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Relationship Between Burnout and Academic Teaching Level among Nursing Faculty

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Walden University

College of Health Sciences

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Erica Sciarra

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Walden University

2020

Abstract

Relationship Between Burnout and Academic Teaching Level among Nursing Faculty

by

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DNP, Rutgers University 2011

MS, Rutgers University, 2007

BS, Rutgers University 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Walden University

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Abstract

Nursing faculty function as healthcare providers, educators, mentors, advisors, and researchers, which contributes to the development of emotional exhaustion or burnout due to role overload. Symptoms of burnout may vary among nursing faculty depending on academic teaching level, tenure status, and educational preparation and may influence the physical and psychological health of nursing faculty, potentially affecting work productivity, career longevity, and the number of future nurses educated. The purposes of this study, guided by Maslach's multidimensional burnout theory and the job demands resources model, were to determine (a) if there was a difference in level of burnout between graduate and undergraduate nursing faculty and (b) what effect academic teaching level, tenure status, and educational preparation have on the level of burnout reported by nursing faculty. A sample of 168 nursing faculty from the northeastern US. completed an online survey of the Maslach Burnout Inventory for Educators. Data from the survey were analyzed using independent 2 tailed *t* tests and multiple regression. Results revealed academic teaching level, tenure status, and educational preparation had no significant impact on the level of burnout. Nursing faculty reported emotional exhaustion and depersonalization related to job demands, however they reported a high level of personal accomplishment. Future research might include a qualitative approach to understand the individual perspective of the burnout experience. Fostering the development of personal and professional health programs to support nursing faculty members may prevent the progression of burnout symptoms among nursing faculty and lead to positive social change.

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Dedication

This dissertation is dedicated to my family and God whose constant love and support helped me bring this dream to fruition.

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This labor of love could not have been accomplished without the love and support of my husband, Tommy. My children Thomas, Annemarie, and Juliet serve as my motivation and inspiration to be the best I can be. In addition, I thank my parents, Peter and Janet, for instilling the value of education and lifelong learning in me from an early age. I thank God for the giving me the strength to complete this journey. Finally, I thank my esteemed faculty committee, Dr. Hussey, Dr. Stout, Dr. Long and Dr. Zin. Your guidance and support have been priceless. I promise to pay forward the patience and kindness you have shown me.

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Chapter 1: Introduction to the Study

Introduction

Nursing faculty members are charged with educating future registered nurses (RNs) and advanced practice nurses (APNs). The role demands associated with the nursing faculty role have been cited as an antecedent to the development of burnout (Flynn & Ironside, 2017; Owens, 2017; Yedidia et al., 2014). Specific role demands and nursing faculty's ability to meet these demands may be influenced by tenure status, academic teaching level, and educational preparation. Burnout may perpetuate nurse faculty members' desire to leave academia. Lack of qualified nursing faculty has implications for future RN and APN healthcare provider shortages (American Academy of Nurse Practitioners [AANP], n.d.; Knight, 2019). The positive social change implication of this study will involve understanding of who is experiencing burnout in nursing academia, which may facilitate the development of interventions to support nursing faculty so they may remain in nursing academia. In Chapter 1, I will summarize current research related to nursing faculty burnout, identify the purpose and research questions related to my study, and describe my research methodology.

Background

Nursing faculty are educators employed at academic institutions charged with training students who wish to become RNs or APNs. Nursing faculty must meet specific educational requirements and hold undergraduate, graduate, and doctoral degrees in nursing or another health-related field in order to be qualified to teach nursing. Educational preparation of nursing faculty determines the academic level they are

qualified to teach. The National Council of State Boards of Nursing (2019) recommended all RN faculty have a master's degree or doctoral degree in nursing. There are two nursing terminal degrees: Doctorate of Nursing Practice (DNP) and PhD in nursing. The educational focus of the DNP degree is to prepare clinical care experts, whereas the educational focus of the PhD is to prepare nurse scientists' competent in conducting research to add to the body of nursing knowledge (Smith, 2015).

