amount of time that was to be associated with that position. Joy, a PT, discussed the juggling act she attempted to maintain in response to her multiple roles of teaching, research, and service by saying,

Having that wrinkle of having to balance everything all at once is interesting. So, really wanting to do my research and dedicate more time to it, but then having to spend more time

Figure 3. Themes.



than I planned on to do my teaching, to get ready for class, get the courses where they need to be and stuff like that.

Other participants mentioned similar strain and overload in regard specifically to teaching and research, further articulated below in the categories of *heavy teaching load* and *limited research resources*.

Heavy Teaching Load. One of the primary factors for role overload was the overwhelming nature of the teaching responsibilities for junior faculty. Amiya, an AT with 60% of her job dedicated to teaching, said her teaching responsibilities made her administrative duties more challenging:

Our institution prides itself in being more teaching based than scholarship, so all of our faculty have a pretty heavy load compared to some of our comparable institutions. So, I find that challenging because I spend so much time prepping for being in the classroom here and honestly there are some relationship and administrative issues on the clinical side that make my job as clinical coordinator really difficult most of the time.

Salma, an AT, too, had 60% of her role dedicated to teaching and found those responsibilities overwhelming:

Without a doubt, I feel really torn in teaching. Sometimes I wish I had more time, and I think that comes because we have such a heavy teaching load. Sometimes I feel like I'm not providing enough feedback, or I'm not spending enough time grading because I literally just can't because there's so much else going on. I do feel sometimes like I'm being pulled in a lot of directions away from being able to spend as much time teaching, and that is just because I have so many teaching responsibilities.

Within the teaching role, junior faculty members reported having the greatest level of difficulty with the amount of time they spent preparing their new courses. Hakeem, an AT, said,

Technically I'm contributing 50% of my efforts for teaching, but since I'm teaching new courses—I had 2 new courses every semester since I joined—so I needed a lot of effort to create content in the lectures and design exams and things like that. So I spend more time with teaching. I have to spend a lot of time to prepare the course materials since I'm teaching new courses, but I believe that once this is settled it'd be a lot easier and comfortable.

He felt the amount of time he must spend on teaching exceeds the portion of his job duties for which he is allotted time to fulfill those responsibilities. Hakeem was also responsible for research and service, yet the vast amount of time required to prepare for his teaching bled into those other 2 roles. Other faculty members discussed similar situations, such as Jackson, a PT:

I've been teaching for the last 3 years and I actually had taught [a] new course every semester, which is not fun. I think it took more time just because I was preparing all those lectures and all that stuff. So, I think my preparation time on the teaching end should go down once I have that base material ready.

Though Jackson indicated he had experience teaching, the nature of the course preparation and burden of doing it so frequently was overwhelming. Jackson also had responsibilities to complete research and service initiatives, which were

difficult to manage along with his teaching. Likewise, Cole, a PT, discussed a similar issue:

I went through a period that you know I'd discuss with my director that I wasn't going to continue, was the fact that I went through a period where I taught different courses in every semester and I said I wouldn't do that as we move forward because then it's just more and more prep time.

Participants felt their overwhelming teaching load was a burden, particularly the need to create new course materials and prepare their classes for the first time when starting at their new job. The course preparation responsibility took time away from other aspects of their job duties, such as research and service.

Limited Research Resources. Teaching was not the only area where new faculty felt strain in managing their new positions. A second aspect plaguing new faculty members was the difficulty in finding resources, specifically time, to complete the research requirements of their new positions. Max, an athletic training PD who had a heavy teaching load of 75% with only 5% of his time dedicated to research, described that his other duties were so overwhelming it limited his ability to complete the research:

I think the biggest thing would be to more adequately represent the time commitment required for my administration and service roles, thereby allowing more course release time. And so that eats into the amounts of time that I would then be able to devote to research. I can definitely say I'm not with the research stuff at this point.

Though his role only stipulated 5% of time to devote to research, the time it takes to complete his other roles far exceeds his available working time. Thus, he isn't able to complete research that is necessary for achieving tenure at his institution.

