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Theoretical Analysis and Practical Reflection on the Role Conflict of Double-Qualified Teachers in University-Affiliated Hospitals

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Abstract: Taking role conflict as the starting point, this article examines and reflects on the development of clinical teachers. In the process of the occurrence, development, and resolution of role conflicts among clinical teachers, there are many hidden issues related to the development of clinical teachers. The development of clinical teacher teaching and role conflict management contain similar educational philosophies and practical issues. This study draws on classic theories and research achievements in the development of university teachers and conducts theoretical analysis and practical reflection on the development of clinical teachers in medical colleges from the perspective of role conflict in social psychology. Policy recommendations are proposed, including strengthening the construction of teaching systems at the hospital organizational environment level, enhancing the role identity and teacher beliefs of clinical teachers, promoting their teaching development and academic learning, and ensuring their normal teaching investment; promoting leadership support at the level of interpersonal interaction and leveraging the role of colleague support in alleviating role conflicts; enhancing individual teacher beliefs, teacher role learning, and role skills.

Keywords: University-affiliated hospitals; Double-qualified teachers; Role conflict

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1. Introduction

Medical education carries the mission of cultivating medical and health talents and is closely related to the health of the whole population. The purpose of medical education is to cultivate qualified medical talents, provide high-quality medical and health talent resources for society, and meet the health needs of the people [1]. Clinical teaching is an important component of medical education and a crucial link in determining the quality of medical teaching, directly affecting the quality of medical talent cultivation. At our school, about half of the five-year undergraduate students majoring in clinical medicine spend their time on theoretical and practical teaching of professional courses, and related teaching tasks are undertaken by "double-qualified" teachers

from various affiliated hospitals. University-affiliated hospitals have a triple mission of medical services, talent cultivation, and scientific research. As a "double-qualified" teacher in an affiliated hospital, the roles of medicine, teaching, and research are integrated, and the tasks are heavy. This article starts from the perspective of role conflict in social psychology, conducts theoretical analysis and practical reflection on the development of clinical teachers in medical colleges, and puts forward policy recommendations.

2. Classification of role conflicts among double-qualified teachers in university-affiliated hospitals

Role conflict is a type of role pressure described by the theory of role stress. The role stress theory suggests that individuals exposed to role stressors need to spend more effort evaluating and implementing appropriate coping strategies to minimize the negative impact of stressors, thereby directly generating psychological stress related to the role [2]. Role conflict is the inner experience of an individual when their role behavior is in a state of disharmony with their role cognition or expectations. This inner experience can be experienced through self at two levels. The first level is within the overall role he plays, and the second level is between his own role and the roles of other actors [3]. This article mainly focuses on the first level, which is the role conflicts that occur within the roles undertaken by individual clinical teachers.

The role conflict of teachers stems from the particularity of their roles themselves. Bryan R. Wilson stated in his article that the diffuseness and diversities of the role of a teacher make it difficult to define it because they bear too many obligations—inspiring, encouraging students, conveying values, awakening students to respect facts, cultivating critical appreciation, and so on—all of which are uncertain. The obligations of a teacher's role are diffuse, difficult to define boundaries, and their role activities are highly diverse. The role of dispersal also implies the involvement of dispersal, and teachers need to continuously reshape their role, explain, act, and reconstruct various relationships and behavioral patterns. Wilson believed that diffuse characters are more prone to intra-character conflicts. Therefore, teachers have a typical social role in conflict-prone situations.

As a unique group of teachers in the field of higher education, the double teacher role of university-affiliated hospitals has stronger dispersion. Due to the need for clinical teaching in medical colleges, they are appointed as clinical teachers by the school through their own efforts. Their main role is as healthcare workers, but when faced with students engaged in teaching work, they are also university teachers. In sociological research, roles can be divided into preconceived roles and self-induced roles (also known as acquired roles) based on whether the social status they occupy is subject to the subjective efforts of the role-players. Characters are divided into active and latent roles based on their explicit and implicit performance. Ralph Linton was the first to use this classification in *A Study of Man*, stating that the character being played is an active role, while other characters become latent roles. For clinical teachers, the role of a teacher is both spontaneous and implicit. Therefore, in addition to intra-role conflicts for teachers, clinical teachers also face significant inter-role conflicts, namely conflicts between the roles of healthcare workers and teachers.