According to the American Association of Colleges for Nursing (AACN, n.d.), nursing faculty who wish to obtain research or tenure positions at the university level are often required to have an earned PhD, whereas DNP faculty often occupy clinical faculty roles. In addition, nursing faculty must maintain state licensures as a RN or APN. Additional nursing faculty role responsibilities typically include conducting research, producing publications, and advising students, as well as clinical practice (AACN, n.d.).

Nursing faculty must function as educators, mentors, advisors, and researchers, as well as maintain a work/life balance. Incongruence between situational factors such as job demands and personal factors such as competing commitments can result in chronic stress, placing nurse educators at risk for burnout (Bakker & Costa, 2014). Lack of role preparation and work overload in conjunction with interpersonal stress can result in chronic stress states and burnout (Alves et al., 2019; Sullivan, 2018; Thomas et al., 2019; Zhang, 2016). Burnout is physical, mental, and emotional exhaustion manifested through ineffective coping mechanisms, depersonalization, lack of feelings of accomplishment, and emotional exhaustion (Maslach, 1993). Burnout in nursing faculty involves emotional exhaustion, depersonalization, and lack of personal accomplishment and is

directly correlated with fulfilling the obligations of a demanding educator role, as well as lack of support or resources (Thomas, Bantz, & McIntosh, 2019). Fonsêca et al. (2016) conducted a descriptive exploratory study on burnout among undergraduate faculty members, and found required role activities such as conducting research, teaching, and academic services contributed to the development of emotional exhaustion and burnout.

Burnout potentially has individual and professional ramifications leading to a decreased quality of life among college faculty. Alves et al. (2019) measured quality of life and burnout among 366 college faculty members using a cross-sectional research design and found that 36% of faculty members suffered from burnout. In addition, burnout was found to have a negative correlation with perceived quality of life, whereas the higher level of burnout the lower the quality of life reported (Alves et al., 2019). Thomas et al. (2019) found burnout can have a negative effect by decreasing the quality of life of the nursing faculty. Contributing factors to the perception of burnout among nursing faculty include administrative support, unhealthy work environment, role overload, and organizational stress (Thomas et al., 2019). Burnout may influence the physical and psychological health of nursing faculty by facilitating an imbalance between the quality of their personal and professional life. This imbalance may consequently affect work productivity and employee turnover. Strategies to recognize burnout and related signs and symptoms must be taught to faculty and administration to help qualified nursing faculty stay in academia (Thomas et al., 2019).

Nursing faculty suffering from burnout must be identified so that interventions can be developed to keep qualified nursing faculty in academia. Lack of qualified

nursing faculty may create a ripple effect by decreasing the number of new RNs and APNs, thus compounding the nursing and primary care provider shortage (AANP, n.d.; Knight, 2019). Candela et al. (2015) surveyed nursing faculty and found that perceived administrator support had a significant impact on nurse faculty members' intent to stay in academia and job satisfaction. Support from nursing faculty administration promoted a more positive and fair work environment. In addition, workload was found to be a strong influence on the development of burnout, as well as perceived teaching expertise, which significantly influenced intent to stay in academia (Candela et al., 2015). Flynn and Ironside (2017) found that workload dissatisfaction, lack of work/life balance, and dissatisfaction with salary contributed to the level of burnout experienced among midlevel academic nurse leaders and their intent to leave academia. Knowledge of these antecedents of burnout may be used by nursing faculty administration to facilitate interventions to support nursing faculty in terms of completing their job demands.

There is little current research focused on whether undergraduate or graduate nursing faculty are experiencing burnout at a disproportionate rate. This study was needed so nursing faculty who are at risk for burnout can be identified and supported to prevent qualified nursing faculty from leaving academia. Prevention programs and interventions must be developed to support nurse educators and prevent the progression of burnout symptoms among nursing faculty.

