



Nurse Faculty Burnout and Strategies to Avoid it

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ABSTRACT

Background: Eight out of ten Americans report they experience job stress. Nurses (74%) are reporting acute and chronic stress as a contributing factor to nurse burnout. Stress can be the result of organizational, interpersonal or individual/personal factors and could eventually lead to burnout if ignored. It has long been reported about the shortage of nursing faculty but very little about how current nurse faculty experience burnout. Faculty burnout can be due to a variety of reasons (e.g., employment requirements, working in understaffed environment, lack of support).

Problem: Although stress at work has become common nurses may avoid acknowledging stress. Nurse faculty have not received as much attention related to chronic stress and burnout or recognize personal chronic stress potentially leading to burnout.

Approach: This paper discusses how to recognize the chronic stress that may lead to nurse faculty burnout, provides a case study for reflection and learning, and offers strategies to reduce and avoid burnout.

Conclusion: Nurse faculty may gain greater understanding of stressors leading to burnout, determine if they are experiencing symptoms of burnout and apply strategies to reduce or prevent burnout.

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Introduction

Workplace burnout has become a negative consequence of the American worker, including nurses (U.S. National Library of Medicine, 2017). Eight out of ten Americans report they experience job stress on a daily basis (Corinthian Colleges, INC., 2013). Nurses (74–86%) are reporting concerns about acute and chronic stress as a contributing factor leading to nursing burnout (Department for Professional Employees, 2015; Mealer et al., 2016). While nurse faculty may be educated about burnout they may not always personally recognize the symptoms. Freudenberger (1974) described burnout as a result of prolonged severe stress among caregivers. Often overlooked, are nurse faculty, in relation to their acute care peers, who are not immune to developing burnout (Freudenberger, 1974).

At this time there is no specific definition of burnout or how it should be diagnosed, however most people agree that burnout is mainly a work-related phenomenon (Mealer et al., 2016;

Freudenberger, 1974; Maslach, Schaufeli, & Leiter, 2001; Owens, 2017a, 2017b). Burnout generally results from multiple factors such as physical and emotional exhaustion, cynicism, detachment, feelings of ineffectiveness and lack of accomplishment or personal achievement present over a prolonged period of time (Carter, 2013; Freudenberger, 1974; Kearney, Weininger, Vachon, Harrison, & Mount, 2009; Mealer et al., 2016). While most nurse faculty know about chronic stress and burnout they may not personally recognize the symptoms in their own life. This paper will discuss how to recognize chronic stress and life events that may lead to nurse faculty burnout and provide strategies to reduce organizational, interpersonal and individual/personal factors to avoid burnout.

Background

While this article is not a comprehensive literature review the intent is to provide sufficient information regarding nurse faculty chronic stress potentially leading to burnout to bring awareness and induce future research for this very significant issue. It is important to understand burnout may include an array of symptoms and not everyone will experience the same set of symptoms. Experts do agree there are three main sets of symptoms of burnout: first, exhaustion, feelings of being drained or unable to cope, being tired or depressed; second, alienating self from work-related activities,

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feelings of work being increasingly stressful and frustrating; and third, reducing work performance, impacting normal daily tasks, being negative, and having a lack of concentration and creativity (Mealer et al., 2016; U.S. National Library of Medicine, 2017). Carter (2013) believed burnout was a result of a state of chronic stress leading to physical and emotional exhaustion, cynicism, disinterestedness, and sensations of ineffectiveness and lack of achievement. Burnout is not a spontaneous syndrome but slowly occurs over time.

Identifying burnout can be challenging and it is mainly done through self-assessment and responding to questionnaires such as the Maslach Burnout Inventory (MBI; Maslach, Jackson, & Leiter, 1996). The MBI was originally developed for research purposes and not for physicians to diagnose burnout (Maslach & Jackson, 1981; Maslach & Leiter, 2016). Therefore, care should be taken when determining if someone is experiencing burnout and not a medical or psychological illness such as chronic fatigue syndrome or acute or chronic depression (Jameson, 2016; Maslach et al., 1996; Sullivan, 2013, 2018).