According to the possible sources and nature of role conflicts, clinical teachers' role conflicts can be divided into three types: expected role conflicts, overloaded role conflicts, and adaptive role conflicts [4].

Expected role conflict is mainly caused by the incompatibility or contradiction between various expectations of a role, including inconsistent expectations of multiple external interest groups, inconsistencies between expectations of a role and actual policy systems, and conflicts between the standards or values of the role bearers themselves and the prescribed expected behavior of the role. Through research, it has been found that the organization, leadership, and students of school hospitals are the main interactive objects of clinical teachers in their teaching work. In the interaction with these roles, clinical teachers have certain conflicts

between their expectations or actions as teachers and the expectations of external roles in reality, which leads to expected role conflicts. Robert Miles found through his research on the nurse population that role conflict becomes an inevitable result when nurses are following their own and societal expectations, but cannot simultaneously meet the employer's behavioral expectations [5]. Allen Izaak believed that there are two types of role expectations: one is the expectations held by "outsiders," and the other is the self-expectations of the role actor [6]. Among them, on the one hand, the first type of expectation is the expectations of "outsiders," and on the other hand, it is the feelings of "parties" towards the expectations of "outsiders." Self-role expectation is a series of assumptions about how to play a role well, which stems from the personality traits, life attitudes, values, and ideological consciousness that individuals have already formed before taking on the role [7]. This theory provides a reference framework for explaining expectation-type conflicts, where an individual's expectation-type role conflict arises when any of these three expectations or psychological processes are incompatible.

Overloaded role conflict refers to the role conflict formed by individuals playing multiple roles and undertaking multiple role tasks, which cannot fully meet the requirements of each role, resulting in one main role affecting another role [8]. The research results indicate that for most clinical teachers, the role of healthcare workers themselves creates conflicts of work overload for them to fulfill their teaching roles. The conflict between time and energy is an eternal topic in clinical teaching work. Almost all major affiliated hospitals of medical colleges are among the top medical institutions in their respective cities. Social evaluations generally believe that comprehensive strength is strong and generally highly recognized by the public [9]. They bear the main responsibility of providing medical and health services in the local or surrounding areas and even larger regions. In addition, as clinical teachers generally mention, the lack and imperfection of community health resources in China, as well as the imbalance in the structure of medical and health resources, have led to a large number of common and multiple diseases flooding into affiliated hospitals, greatly increasing the workload of clinical teachers. The overloaded workload has led to significant and increasingly prominent role conflicts faced by clinical teachers. Furthermore, in addition to the burden of workload, the irregular working hours of clinical teachers, as well as the special scheduling system, are also the main reasons and manifestations of overloaded role conflicts.

Adaptive role conflict refers to the role conflict caused by an individual's inability to adapt to role requirements and difficulty in completing role behaviors appropriately. It mainly includes a lack of necessary training and experience to complete role requirements, as well as a lack of external human and material resource support [10]. Adaptive role conflict is essentially a question of whether an individual can smoothly engage in role-playing. The so-called role-playing is a series of role-playing behaviors performed by individuals based on their specific position, according to role expectations and normative requirements [11]. Congqing Xi divided role-playing into five stages: role positioning, role understanding, role learning, role practice, and role evaluation [12]. When an individual is unable to complete a specific task at any stage or successfully engage in role-playing to complete their role behavior, adaptive role conflicts arise. In this study, the adaptive role conflict of clinical teachers is mainly reflected in insufficient belief in the teacher's role, lack of personal teaching skills or clinical experience; the unfriendly clinical teaching environment, such as the external teaching space, the contradiction between the lack of clinical teaching resources and the sharp increase in student numbers, and the difficulties in teacher-student interaction caused by student changes. Through qualitative research, it has been found that adaptive role conflicts can be further divided into internal adaptive and external adaptive types. Internal adaptive conflict is mainly due to insufficient abilities and qualities to adapt to the role of a teacher, while external adaptive conflict is mainly due to external factors, especially the lack of resources, which makes

it difficult for clinical teachers to properly fulfill their teaching responsibilities.