Problem Statement

Burnout typically occurs based on the cumulative effects of professional and personal expectations and stressors. Bakker and Costa (2014) examined antecedents and

consequences of burnout from the perspective of the employee, and found burnout was a consequence of individual and situational factors. Individual factors include personal coping mechanisms, whereas situation factors include administrative support and workload. The incongruence between job demands and lack of resources was found to be a predictor of burnout. Job demands associated with the nursing faculty role include teaching, scholarship, and service expectations such as committee work. Resources that may mediate the development of burnout include organizational support, job security through the obtainment of tenure status, and skills learned from the faculty members educational preparation.

Educational preparation may serve as a resource or antecedent to the development of burnout. Dreifuerst et al. (2016) found 74% of PhD graduates identified their coursework as preparing them for the faculty role compared to 3% of their DNP counterparts. In addition, Lee, Miller, Kippenbrock, Rose, and Emory (2017) examined the intent of undergraduate nursing faculty to stay in academia and their job satisfaction as well as correlating demographic variables. Lee et al. (2017) found undergraduate nursing faculty may experience role strain when they are required to perform tasks which are outside of their educational preparation. This role strain may result in a chronic stress state, thus perpetuating the development of burnout. My research examined whether nursing faculty members' educational preparation served as a protective resource against development of burnout.

Much of the current literature focuses on bedside nurse burnout and explores the issue of nursing faculty burnout as a whole rather than comparing burnout among

academic teaching levels (Alves et al., 2019; Owens, 2017; Thomas et al., 2019).

According to the National League for Nursing (2019), 43% of prelicensure programs reported faculty shortages as their main reason for turning away 29% of qualified participants, compared to 9% of Masters in the Science of Nursing (MSN) applicants. It is important to understand who is experiencing burnout so that targeted interventions can be developed to prevent the progression of burnout among nursing faculty.

In addition, limited research has been done exploring the role that tenure status has on the development of burnout. Nontenured educators spend more time in the classroom educating students versus conducting research compared to their tenured counterparts indicating a different academic focus (Bittner & Bechtel, 2017). In addition, tenure or tenure track participants reported a larger amount of time spent on service such as committee work and participation in research. Increased workload can compound the faculty shortage by increasing the level of burnout among current nursing faculty.

Purpose of the Study

The purposes of this quantitative study were to determine (a) if there were differences in level of burnout between graduate and undergraduate nursing faculty and (b) what effect academic teaching level, tenure status, and educational preparation have on level of burnout reported by nursing faculty. I surveyed nursing faculty using the Maslach Burnout Inventory for Educators (MBI-ES) to identify their level of perceived burnout. In addition, to explore the role academic teaching level, tenure status, and educational preparation have on nursing faculty members' perceived level of burnout demographic data was collected from participants.

Research Questions and Hypothesis

RQ1: What is the difference in the level of the three burnout measures of emotional exhaustion, personal accomplishment, and depersonalization between graduate versus undergraduate nursing faculty?

H₀₁: There are no differences in the level of the three burnout measures of emotional exhaustion, personal accomplishment, and depersonalization between graduate versus undergraduate nursing faculty.

H_{a1}: There are differences the level of the three burnout measures of emotional exhaustion, personal accomplishment, and depersonalization between graduate versus undergraduate nursing faculty.

RQ2: What is the relationship between academic teaching level, tenure status, educational preparation, and the three burnout measures of depersonalization, personal accomplishment, and emotional exhaustion reported by nursing faculty?

H₀₂: There is no relationship between academic teaching level, tenure status, educational preparation, and the three burnout measures, depersonalization, personal accomplishment, and emotional exhaustion reported by nursing faculty.

H_{a2}: There is a relationship between academic teaching level, tenure status, educational preparation, and the three burnout measures, depersonalization, personal accomplishment, and emotional exhaustion reported by nursing faculty.