Other participants discussed changes in the expectations of their position since starting their new jobs, such as Sam, a PT with a heavy teaching load and only 20% of his time dedicated to research, who said,

A topic that our college is wrestling with a lot right now is the push for a scholarship; it is getting more than I was originally brought in for. That's been changing, let's put it that way. The expectations for scholarship have changed since I got here. The biggest thing with scholarship for us is we just really don't have a lot of time to do it. And so, if we want to do that it's that 50 hours a week plus another 10 or 20, you know, doing my own research stuff so that becomes...that's where it becomes overwhelming at times.

For Sam, although he was not initially hired with an expectation for completing a high volume of research, it had become an increasing requirement. Although his institution's expectations changed, he was not provided more time in his workload to complete the new requirements.

Athletic training faculty had similar struggles whereby their institutions did not understand the time commitment and burden for new faculty in completing their research requirements. Elin, a dual-role AT with 50% of her teaching role including clinical practice at the university, along with 35% of her time for research and 15% to service, described this problem, saying,

I think the university's not really recognizing what we do and how much work goes into working. As far as teaching, clinical, and service but yet 35% of how we're evaluated for tenure and promotion is research. I think it has to do with time and funding but yet the expectations aren't in line with how much time we're given. So research is 35% of what we do, but I think it's probably only about 10% of the time that I take, maybe even 5% of during the year, and then a lot more in the summer when I'm not on contract.

Danica, an AT, also mentioned completing her research requirements over the summer, when she was not under contract:

I am fulfilling the teaching and the clinical coordinator duties. I had a bigger picture of a faculty member being more involved with institutional service and having time for research. I do not have time to do research except during the summer.

Though both Danica and Elin were only on 9-month contracts, both indicated their role overload was so severe they were forced to complete job-related duties when they were not under contract. The heavy teaching load, including new course preparation, and limited time for research allowed for junior faculty placed them at risk for role strain and role overload.

Junior faculty members in athletic training and physical therapy experience role overload because of the plethora of responsibilities they much enact within their positions. The specific areas of teaching and research proved to be particularly challenging for this group of junior faculty to manage. As they felt more strain within their positions, they described feeling torn in where to spend their time, indicating a lack of understanding for all aspects of their role. The overload burden also caused them to decrease the quality of their work, thus compromising their output in some aspects of their position.

Strategies

The junior faculty attempted to adapt to their new position and mitigate the challenges they faced in balancing their role overload through the implementation of some specific strategies. The primary strategy was time management; this strategy seemed to apply primarily to balancing work-related duties. A second area of time management through separation of work and home responsibilities also emerged. Janelle, an athletic training PD, when asked how she balanced her responsibilities, said, "I think it means carving time out. . .I'm a big believer in trying to just find 15, 20 minutes to step away." Janelle's faculty role did not include research responsibilities; the largest portion of her time was dedicated to her administrative role, followed by teaching and service aspects. Janelle is single with children; she stated, "I do my workout at 6 in the morning before my kids are even awake so that's done," and later continued by saying, "...planning, good communication, picking your battles for sure, looking ahead to what's going to be a potential problem and then trying to troubleshoot...I think that goes along with planning."

Janelle indicated that her multiple roles, at home and work, required her to manage her time effectively so that she can

balance all of her responsibilities. The strategies of planning and separation, as mentioned by Janelle, were described by many participants and are expanded upon below. The scheduling aspect was more often reported related to work duties and managing multiple roles, whereas separation was directly linked to maintaining work-life balance for our participants.

Scheduling. Most of the junior faculty members described regulating their time through the use of strict scheduling and planning. Ava, an AT, described her time management:

The first thing I do at the beginning of every semester is write out my Monday through Friday calendar and I put it up above my computer. I label out my office hours, my teaching schedule, and I specifically put chunks for research. So, I'll mark out entire chunks of time. I try, during office hours, to do all my administration-type stuff, all my teaching, grading, all that type stuff. And then my research, if I have research hours, I will only do research during that time. And for me, that works, because then I know I need to put everything else away. Shut off my e-mail, my phone, things like that, and just focus on writing.