3. Factors influencing the role conflict of double-qualified teachers in university-affiliated hospitals

3.1. The impact of organizational environmental factors

3.1.1. The contradiction between the policy direction of hospitals emphasizing teaching and the implementation of institutions

The importance of teaching in affiliated hospitals of medical colleges is increasing, mainly reflected in the level of awareness and system. "Collaborative development of medical education and research" is almost the development concept of all affiliated hospitals of medical colleges. The relevant system construction and requirements include teaching work included in the overall development plan of the department, department director goal assessment, professional title evaluation and appointment, linked to performance evaluation, and additional rewards for teaching work. On the one hand, from the perspective of decision-making by the highest leadership of the hospital, the hospital attaches great importance to teaching work; on the other hand, at the specific operational level, in terms of institutional implementation and policy support, the position of teaching in the overall work of hospitals is not as claimed by the "slogan." Especially when clinical teachers need hospital-level assistance to solve practical difficulties encountered in the teaching process, they do not provide personnel, time, and funding support, resulting in a contradiction between policy goals and measures, as well as a contradiction between ideological orientation and resource allocation. As a result, conflicts and contradictions are moved down to the department level, and department-level leaders are unable to solve them. In the end, the contradiction is still transferred to the individual clinical teachers. Thus, conflicts escalate layer by layer, and clinical teachers can only reluctantly sacrifice their personal interests to resolve such conflicts, or "give up teaching" or "only sacrifice students." Regardless of which way to release pressure, the ultimate sacrifice is the personal interests of clinical teachers and the quality of medical education.

3.1.2. Increasingly standardized requirements for clinical teaching

With the increasing status of teaching in various affiliated hospitals and teaching hospitals, hospitals are also becoming more standardized and strict in their teaching management of clinical teachers. In some hospitals, in the early years, teaching was mostly operated by individual teachers without strict supervision and management mechanisms. In recent years, almost all affiliated hospitals have become increasingly strict in their management of teaching. The increasingly standardized teaching management can encourage most clinical teachers to better engage in teaching and ensure teaching quality, but on the other hand, it also invisibly increases the workload of clinical teachers. While improving the teaching quality requirements for clinical teachers, without the effective implementation of relevant teaching support systems, it will undoubtedly increase the burden on clinical teachers and lead to role conflicts.

3.1.3. Administrative support for recognition of teacher identity

Some hospitals have established more humane systems to support and guarantee regular teaching policies, including "teaching leave" for clinical teachers. For example, in some schools, clinical teachers with certain professional titles can enjoy a certain amount of teaching leave. The specific vacation time can be flexibly arranged by clinical teachers according to the department's work situation. For clinical teachers, this is not only a right they should enjoy, but also a recognition of their role identity and work efforts. Compared to the economic compensation they receive in class, it has great significance for them.

3.1.4. Lack of teacher training

At present, many hospitals are gradually standardizing and diversifying the teaching and training of clinical teachers, mostly through training and competitions. However, overall, the training coverage is still very small and has not yet formed a routine. Teachers who have received little or no systematic training still have expectations or recognition for the role of training in adapting to their teaching roles. Training can promote their reflection on teaching and thinking about how to better carry out teaching.

3.2. The influence of interpersonal interaction factors

3.2.1. Leader support

Hegel proposed in his philosophical concept that the "other" is essential in constructing the "self" identity. As an important "other" in the work of clinical teachers, leadership's attitude directly affects the construction of clinical teachers' own teacher identity. In addition, the support of leaders for clinical teachers is largely due to their recognition of their teaching identity, and clinical teachers understand the value of leaders through the interaction between roles.

3.2.2. Colleague support

The partnership between clinical teachers and their colleagues in clinical or teaching work will affect their teacher role-playing to some extent. For example, some clinical teachers receive support from colleagues in their work, allowing them to balance clinical and teaching work more calmly. Some clinical teachers, on the one hand, have a need for "colleague support" in their teaching, but on the other hand, their colleagues around them do not fully understand them, resulting in conflicting psychology.