Given that stress is related to burnout, consideration should be given to the different types of stress (Sullivan, 2018). Stress, especially chronic stress, can be the result of organizational, interpersonal or individual/personal factors. Organizational stress is employment-related and may be attributed to work overload, lack of preparation to complete specific tasks, and the physical environment such as; alarms, odors, noise, and the structural work environment (Sullivan, 2013, 2018). Interpersonal factors are typically the relationships with other co-workers and administration, while individual/personal factors are attributed to personal life changes, health issues and aging (Dick, 1986; Sullivan, 2013, 2018; Zhang et al., 2016).

Different from their peers in an acute or long-term setting nurse faculty may experience high levels of stress related to teaching expectations, service, research, increased workloads and personal life balance problems (Clark, Farnsworth, & Landrum, 2009; Owens, 2017b; Shirey, 2006). The increasing programs for online learning may also pose problems in that it can be difficult to balance work and personal life since students may be located across the globe and post assignments or send emails to faculty 24/7. Nurse faculty may also experience incivility defined as behaviors disturbing employment, educational, social and personal life. Incivility can result in physical, mental, and emotional stress, anxiety, illness and work dissatisfaction, among nursing faculty (faculty to faculty, and student to faculty) but may not be as well established in the literature as incivility in other areas of nursing practice (Cortina, Magley, Williams, & Langhout, 2001; Owens, 2017a; Taylor, Bator, Hull, Hill, & Spurlock, 2012). Sills found 80% of faculty perceived faculty to faculty incivility existed in their programs and negatively impacted faculty relationships and work performance (Sills, 2016).

Williams sought strategies to reduce the negative impact student incivility has on the nursing faculty that may lead to burnout and withdrawal from the teaching profession (Williams, 2017). Sprunk, LaSala, and Wilson's (2014) qualitative study found student incivility towards faculty may possibly damage faculty reputations, create personal health issues for faculty, is time-consuming and frustrating to resolve, leading faculty to question their future in teaching. Burnout and job dissatisfaction among nurse faculty, in turn, contributes to the already troublesome nurse faculty shortage and overall nursing shortage (Bittner & Bechtel, 2017; Roughton, 2013). Nurse faculty vacancy rates have increased to 7.9% as reported by the AACN putting more pressure and work on an already overloaded group of nurses (American Association of Colleges of Nursing (AACN), 2017).

Signs and Symptoms of Burnout

The main symptoms of burnout include a persistent reaction to chronic, exhaustion, insomnia, lack of concentration, isolation from

work-related activities, and a decrease in performance or inability to do the job, apathy, frustration and anger (Carter, 2013; Maslach et al., 2001; Sullivan, 2013, 2018). Physical health symptoms might include chest pain, cardiac palpitations, shortness of breath, dizziness, headaches, fainting and gastrointestinal discomfort; increase in illness such as immune-related disorders, infections, and colds; loss of appetite; anxiety; depression or feelings of sadness; and anger or irritability (Carter, 2013; Mealer et al., 2016; Sullivan, 2013, 2018). Although depression and burnout share similar signs and symptoms (e.g., chronically tired, exhaustion, and feelings of isolation), it is important to understand burnout is not synonymous with major depression (Sullivan, 2018; Wurm et al., 2016). One main distinction is burnout typically is related to the pressures and demands of work while depression is not restricted to work but often involves areas of personal life (Salvagioni et al., 2017). Similarly, depression includes low self-esteem, hopelessness, and may include suicidal thoughts (Chirico, 2015; Khamisa, Oldenburg, Peltzer, & Illic, 2015). It is worth noting that severe untreated burnout may potentially lead to depression (Khamisa et al., 2015). Finally, if left unimpeded additional symptoms such as a lack of enjoyment, pessimism, isolation, and detachment may evolve (Carter, 2013; Mealer et al., 2016; Owens, 2017b). Feelings of apathy and hopelessness, increasing irritability and declining performance may also develop over time (Carter, 2013; Khamisa et al., 2015; Mealer et al., 2016; Polaczyk, 2016; Sullivan, 2013, 2018).