Ava is both PD and CEC for her athletic training program, with responsibilities for teaching, research, and service. Scheduling chunks of time for each of her responsibilities allowed Ava to designate time for each. Using specific segments or blocks of time was a strategy used by other participants as well. Discussing her strategy for planning, Maria, a PT, said,

I do try to be somewhat regimented. You only spend a certain amount of time working on this and then I am going to stop and then I am going to work on something here and you just get burned out if you work on one thing all the time. It's ongoing so I try to be fairly regimented in that respect.

By prioritizing her clinical, teaching, research, and service responsibilities with strict scheduling and planning, Maria was able to keep track of the time and energy she spent on her duties without focusing on just one aspect.

Using lists, schedulers, or planners allows the junior faculty member to identify the items that need to be completed and assign time for each task. Celeste, a PT, described how her time-management system enables her to arrange her daily schedule:

I think in time management, I use a calendar and that has been very helpful in learning. I color-code my calendar so I can say okay I spend time on research and writing and teaching and service. What's the balance in there? Because it's easy to get totally inundated with e-mails and then realize you haven't written anything that day. So that's a good accountability tool for me. I have to make sure that I keep the focus where I need it to move forward.

Similarly, Kira, an AT with the primary role of teaching along with research and service duties, discussed how scheduling allowed her to stay on task and ensure she accomplished all the important items required of her position:

I'm a big to-do list and planner person, so it's important for me to be able to see how my schedule's looking and try to stick to that, because I think it's easy to forget about things and push them to the side and then you can lose sight of things.

Adapting a scheduling strategy to manage their time allowed the junior faculty to exert a feeling of control over their busy and overwhelming scheduling. Through planning and time management, junior faculty could adapt their time daily and weekly to meet the demands of their multiple responsibilities. This attempt to stay organized was facilitated by setting aside blocks of time to address each aspect of their role as a faculty member.

Separation. A second strategy used by the participants was creating a separation of work responsibilities and home life, allowing them to maintain separate time and devotion to each. This strategy was aimed at maintaining work-life balance, rather than managing multiple work roles as the previous strategy was. As Ava stated, “I really do my best to not work when I’m home unless I just absolutely have to take care of something. And that’s just because I need life balance.” Following this strategy, the junior faculty members felt they were able to maintain better work-life balance. Tom, a PT with a large portion of his job dedicated to teaching, similarly stated that he attempts to maintain a separation between work and home as he shared,

It’s becoming a little bit more delineated where I kind of shut stuff off when I get home for certain periods of time. So, for instance, if I’m riding in the car, not driving, I will check e-mails and do that stuff. But if we’re at home and its family time, we’ll have family dinners together or I’ll be hanging out with my kids playing. And then on Sunday, I try not to do anything work related unless there’s an urgent e-mail that comes across.

Geneva’s faculty role included 5 different areas: clinical practice as a PT, administrative responsibilities as an assistant PD, teaching, research, and service. She indicated that separation was critical but not easy, saying,

I’m still working on those [strategies]! I try to work when I’m at work and be home when I’m at home. I try to give everything I have when I’m working. Just try to keep focus on each area when I’m at that...at work or at home.

Similarly, Roger, who had a large portion of his job dedicated to research responsibilities, stated,

Work in progress, but what I have been trying to do is establish a routine where I am trying to be as efficient and productive as possible during my workday and then minimize the things that I am doing once I leave work, so I am able to participate in some family life and some individual health and wellness and hobbies and things of that nature.

Both Roger and Geneva identified struggling to find appropriate adaptations that allowed them to be successful both at work and at home while balancing all their responsibilities.

Finally, Vidal, an AT, described the importance of this adaptation, saying,

I really try hard at work, get my work done and not have to bring it home. Not have to bring the pressure home with me so that when I’m home and my kids are there, I’m engaged with my kids and my wife.