3.3. The influence of individual characteristic factors

3.3.1. Work burden caused by external multiple roles

The clinical medical tasks undertaken by clinical teachers are very heavy, and the clinical workload is also an important obstacle to their smooth playing of the role of a teacher. After all, everyone's time and energy are limited, and teaching work, as a part-time job for every clinical teacher, will inevitably be affected by the impact of their own job that will not be reduced due to teaching work. Due to the workload, many clinical teachers do not have enough time to conduct sufficient teaching design, which also causes difficulties for clinical teachers to further improve teaching quality. Due to the influence of both quantity and time in clinical work, clinical teachers generally need to use their rest time outside of work to complete their teaching work. This extra effort in terms of time and energy limits their normal rest time. The physical and mental exhaustion of both clinical and teaching work has even prompted some clinical teachers to give up their teaching work.

3.3.2. Intrinsic teacher beliefs and teaching interests

The significant construction of clinical teachers' roles is rooted in their daily lives, a world full of experiences accompanied by events. The daily lives of clinical teachers are a world of hospitals, patients, diseases, and health. In some events that can highlight their identity as teachers, clinical teachers constantly construct their own teaching roles, and these processes also strengthen with positive emotional experiences and weaken with negative emotional experiences. Negative emotional experiences affect the beliefs of clinical teachers about their own roles.

Compared with the medical profession, the teaching profession has its own unique characteristics and requirements, which will attract different people to different degrees. The teaching interests and willingness

of each clinical teacher are also vastly different. However, different teacher beliefs, teaching intentions, and teaching interests lead to vastly different attitudes toward teaching among clinical teachers.

4. Methods to alleviate the role conflict of double-qualified teachers in university-affiliated hospitals

Simon T. Tidd once wrote in his doctoral thesis that the structural approach to resolving role conflicts depends on the environment being able to change or eliminate the sources of conflict, but this is not practical due to factors such as work processes or organizational structure. Therefore, eliminating conflicts is not the goal, but to effectively manage them. The ways to resolve role conflicts are fundamentally divided into two types: "internal resolution" and "external resolution." External resolution refers to the use and utilization of forces beyond the role bearers to resolve conflicts in personal role-taking; internal resolution refers to the individual role bearers resolving role conflicts through their own efforts [13]. Research has found that the factors affecting role conflicts among clinical teachers are distributed at three levels: organizational environment, interpersonal environment, and individual characteristics, involving multiple factors. Therefore, the countermeasures and suggestions for managing the role conflicts of clinical teachers will also revolve around the influencing factors in the above three levels, where the organizational and interpersonal environments belong to external resolution, and the individual level belongs to internal resolution.

4.1. Strengthening institutional construction and teaching promotion at the organizational environment level

4.1.1. Strengthening the construction of teaching systems in hospital organizations

Firstly, schools and hospital organizations should clarify detailed admission standards for clinical teachers in their systems, reflecting the authority of teaching and academia; improve the pre-service and post-service training system for clinical teachers to ensure the standardization of teaching and academia. Secondly, in terms of policy implementation, teaching should be guaranteed; especially in the process of implementing teaching, the middle management should have relevant supporting measures to deal with clinical emergencies, minimize the impact on teaching work, and ensure the basic teaching rights of clinical teachers. Once again, in the assessment, evaluation, and promotion mechanism for clinical teachers, we need to establish and improve teaching incentive systems, increase the weight of teaching indicators, and motivate clinical teachers to engage in teaching through institutional construction. Clinical teachers who make more efforts in teaching and achieve greater results will be recognized and rewarded.

4.1.2. Enhancing the role identity and teacher beliefs of clinical teachers

Teaching development should not only focus on the development of teachers' classroom teaching philosophy and personal knowledge but also on the formation of teachers' role awareness, thereby reducing teacher role conflicts in teaching activities [14]. In the process of selecting and training clinical teachers, schools and hospitals should first appropriately improve the entry standards for clinical teachers, establish reasonable and standardized admission systems, and in addition to the current college teacher qualification exams and other exams, add prescribed training experience, teaching research topics or papers and select the best, so that becoming a clinical teacher requires considerable effort to achieve. Medical staff who are willing to devote themselves to teaching and have basic teaching professional qualities are chosen as a talent pool for clinical teachers. Scholars in Taiwan region have constructed core competency indicators for clinical teachers, which include four dimensions: professional skills; teaching ability; attitude and personality traits; beliefs and values.