For RQ1, the independent variable was the academic level that the faculty member teaches (graduate or undergraduate). The dependent variables were emotional

exhaustion, depersonalization, and personal accomplishment. I measured these dependent variables by using the MBI-ES.

For RQ2, the predictor variables were academic teaching level, tenure status, and educational preparation. Respondents were asked to identify their academic teaching level as undergraduate or graduate, whether they obtained tenure status or have not obtained tenure status, and their terminal degree type (Masters, PhD, or DNP). I measured my outcome variable of burnout using the MBI-ES.

Theoretical Framework

I will use Maslach's burnout theory to guide my study. Burnout occurs when a person's coping mechanism is overwhelmed, resulting in depersonalization, lack of feelings of accomplishment, and emotional exhaustion (Maslach, 2000). Maslach (2000) described burnout theory as a three-dimensional theory that describes the role which emotional exhaustion, reduced personal accomplishment, and depersonalization have on burnout. Occupational burnout is an individual experience occurring when job stressors overwhelm workers' coping mechanisms. Maslach (1986) explained those who experience burnout may report feelings of being overwhelmed by the demands of the occupation and feelings of incompetence, as well as cynicism regarding their work environment. The burnout theory also contains linkages between the role, individual and social relationships, and the development of burnout (Maslach, 2000). S

Several theories of burnout have been built upon Maslach's principles such as the jobs demand resources (JD-R) model. The JD-R model was originally created through combining the main principles of Lee and Ashforth's (1996) research examining the role

job demands and resources have on the development of burnout and the principles of Maslach's burnout theory. Burnout is the result of increased job demands that require increasing effort by the nursing faculty to accomplish tasks and decreased physical, social, and organizational support to accomplish the demands (Schaufeli & Taris, 2014). This theory relates to my research questions because it is used to explain antecedents to burnout which may place nursing faculty members at risk for development of burnout. I provide a more detailed explanation of this theory in Chapter 2.

Nature of the Study

The research design for RQ1 was a comparative analysis. Comparison research designs involve comparing two or more groups against a common variable (Creswell & Creswell, 2018). I compared the scores on the emotional exhaustion, depersonalization, and personal accomplishment subscales of the MBI-ES between graduate and undergraduate nursing faculty. The research design for RQ2 was a correlational design which involved examining if there was a relationship between the predictor variables of academic teaching level, tenure status, and educational preparation and scores on the MBI-ES emotional exhaustion, depersonalization, and personal accomplishment subscales. I conducted a power analysis to determine appropriate sample size. The MBI is also used to measure burnout among individuals working in the helping professions (Iwanicki & Schwab, 1981). In addition, I collected information about tenure status, academic teaching level, and educational preparation from participants. To answer RQ1, I planned to conduct a multivariate analysis of variance (MANOVA) to analyze differences between the dependent variables of the three burnout measures of emotional

exhaustion, personal accomplishment, and depersonalization subscales and the independent variable, which is graduate or undergraduate nursing faculty teaching level. A MANOVA is appropriate for this study due to the testing of two or more vectors of mean scores. To answer RQ2, I conducted a multiple regression analysis to evaluate the relationship between the predictor variables of academic teaching level, tenure status, and educational preparation on the outcome variable of level of burnout based on the scores of the three subscales. This method was appropriate because I have at least two predictor variables. Two northeastern US organizations forwarded the Google form which was used to collect the MBI-ES responses and demographical data among their nursing faculty members.

Definitions

Academic teaching level: undergraduate nursing faculty prepare students for the RN role, whereas graduate nursing faculty prepare students for advanced degrees focusing on leadership, nurse practitioner, or education roles (Bartels (2007).

Burnout: is manifested through emotional exhaustion, depersonalization, and decreased personal accomplishment When an individual's coping mechanisms are depleted(Maslach, 2000), .

Depersonalization: feeling desensitized to students' concerns and needs (Maslach et al., 1996).