Keeping their work and home lives separated allowed participants to maintain a feeling of balance and provide

some buffer from the strain they feel in their jobs. Through scheduling and planning, junior faculty members attempted to fit as many pieces of their faculty role as possible into their time at work. Attempting to put space between their work and home lives further clarified the overload and strain this group of junior faculty feels at work.

DISCUSSION

Role Overload

Athletic training and physical therapy junior faculty members identified the perception of role overload in their new positions. Role overload was described by participants as the overwhelming responsibilities they feel they must execute in their role as junior faculty. Role overload occurs when professionals have too many demands placed upon their time.^{20,21} The roles of teaching, research, service, clinical practice, and administrative duties have previously been found to create competing priorities for allied health educators, stretching the demands placed on them.¹⁹ For our population, the roles and responsibilities of being a faculty member included teaching, research, and service, as well as clinical practice and administrative duties for some. Previous authors^{20,21} have identified that the overload of responsibilities can cause role strain, which results from a lack of time to devote to one’s responsibilities. Role overload can contribute to role strain, as it is the manifestation of difficulties associated with a plethora of roles; this has been documented in athletic training and nursing faculty members.^{20,21,23} Further, role conflict can occur when professionals perceive their responsibilities to be at odds or conflicting with each other, as has been found in ATs serving as preceptors.^{22,23}

Athletic training and physical therapy educators are not the only allied health professionals to experience these role-related phenomena. Nurse educators in faculty positions have been found to experience role strain,^{35,36} and have reported dissatisfaction in the amount of time they have to complete the duties associated with their positions.²⁰ Like our participants, faculty members in nursing reported feeling pressure because of the limited time they perceived they were provided to complete the multiple demands of their positions.³⁷ For our participants, the pressures were in the form of heavy teaching loads and limited time resources for completing their research. Heavy teaching loads, specifically with undergraduate populations and in clinical instruction, can be particularly overwhelming and may detract from time spent in other areas of the faculty position.²⁰ Teaching responsibilities are often the primary role that occupies a faculty member’s time because of the immediacy the role demands.³ For the ATs in our study, 51% of their time was allocated to teaching; for PTs, it was 55% of their time. When teaching, educators must have all of their classroom materials prepared or they will be ill equipped to face their students. Competing with the time it takes to prepare classroom materials could be the time it takes to prepare a research paper, grant, or proposal. However, with scholarly endeavors the deadline may be weeks in the distance, not as immediately concerning as preparing for class. Therefore, the teaching takes priority while the research gets pushed off to be completed another time. Generally, not having enough time to complete duties and having a plethora of expectations are 2 primary reasons for

having role strain.^{20,23} Both of those items were expressed by our participants.

An additional study³⁶ in nursing education, at the community college level, found workload stress in faculty, specifically those who are tenured or on a tenure track. That author³⁶ hypothesized this was due to the combination of their institution's requirements along with agency or accreditation requirements. Accreditation requirements are necessary for both athletic training and physical therapy programs and have been identified as problematic for junior faculty to face.^{5,13} Many of our participants were on the tenure track and had administrative roles, which would require their attention to accreditation requirements. This aligns our findings of the prevalence of workload stress with those in nursing education.

In literature examining role balance for preceptors, distinctions have been made regarding the relative inexperience of graduate students.^{22,23} This population was found to be at an increased risk for role strain because of their lack of exposure to their responsibilities. Our participants were similarly new to their roles and lacked exposure to their myriad responsibilities, a possible reason for some of the strain they experienced. Nurse educators who practice clinically and have responsibilities to complete scholarly endeavors often feel they do not have time to perform research requirements.³⁵ Among clinically practicing PTs, job strain occurred when patient load increased and the practitioners had low control over their schedule or the demands of their position.³⁸ Likewise, our participants felt pulled in many directions, including clinical practice, which detracted from their ability to pursue their scholarly agenda.