Researchers conducted pairwise comparisons between various indicators using the Analytic Hierarchy Process and found that indicators from the dimensions of "attitude and personal characteristics" and "beliefs and values" were considered more important than professional knowledge and teaching abilities [15]. Secondly, we need to strengthen pre-employment training, focus on incorporating teacher professional ethics into the training, enhance the personal cultivation of teachers, and make clinical teachers feel that they are not only participating in teaching work but also engaged in the teaching profession. With the development and transformation of Chinese society, it is even more necessary to inherit and carry forward the fine traditions of the older generation of medical experts and educators and encourage young clinical teachers to devote themselves to teaching and cultivating medical talents. Lastly, it is necessary to establish a platform that reflects the academic level of teaching, such as lecture competitions, topic selection, teaching academic exchanges, etc., to provide clinical teachers with opportunities to showcase their teaching talents and enhance their sense of professional honor and achievement. The two most critical factors that influence the formation of teacher identity are social interaction and individual reflection [16]. Through various platform constructions, an atmosphere of valuing teaching is created, providing a continuous source of motivation for clinical teachers to enhance their teacher beliefs.

4.1.3. Promoting the teaching development and academic teaching of clinical teachers

Schools and hospitals should attach importance to the development of clinical teacher teaching, strengthen the overall planning and policy design of clinical teacher teaching development, establish a teacher teaching development system based on ability enhancement, and establish a clinical teacher teaching development mechanism based on collaborative cooperation. We need to pay attention to practical guidance and specific training of teaching abilities, and establish a teaching development support system suitable for the work content, time, and space characteristics of clinical teachers; as well as adopt teaching development strategies and models at different levels for clinical teachers at various stages of development.

4.1.4. Ensuring the normal teaching investment of clinical teachers

The workload of clinical teachers, especially the conflict between time and energy, has always been an unspeakable pain for affiliated hospitals, and even a norm. However, this phenomenon still needs to be of concern to departments at all levels [17]. In terms of ensuring the normal teaching investment of clinical teachers, firstly, schools and hospitals should have a correct view of the efforts of clinical teachers in teaching work, equating teaching workload with clinical workload. For clinical teachers who undertake a lot of teaching work, their teaching time and energy should be considered in the clinical work arrangement to reduce the clinical workload to the same extent, or in the form of teaching academic leave, such as lesson preparation leave, teaching annual leave, etc., to ensure that clinical teachers take time to prepare and participate in teaching wholeheartedly. Secondly, schools or hospitals should establish teaching backup plans or emergency plans, and play the organizational role of "coordination" when clinical teachers face conflicts between teaching and other working hours, effectively resolving conflicts arising from teaching for clinical teachers.

4.2. Promoting leadership support and colleague support at the level of interpersonal interaction

4.2.1. Recognition and support of the teaching work of clinical teachers

Social support in the workplace focuses on collaborative problem-solving, sharing information, reassessing the situation, and obtaining advice, including practical support and emotional support [18]. Therefore, leadership support can provide assistance to clinical teachers around the above two aspects.

Firstly, as the direct leader in contact with clinical teachers, especially those who have actual management

and supervision power over their working hours, if they can provide spiritual support to the teaching work of clinical teachers, they will receive messages of encouragement and support from their leaders. When dealing with conflicts between clinical and teaching work, they will also reduce psychological and physiological pressure.

Secondly, in terms of practical support, leadership support can be considered from the following aspects: (1) Providing information and resources related to teaching, and favoring clinical teachers who have shown outstanding performance in teaching, such as teaching conferences, teaching seminars, teacher training, and further education, and various opportunities to improve teaching development through teaching topic applications; (2) Assisting clinical teachers in analyzing practical difficulties encountered in teaching and clinical work, providing countermeasures and suggestions, and trying to help clinical teachers better face and solve difficulties as much as possible; (3) Making overall arrangements for work hours, manpower allocation, and resource guarantee, strengthening the cultivation of teacher reserves in grassroots teaching organizations, improving the construction of clinical teacher teams, and effectively addressing conflicts between teaching and clinical work tasks and time.