Educational preparation: the terminal degree the nursing faculty earned (Booth, Emerson, Hackney, & Souter, 2016).

Emotional exhaustion: is emotional fatigue resulting from being physically and mentally drained (Maslach et al., 1996).

Personal accomplishment: the intrinsic feeling of pride in one's chosen career path (Maslach et al., 1996).

Tenure status: a permanent appointment designated after professors meet specific university criteria, where the professor can only be fired for cause, program discontinuation, or financial devastation (American Association of University Professors, n.d.).

Assumptions

I assumed all respondents answered the survey honestly without fear of retribution from their educational institution. I assumed that those answering the survey truthfully reported their educational preparation, tenure status, and academic teaching levels. These assumptions are necessary because this survey was administered online and data were deidentified. I assumed that the nursing faculty within my sample desired to avoid burnout.

Scope and Delimitations

The theories that guided my research were the multidimensional theory of burnout and the JD-R model. I used the MBI-ES to measure the emotional exhaustion, depersonalization, and personal accomplishment components of burnout. The JD-R model was aligned with my research because it involves explaining the trajectory of burnout and potential mediating resources. Other theories I considered for my study included the ethological theory of stress and theory of preventative stress management in

organizations. The ethological theory of stress developed by Schabracq (2000) stated the person cognitively changes their reaction to their environment in response to individual and social stressors to avoid accumulation of chronic stress. Although this model is appropriate for the changing landscape of nursing education, it was not the best fit for my research because this theory focuses on interventions to reduce stress rather than potential causes. The theory of preventative stress management in organizations involves how chronic stress and disease states develop insidiously and can be prevented or delayed using preventative interventions (Quick, Campbell Quick, & Nelson, 2000). Although this theory is useful in describing how burnout can be prevented, it was not aligned with my research questions.

For RQ1, I conducted a comparative analysis, and a descriptive correlational design for RQ2 was used. The topic of burnout may also be studied using a qualitative research approach in the attempt to understand the lived experience of nursing faculty experiencing burnout. Although a qualitative research design would offer insight into the burnout experience, it is not aligned with my research question investigating correlating variables such as educational preparation, academic teaching level, and tenure status.

Inclusion criteria were nurses who have taught in nursing programs at an undergraduate or graduate level. Nurses who have not taught in nursing degree programs were excluded. Adhering to these criteria ensured that nursing faculty teaching at various levels had an equal opportunity of being represented within this sample. I conducted a power analysis to ensure I recruited a sufficient sample size to generalize my findings to undergraduate and graduate nursing faculty teaching in the northeastern US.

Limitations

Threats to internal validity include history related to the length of time the nurse educator has served as a faculty member. The length of time the faculty member has been in academia may affect their level of burnout due to the slow and progressive accumulation of burnout symptoms (Burić, Slišković, & Penezić, 2019). This threat of history was mediated by including a variety of participants in my study with varying levels of teaching experience. However, levels of teaching could be skewed due to convenience sampling. I attempted to mediate this limitation by conducting a power analysis to ensure I had a large enough sample to test my hypothesis.

Evaluation apprehension was also a threat to internal validity due to the potential of nursing faculty responding to questions according to the image they would like to portray rather than true feelings regarding their experiences with emotional exhaustion, depersonalization, and decreased level of accomplishment. I attempted to mediate this bias by clearly describing in the informed consent form that their responses were confidential and that I would receive deidentified responses. By stating this, I conveyed all responses were anonymous.

External validity is limited due to the inability to generalize findings to populations that are not currently nursing faculty members who have earned a minimum of a Master's degree. All participants within my sample were nursing faculty members limited to the geographical location to the Northeastern United States.

Respondents could have assumed that, there is a problem with burnout among nursing faculty members because of the focus of my study which could threaten construct

validity. Construct validity of the MBI has been established within the research demonstrating the ability of the MBI to measure the three burnout measures among respondents (Hoglund, Klinge, & Hosan, 2015; Steiner, 2017). I minimized this threat of assuming there is a problem with burnout among nursing faculty by including the appropriate sample size based on my power analysis to ensure I had a large enough sample to generalize findings.