High Stakes for Nurse Faculty

Nurse faculty has additional stressors than their peers in the acute and long-term care clinical environments. While Derby-Davis (2013) found increased education and years of experience were predictors for intent to remain in faculty positions for 120 nursing faculty teaching in undergraduate and graduate nursing program Crosmer (2009) related aging or years of experience were not seen as a factor related to stress when studying 411 full-time faculty across the U. S. Crosmer (2009) did however find younger faculty experienced burnout at a higher rate than veteran faculty and women were more susceptible to burnout than men. Bittner and Bechtel (2017) developed The Nursing Faculty Workload 95 item survey, in 2015 addressing faculty roles, responsibilities, workload, and job satisfaction, the ability to advance and future retirement plans at public and private institutions. There were 182 female (96%) participants over the age of 50 (67% identifying as mostly white (95%) responding by means of the online survey delivery method Qualtrics. Interestingly, (54%) of the participants had been teaching 10 years or less. Tenured or tenure-line faculty reported spending more time on research and service than teaching. Bittner and Bechtel (2017) found part-time faculty were slightly more satisfied with their faculty positions and salaries than full time faculty. The researchers also found that 51% of their study participants reported the faculty shortage contributed to increased faculty workload. The American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN) released statements that educator dissatisfaction and workload/work balance were contributing factors to the nurse faculty shortage (AACN, 2011–2012, 2017; NLN, 2010, 2014).

The NLN reported nurse faculty work more than 56-hours per week with a high workload and found it challenging to achieve a work/life balance (NLN, 2010, 2014). Nurse faculty also may experience lower salaries than master's or doctoral prepared nurses providing direct care. In 2016 master's prepared NPs on average earned \$97,083. A master's prepared nurse educator working in a school of nursing with the rank of assistant professor averaged \$77,022 annual salary (AACN, 2017).

Nurse faculty teach in a variety of environments with different expectations. Clinical teaching may include day, evening, and weekend

hours. Faculty may also be expected to teach in the summer months that has been traditionally a time for faculty to conduct research, attend conferences and have a break from teaching. It is not uncommon for clinical faculty to supervise students in long-term care and or acute care settings for up to 12 hours on all shifts, weekends and some holidays. Faculty must engage in personal continuing education in addition to their teaching and scholarship assignments to remain current with healthcare changes.

Many faculties have professional service commitments including committee participation within the university system and community engagement at local, state, national and international levels. For tenured or tenure-line faculty the additional requirements are extensive including research, publishing, grants, and presentations. The demands of tenure and tenure-line faculty are highly rigorous, often fiercely competitive, and may create a hostile environment in which to work. Furthermore, faculty may experience a constant threat of not earning tenure, which places enormous stress on the tenure-line faculty since the termination of employment is often the result (Clay, 2018; Whitaker, 2018).

Owens studied the life balance among nurse faculty using a mixed method study approach (Owens, 2015). Owens (2015) found the inability of nurse faculty to reach a balance between work responsibilities and professional obligations resulted in a larger nurse faculty shortage thus supporting the findings from Shirey (2006) and the NLN (2014). Receiving leadership support is also important, decreasing demands, balancing the workload and setting aside time can help prevent nurse faculty burnout and increase job satisfaction (Owens, 2017a, 2017b; Sullivan, 2018).

Past research, such as from Oermann, recognized nurse faculty are particularly vulnerable to burnout due to the high job expectations that come with the additional requirements of teaching/scholarship/and service, online learning formats, workloads that impact professional/personal life balance, pressure to maintain competence, and faculty turnover, lower salaries, bullying and increased student demands and expectations (Bittner & Bechtel, 2017; Epstein, 2010; Massachusetts Action Coalition, 2015; Oermann, 1988). There are additional stressors due to tiered hierarchical structures, lack of empowerment, and the high expectations for promotion and tenure (Owens, 2017a; Khamisa et al., 2015; Oermann, 1988; Sarmiento, Laschinger, & Iwasiw, 2004). Maslach et al. (2001) concluded that people with advanced degrees, poor self-esteem, Type A personalities and those in jobs with high expectations are more susceptible to burnout. Today, the Maslach Burnout Inventory (MBI) is still considered one of the major instruments to measure burnout (Maslach & Jackson, 1981; Maslach & Leiter, 2016).