Within specific faculty levels, role strain was found to be more likely to occur among assistant professors than associate professors or instructors.³⁵ Fitting this finding, all of our participants were in the role of assistant professor. Further, younger nurse faculty members were found to experience more intense and frequent exhaustion than older nurse faculty members.³⁷ Exhaustion is a concept that has been studied in relation to burnout. A study examining burnout for PTs and occupational therapists determined 58% had high levels of emotional exhaustion, 94% had high levels of depersonalization, and 97% identified low personal accomplishment, all of which are associated with high burnout.³⁹ The high level of burnout was attributed to the multiple demands of working in a clinical setting.³⁹ Excessive work demands cause stress and may lead one to leave one's job and seek employment elsewhere or risk suffering from burnout.³⁸ Also concerning is that as stress and demands on the practitioner increase, the quality of patient care may decrease.³⁸

Excessive roles and responsibilities are the primary culprit for experiences of role-related stress; adding responsibilities to one's position increases the likelihood of overload. Nursing educators reported working 59 hours per week on job-related duties,³⁷ whereas another study found nurse faculty members to spend 53.1 hours each week on their work-related duties.²⁰ Both studies identified their populations as experiencing role strain. The athletic training junior faculty members in our study reported working an average of 51 ± 9.8 hours per week Monday through Friday with an additional 7.5 ± 5.2 hours on the weekends; physical therapy junior faculty members

reported working an average of 55 ± 8.5 hours per week Monday through Friday with an additional 6 ± 3.8 hours on the weekends. Excessive hours of work have been identified as a trigger for frustration and strain.²² As stress increases, so, too, does the desire to change jobs or perhaps leave the profession entirely. In athletic training, those with joint appointments (teaching and clinical responsibilities) experienced increased role conflict and were not satisfied with their positions.²¹ Athletic training faculty members who felt they were asked to complete excessive job responsibilities were likely to consider leaving their jobs.²¹

Like practitioners and professionals with dual appointments in other allied health professions, athletic training and physical therapy junior faculty experience role overload and subsequently suffer from strain in their positions. As suggested by Mobily,²⁰ these findings can be of interest to administrators in seeking to help junior faculty reach a level of comfort in their new position or in determining appropriate workloads for faculty. These and other strategies are discussed below.

Strategies

Athletic training and physical therapy junior faculty members identified some strategies they used in an attempt to find balance in their new positions. They described systems of time management with a reliance on scheduling and planning as well. Additionally, the participants described separating their work and home lives as a way to attempt to maintain balance.

Scheduling has been identified as a strategy that can assist preceptors in balancing the demands of supervising multiple students in addition to their own responsibilities in patient care.²² The junior faculty participants in our study also found scheduling specific times to complete particular duties to be similarly beneficial. For the preceptors, the scheduled time provided a window for giving feedback and improving the student experience.²² Other groups of ATs have similarly been found to prioritize their work through planning and to use of to-do lists.⁴⁰ Likewise, the junior faculty described their time management as a way they could limit distractions and maximize effectiveness. Similarly, Mobily²⁰ suggests coping strategies such as relaxation and time management as ways to counteract the negative effects of role strain that have been successful for nurses.

It can be challenging for faculty members to separate their work and home lives, but this is an important aspect of finding balance in higher education.^{41,42} Work-life balance has previously been evaluated in athletic training. Women face particular difficulties with balancing their work and life roles, which is believed to be a dominant factor in why they choose to leave the field.⁴² Women in faculty positions have been found to rely upon flexible scheduling and time-management strategies to assist them in balancing their multiple responsibilities.⁴³ The participants in our study were almost evenly split between male and female, and they all identified the importance of scheduling and planning.

Other strategies have been identified to assist faculty members in balancing their multiple job demands that were not identified by our participants. Supportive colleagues or

spouses may provide some form of assistance and can often alleviate stress, particularly for women.⁴³ However, a high level of support from colleagues or supervisors does not mitigate the feeling of role strain or overload in nurse educators, because the actual job and demands of the position are overwhelming, not the organizational environment.³⁷ This suggests that the true way administrators or PDs can assist junior faculty members is by decreasing their duties or taking responsibilities away from them to alleviate the amount of strain they feel.