Significance

Without qualified nursing faculty to prepare new RNs, a healthcare crisis may result (AACN, 2019). A lack of qualified faculty can cause a ripple effect, resulting in a reduction in the number of new RNs. A lack of prepared nurses will affect local economies by limiting the number of preventative care services offered to insured workers and overall satisfaction with the insured worker's current insurance plan, potentially resulting in relocation (New Jersey Nursing Initiative, 2014). Additionally, as Baby Boomers age and the complexity of care increases, a shortage of RNs may result in unsafe delegation of care to unqualified personnel (AACN, 2019). Therefore, identifying burnout in nursing faculty can prevent potential consequences of decreases in the number of nurses and delegation of nursing tasks. In addition, Knight (2019) reported that according to the Association of American Medical Colleges, the primary care physician shortage in the United States will average approximately 38,000 by 2032. Nurse practitioners are trained primary care providers in diagnosing and treating acute and chronic illnesses while fostering health promotion and disease prevention (AANP, n.d.). However, without qualified nursing faculty to teach these midlevel providers, there will

not be enough nurse practitioners to alleviate the primary care provider shortage.

Understanding who is experiencing burnout and facilitating a positive and supportive work environment may help keep quality undergraduate and graduate nursing faculty in the classroom. This research may effect positive social change by identifying which nursing faculty members are experiencing burnout in nursing academia. The results of my research can foster the development of personal and professional health programs to support the role of nursing faculty members to prevent the progression of burnout symptoms among nursing faculty will lead to positive social change.

Summary

Burnout among nursing faculty has major implications for the education of future nurses and nurse practitioners. The focus of my study was to understand who is experiencing burnout in nursing academia, which may facilitate the development of interventions to protect nursing faculty. This chapter included an overview of my research detailing how I planned to examine the relationship between burnout and academic teaching level, tenure status, and education preparation. Chapter 2 will detail how Maslach's multidimensional theory of burnout and the JD-R model informed and guided my study. I also present an exhaustive review of the literature in Chapter 2.

Chapter 2: Literature Review

Introduction

Burnout among healthcare professionals has been studied extensively; however, little research has been done specifically related to level of burnout among graduate nursing faculty compared to undergraduate nursing faculty. Kutlutukan et al. (2016) defined burnout as when an individual's perceived level of stress is greater than his or her coping mechanisms. In relation to nursing faculty, burnout occurs when the nursing faculty member is disinterested and no longer motivated to excel in terms of teaching and other required academic responsibilities (Maslach, 1976). The purposes of this quantitative study were to determine (a) if there were differences in terms of the three variables of burnout between faculty who teach at the graduate and undergraduate level and (b) what effect academic teaching level, tenure status, and educational preparation have on level of burnout reported by nursing faculty.

Burnout results from the slow culmination of individual and social stressors. Attributes of burnout are measured in terms of lack of personal achievement, depersonalization, and emotional exhaustion (Maslach & Leiter, 2016). Emotional exhaustion can be a direct result of feeling overwhelmed and overworked due to professional commitments (Maslach & Leiter, 2016). Depersonalization may manifest through feelings of apathy towards students or toward the role of teaching students (Maslach & Leiter, 2016). Feelings of lack of personal accomplishment may result in stunted professional growth (Doulougeri, Georganta, & Montgomery, 2016).

Depersonalization may be a result of an imbalance between professional and personal commitments affecting the quality of life among nurse faculty members. Maslow (1943) argued that individual homeostasis and well-being is required prior to the individual attempting to meet the physical and physiological needs of others. Personal homeostasis can prevent the progression of individual and interpersonal manifestations burnout. Depersonalization may manifest as apathy or negative attitudes towards students.