Additionally, just as their peers in clinical practice might find meeting organizational career requirements, and patient and family satisfaction quotas stressful, faculty might feel internal pressure to meet the department and student expectations for student pass rates, exam development, personal teaching styles, remain educated in current technology trends and meet continuing education requirements (Cooley & DeGagne, 2016; Maslach & Jackson, 1981; Shirey, 2006; Sullivan, 2013, 2018). Maslach and Jackson (1981) were historically insightful and believed that burnout might lead to increased alcohol and drug use, as well as marital and other family issues. Lewis and Cunningham's (2016) study support that transformational leadership can have a positive impact on reducing nurse burnout but may increase burnout when transformational leadership is not present. Today there is emphasis placed on nursing leadership to help create less stressful environments (Sullivan, 2018).

Signs of Nurse Faculty Burnout

In review, symptoms of nurse faculty burnout look similar to symptoms commonly seen in other areas of nursing practice with

the additional unique demands and stressors placed on nurse faculty (Freudenberger, 1974; Mealer et al., 2016; Polaczyk, 2016; Sullivan, 2013, 2018). Faculty might be impatient with others including students, lack interest in the job, demonstrate cynicism when issues arise, avoid meetings and or distance themselves from students and peers (Khamisa et al., 2015; Mealer et al., 2016; Owens, 2017a, 2017b; Polaczyk, 2016). Nurse faculty may experience secondary stress leading to burnout related to mentoring, counseling, advising students and other faculty (Bittner & Bechtel, 2017; Branch, Hayes-Smith, & Richards, 2011; Massachusetts Action Coalition, 2015; Owens, 2017a; Stamm, 2009, 2010).

Nurse faculty have distinctive jobs, and the nurse faculty workload is difficult to define as they need to meet the demands of nursing accreditation organizations, the National Council Licensure Exam (NCLEX) preparation for students, demands of high NCLEX pass rates, and burdens of on-time graduation rates, increased faculty to student ratios, retention of poor performing students, publishing criteria, and tenure-line requirements (Bittner & Bechtel, 2017; Bittner, Bechtel, Frontiero, Kowal, & Silveria, 2015; National League for Nursing (NLN), 2014; Roughton, 2013). These demands encompass high stakes for faculty; nursing departments and colleges/universities, resulting in chronic stress potentially leading to burnout (see Table 1, Contributors to Faculty Burnout).

Strategies for Avoiding Faculty Burnout

Knowing the causes of faculty burnout is essential when developing effective strategies to minimize the impact and or prevent it from happening. Fong (1990) historically found a possible cause of faculty burnout is role overload or inadequate preparedness and or knowledge for the educator role while Brady (2010) and Bittner and Bechtel (2015; 2017) addressed teaching loads, faculty shortages, and feelings of being overwhelmed. If possible, a good strategy would be to shadow a nurse faculty and realistically discuss the realities of the job both positive and negative (Bittner & Bechtel, 2017; National League for Nursing (NLN), 2014). Before accepting a position in higher education, review the position description paying close attention to both requirements including those of teaching, scholarship (e.g., research, grants, writing), service, and clinical practice (Bittner & Bechtel, 2017). Truly, understand the expectations with which you will be expected to do your job and how your performance will be evaluated. The reality is that, although each of these requirements reflects differently on a workload schedule (e.g., teaching (75%), research (15%), and service (10%), each still

Table 1
Contributors to Faculty Burnout

Shortage of qualified nursing faculty (creating an increased workload)
Lack of adequate preparation in the faculty role
High workloads
The student population and attitudes
Student to faculty incivility
Balancing faculty role with care provider role during clinical supervision
Tenure-line faculty has the additional stressors of balancing teaching with scholarship
Multiple demands on faculty: teaching, clinical supervision, scholarship, service, practice
External demands (e.g., accreditation requirements)
Requirements to work and maintain certifications
Lack of administrative support
Lack of collegial support (e.g., mentor, coaches, writing partners)
Lack of personal/professional life balance
Faculty to faculty incivility
Poor work/life balance
Lack of sleep and exercise
Lofty goals and objectives

must get done in the expected time frame (i.e., week, month, semester, or academic year). Understanding the faculty roles and responsibilities is essential before entering into an educator role (Bittner et al., 2015; Bittner and Bechtel, 2017; National League for Nursing (NLN), 2014).