Zografos³⁶ stated that tenured allied health educators' workload stresses must be decreased through a reduction of duties and responsibilities so that the focus can be on providing high-quality education to future practitioners, which will in turn ensure the safety of future patients. Our participants were asked to perform a variety of tasks within their positions. The percentage of their job description that was allocated for those tasks did not always match the actual percentage of their time that was spent on those tasks. Those in administrative positions would also be well served to ensure junior faculty members understand their position and the roles for which they are responsible. Appropriate training for one's role as well as clearly defined expectations and an appropriate understanding of that role can decrease role strain.²³ Preceptors who supervise athletic training students have been found to lack a complete understanding of the responsibilities related to clinical education, especially those who are inexperienced in the role.²² It is possible the junior faculty members in our study felt overloaded because they were not aware of the various responsibilities that would be asked of them in their position. It has been hypothesized that better training regarding the expectations of clinical education may decrease some of the strain felt by preceptors.²² A similar strategy for junior faculty members may be helpful, as there seem to be discrepancies in understanding roles in other professions as well.

Nurse educators, as well as deans and administrators in nursing education programs, ranked teaching to be the most important role associated with their positions, yet identified that scholarship was most likely aligned with advancement in their position.³⁵ When applying for new jobs, junior faculty must understand the expectations of the faculty role at the institution they are entering and the specific requirements of their position, as each position and institution are different.²⁰ For example, some practitioners in faculty roles may complete the service component of their position in the form of clinical practice,¹⁹ yet others may be required to sit on university committees or provide service at regional or national levels. When interviewing for or starting new jobs, it is imperative for junior faculty to determine the emphasis the institution places on each of the components of the position, so they can balance them appropriately.^{5,12}

Keskula et al¹⁹ published a case study detailing a redistribution of faculty workloads in a physical therapy program with the goal of decreasing teaching loads to increase research productivity, a requirement for accreditation. The program developed specific teaching-focused and research-focused faculty lines. As a result, research productivity as evidenced by grant funding and publications was increased with no drop-in student performance or retention. If allied health programs are able to create a workload model that fits the

requirements and expectations of their university while simultaneously maintaining accreditation standards, they may positively impact the workload of their faculty.¹⁹ Appropriate distribution of teaching responsibilities can allow time and exploration of resources for scholarship. Further, as roles and responsibilities increase, so should rewards, such as overtime pay or additional release time for the completion of the extra duties.²³ When appropriate rewards are not in place, morale may decrease, compromising the educational experience for the student.²²

LIMITATIONS AND FUTURE DIRECTIONS

Our study is not without limitations. As this study followed a qualitative research methodology, we did not quantify the constructs of overload and strain. In the future, researchers can consider creating a mixed-methods approach to gather both quantitative and qualitative data on those constructs. This study only asked participants to complete a one-time interview, giving researchers a single snapshot of their current perceptions. As junior faculty take years to become accustomed to their new position, a longitudinal study would be beneficial in identifying changes over time and further adaptation of coping strategies. Although we targeted only the junior faculty members themselves, future researchers could target the supervisors of those faculty members or the students taught by the faculty members as a means to triangulate the findings presented here. Finally, professionals from 2 allied health fields were selected to complete this research project; future initiatives can seek to gain the perspectives of other fields.

CONCLUSION

Junior faculty members in athletic training and physical therapy experience role overload, causing strain as they attempt to manage all that is expected of them in their new positions. This is due to the variety of roles and responsibilities that are required of them. Junior faculty members attempt to minimize the burden of the overload they experience through the use of time-management strategies and by maintaining separation between their work and home lives. Though these strategies provide a sense of structure and control, they do not eliminate the difficulties experienced by our participants. To assist junior faculty in finding success in their new positions, administrators and PDs should consider ways in which they can decrease duties and allow new faculty members more time to perform their obligations.

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