4.2.2. Colleague support in alleviating role conflicts

Colleagues are an important source for clinical teachers to obtain teaching resources, share teaching experiences, and promote the common development of teaching. Based on this, schools and hospitals can create a supportive organizational culture among colleagues through the establishment of various substantive organizations, such as teaching research associations, PBL (problem-based learning) teaching groups, youth teacher associations, or pairing assistance between new and old affiliated hospitals and teaching bases, encouraging collaboration and mutual support among colleagues. Through the construction of a teaching academic community organization and the promotion of specific project activities, a platform is provided for clinical teachers to exchange teaching experience, solve teaching difficulties, and leverage the professional advantages of peers, especially for some novice teachers. Colleague support is one of the main sources for them to obtain task-related knowledge and professional skills.

Secondly, in terms of individual-level colleague support, colleagues from the school are more likely to be exposed to the latest developments in educational and teaching concepts and teaching reform development because they are in the school. They can provide relevant information on teacher training and project application for clinical teachers, or use their respective fields and professional advantages to carry out project cooperation, helping clinical teachers improve their teaching and research abilities and teaching skills. Colleagues who are also in clinical practice can share negative emotions caused by teaching work and encourage and support each other. Sharing the difficulties encountered in teaching work, especially when not in clinical practice due to the need for teaching, can help undertake some clinical work.

4.3. Enhancing teacher beliefs and teaching development at the individual level of teachers

4.3.1. Facing role conflicts and establishing role beliefs

A person who has faith and establishes a scientific worldview, outlook on life, and values will generate tremendous spiritual power, overcome difficulties and obstacles in role-playing, and achieve their established role goals [19]. Firstly, clinical teachers should face the role conflicts they face and transform their participation in teaching from an obstructive stressor to a challenging stressor, recognizing the potential benefits that conflicts may bring. Secondly, clinical teachers should establish firm role beliefs. This study found that it is the passion for teaching and the belief in the role of teachers that support most clinical teachers to engage in teaching. The input-output ratio of teaching work is often much higher than that of direct clinical work, and the benefits

obtained from teaching may be minimal, which poses a test for the value selection of clinical teachers. Clinical teachers should adhere to their professional ethics and realm, establish a firm belief in teaching and lofty professional ideals, and experience the spiritual meaning of teacher life and their own life value in promoting the growth of medical students.

4.3.2. Strengthening role learning and enhancing role skills

Role learning is the premise and foundation of role-playing, which is the process of mastering the behavioral norms, rights and obligations, attitudes and emotions, knowledge and skills of roles in specific societies and interactions. The content of role learning includes two aspects: one is to form role concepts through role cognition and the second is to learn role skills [20]. When clinical teachers face college students fulfilling their teaching responsibilities, their role is no longer limited to a clinical healthcare worker, but rather a university teacher. Only with professional skills in the role of university teachers can successful university teacher role-playing be ensured. Clinical teachers can improve their role skills from the following three aspects: firstly, they can learn to sort out the knowledge context and construct the basic knowledge structure of their discipline, which is also determined by the characteristics of medical science. Only a strong knowledge reserve can promote the formation of clinical thinking and the mastery of clinical skills. In addition to professional knowledge, education-related knowledge is also an important part of clinical teacher role learning. Secondly, clinical practice and teaching practice are the source and foundation of clinical teacher teaching, and reflection is the core quality for teachers to enhance their role skills. Reflection based on theoretical foundations is the process in which clinical teachers integrate clinical experience with professional knowledge, internalize it into their own knowledge structure, and continuously explore, create, and enrich teaching practice patterns in situational and complex teaching practices. Only through a virtuous cycle of practice, reflection, re-practice, and re-reflection can we gradually enhance teaching rationality and practical effectiveness. Thirdly, lifelong learning is a key path for the sustainable development of clinical teachers. Clinical teachers should pay more attention to learning opportunities such as discussions, training, and further education in teaching at schools and hospitals, learn more about advanced medical education concepts at home and abroad, exchange new medical education methods and teaching strategies with peers at home and abroad, and comply with the trend and latest development of medical education.

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