The American Association of Critical Care Nurses (AACN) developed six best standards to have a healthy work environment to limit or avoid burnout. Including skilled communication, collaboration, effective decision-making, appropriate staffing, meaningful recognition and authentic leadership (AACN, 2016). The following strategies to avoid or reduce chronic stress leading to burnout is based on our collective years of professional experiences in leadership and clinical and educator positions. Skilled communication should be a two-way process. Faculty may need to say “no” to additional assignments, working during breaks, or meeting with students outside of established office hours. Learning to communicate frustrations with the appropriate department person/s helps develop validation of feelings. On the other hand, department directors and mentors should reward positive accomplishments and achievements. Develop collaborative strategies to ease the workload burden. This can be accomplished through team teaching, co-authoring, and co-presenting at conferences. Decision-making can be challenging for some people, but it is necessary to make a decision and then move on. Indecisiveness may lead to further frustrations and stress. Recognition for work well done should start at the administrative level but personal recognition validates the work accomplished. Lack of validation can lead to a sense of uncaring and apathy towards the work and the workplace.

A mentor, coach are options for that all-important professional relationship. A mentor will provide guidance in all areas including how much time to devote to each requirement, how to begin developing research, and how to navigate through the university/college maze. Coaches serve as a confidant, help in faculty development and provide support. Faculty burnout is due, at least partly, to the pressures of work and the lack of balance with home, meaning work creeps into the home life and eventually takes over. A realistic calendar (e.g., weekly, semester, academic year) is vital when hoping to achieve work/life balance. Anecdotally, nurse faculty are good about including both didactic and clinical teaching on their schedules. However, faculty calendars often do not reflect the amount of time that is required preparing for lectures, writing exams, providing student feedback, writing student clinical evaluations and holding dedicated office hours. A faculty's calendar should reflect these and much more including time devoted to service requirements and scholarly activities including research, grants, and writing manuscripts.

Prioritizing job responsibilities is an important skill that nurse faculty should work at mastering. Learning to say ‘no’ to other tasks becomes easier when a faculty can validate due dates, a full calendar, and a list of current projects. Reconsider accepting more work, (committees, writing, presenting, counseling) to reduce stress and provide for a more balanced work/life.

Nurse faculty might consider adopting the philosophy that there is limited time within the day in which to complete the work. For example, much like an acute care nurse working a twelve-hour shift, the work is done when a handoff report is given to the oncoming nurse. Faculty should develop this same type of approach. Meaning, after an eight to ten-hour day, the workload is completed, finished or not, and the focus is then shifted to personal life. Enjoying family, friends, and hobbies allows for a more meaningful, satisfied and balanced life. To further illustrate the concepts presented in this paper a case study was created that include common stressors, unrealistic expectations, incivility, and personal frustrations nurse faculty have juggling work and home obligations. Take a moment to read and reflect on the case study. Then, identify a strategy for each of the factors

involved. Lastly, consider if your work/life mimics the nurses' work/life in the case study.

Case Study

Sharon Jones is a nursing faculty member at a public community college. The community college is part of a statewide system. The college offers the associate degree in nursing, one of the largest enrolled and most in demand programs. Sharon has a master's in nursing education, is a certified nurse educator, and has taught at the college for twenty-two years. Sharon's primary responsibility is teaching the maternal-child courses but at times teaches fundamentals if needed. Sharon serves as the lead faculty member for the maternal-child area. Her workload includes two hours of didactic classroom time and three 6-hour clinical days. As lead faculty she is responsible for the clinical schedule of all the students in the class and coordinating classroom activities with two other faculty members. Sharon is expected to have six scheduled office hours per week where students can drop in and obtain help or advice about their class. Sharon is involved in service, which includes being the chair of the associate curriculum committee and serving on a busy college committee. Sharon also serves on the board of a clinic that serves economically disadvantaged people in the community.

Sharon is married, has two teenage children, and spends time in church activities, especially the food pantry that distributes food on two different Saturday's each month. Sharon has recently started working PRN at the local hospital on the mother-baby unit to supplement her income and allow additional savings for her children's college fund.

Sharon has always believed in “if you are doing something, do it well.” She applies this philosophy to all she does and expects others to do the same. Sharon has noticed less tolerance for students who don't follow the rules and especially those who are not prepared at the level expected. In fact, a few students have complained to other faculty concerning Sharon's behavior. Student evaluations reflect while knowledgeable and well prepared for the lecture, Sharon often is short with students when they ask questions. A few students have complained on course evaluations that she belittles them in front of other students. Colleagues have also noticed she looks tired and is late sending materials out for the curriculum committee meetings. She is increasingly complaining of feeling overwhelmed to peers, being tired all the time and not getting adequate sleep. Sharon feels guilty about the lack of family time available. Sharon finds herself reflecting on the career that was once fulfilling but now often thinks about resigning.

Discussion

The above case study demonstrates the multiple responsibilities of full-time nursing faculty. Analysis of the case study reveals several factors indicating Sharon might be overwhelmed with the multiple demands of being a faculty member. Sharon is the lead faculty for a clinical course, is responsible for the didactic portion of the class, and three 6-hour clinical days with students. Sharon is busy with service requirements of being chair of the associate curriculum committee, a member of a busy college committee, and a board member of a community clinic.

According to Bittner & Bechtel, 2017; Bittner et al., 2015; and Sullivan (2013; 2017) burnout can be a result of being overwhelmed with competing demands, unclear expectations and continual exhaustion. Sharon exhibits many signs of faculty burn out: decreased tolerance with students, negative student evaluations, tired appearance, late getting out materials for meetings, difficulty sleeping, and not spending time with family. Lack of life balance between personal and work time attributes can contribute to dissatisfaction with the

Table 2
Helpful Tips for Avoiding Burnout

Establish the sources of the chronic stress
Complete in-depth review of educator responsibilities before committing to a position
Develop strong working professional relationships
Establish a mentor
Maintain a work calendar that includes all position responsibilities with due dates
Develop a research cohort to help identify research areas
Develop a writing group to write grants and manuscripts
Commit to a set amount of hours per day (e.g., 10 hours) – no further work once hours complete
Identify someone to hold you accountable
Meet with students at times of designated office hours
Learn to say “no” when people ask you to take on more work/responsibility
Avoid any overtime or adding to your load hours
Consider teaching a different course to challenge yourself or relieve frustrations
Seek a change in employment if you believe you can no longer work in the institution
Remember to include “yourself” for time allocation
Openly address student to faculty and faculty to faculty incivility
Be present during personal time (i.e., no working, no checking devices)
Seek a change in your work assignment
Set reasonable office hours
Decline additional workloads
Re-evaluate work goals and objectives
Maintain an adequate sleep schedule
Participate in some form of weekly exercise
Engage in some practice of a creative activity

academic role (Owens, 2017a). Sharon's belief that going in academia was a mistake demonstrates dissatisfaction in the faculty role. A high level of dissatisfaction with work-life balance indicate high risk for leaving academic nursing (Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014).

In the case study both the Director and the faculty should be aware of the behaviors and levels of stress faculty are exhibiting. Early intervention, more realistic load expectations, and support in the teaching role might decrease stress leading to burnout. Providing more guidance, monitoring workloads, and acknowledging the time and hard work of the faculty member can mitigate burnout and increase job satisfaction (Owens, 2017a, 2017b). Sharon has not been provided a mentor or coach who would be able to provide support, help set realistic expectations, prioritize job responsibilities helping to achieve a better work/life balance (see Table 2, Helpful Tips in Avoiding Burnout).

Conclusion

Unfortunately, nurse educators may not be able to avoid all stressors in the workplace and those at home leading to burnout. Nurse educators can recognize the signs of chronic stress leading to burnout and apply strategies to reduce or eliminate stressors and avoid burnout. Being realistic about goals, seeking a mentor, speaking up to obtain help, understanding one's personality and knowing when to say “no” are some of the keys to avoiding burnout. Address incivility in the workplace with administration and peers. Always set aside personal and family time and if work has to be done on days off establish a specific time for work and then stop working when the time limit has been reached. Take care of all aspects of personal health, by eating healthy, establishing some form of exercise, do something just for fun, and don't be afraid to seek help. By incorporating some simple strategies into work and personal life, nurse faculty may be able to address faculty burnout. It is important for all nurse faculty to consider burnout as an area of research needing to be explored in more depth.

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