Antecedents of burnout include emotional exhaustion, depersonalization, and a decreased sense of personal achievement (Maslach, 2000). Antecedents of emotional exhaustion include feeling unable to meet workloads and role responsibilities. These responsibilities can include teaching, advising, publication, research, academic committee work, and professional practices (Aquino et al., 2018). Chronic stress associated with meeting required tasks can perpetuate emotional exhaustion.

Antecedents of lack of personal accomplishment include faculty members' feelings of decreased productivity. As stated by Maslach et al. (1996) burned out workers may be aware of their inability to meet professional demands but lack the motivation and energy to accomplish these demands. Previous coping mechanisms may no longer be effective.

Consequences of burnout include feelings of emotional depletion, lack of pride in professional work, and lack of empathy towards students and coworkers. Workers who manifest symptoms of burnout may complete only the necessities of the job role. Burnout can also lead to experienced and qualified nursing faculty leaving academia,

further contributing to the nursing shortage (Aquino et al., 2018). In addition, burnout can lead to negative mental and physical health outcomes.

In this chapter, I provide a synopsis of my search strategies, including inclusion and exclusion criteria. In addition, I describe the theoretical foundation which served as the basis for my dissertation. Finally, I define key variables and concepts and presented a synthesis of the literature to demonstrate a need for my study.

Literature Search Strategy

Current peer-reviewed research was located through databases housed within the Walden University Library. The search terms *burnout in nursing faculty*, *burnout in nursing faculty*, *burnout in nursing educators*, *burnout in nurse educators*, *burnout in nursing college faculty*, and *burnout and nursing faculty* were entered in PsycINFO, ProQuest Health and Medical, and ProQuest Nursing and Allied Health databases. I included articles published between 2015 and 2020 from peer-reviewed journals and excluded articles published before 2015 with the exception of landmark studies, as well as articles from non peer-reviewed journals.

Theoretical Foundation

The burnout theory is an interpersonal multidimensional theory developed by Maslach. The previous burnout theories developed by Freudenberger and Richelson (1980) were unidimensional focusing only on the emotional exhaustion manifestations of burnout. Burnout was coined by Freudenberger in the early 1970's while he was working as a psychologist in free clinics counseling patients afflicted by mental health issues (Freudenberger, 1974). While working in these clinics Freudenberger began to notice a

common sequelae proceeding the development of burnout. He observed colleagues that were previously optimistic and enthusiastic about their roles were becoming desensitized to patients needs and their clinical progress (Freudenberger, 1975). Freudenberger identified that lack of charisma, or professional enthusiasm, is often the precursor to the physical and psychological manifestations of burnout (Freudenberger, 1975). Reduced charisma results from the progressive incongruence between the ideal clinical course versus reality (Freudenberger, 1975). Colleagues were progressively displaying similar psychological and physical manifestations of chronic stress states (Freudenberger, 1974). Physical symptoms included headaches, body aches, and fatigue; in addition to the psychological symptoms of irritability, frustration, and anger (Freudenberger, 1975; Heinemann & Heinemann, 2017).

The observation of these physical and psychological symptoms led to the phases of burnout identified by Freudenberger and North (Kraft, 2006). The first phase begins with the worker feeling optimistic and altruistic in their desire to help others. As the worker progresses through the phases, they become consumed by their professional role and ultimately display psychological and physical manifestations reflective of feelings of emotional and physical exhaustion (Kraft, 2006). Over time the worker may develop an inability to distinguish between role commitment and over commitment resulting in burnout (Freudenberger, 1975). A potential mediating factor to the development of burnout is to have an outlet to release chronic stress resulting from emotional and personal overload (Freudenberger, 1975). Freudenberger's unidimensional theory

addressing the individual effects of burnout served as the stimulus for the development of Maslach's multidimensional theory of burnout (Maslach, 1976; Maslach, 1993).

Maslach sought to further develop Fredenberger's theory and researched coping mechanisms of individuals employed in careers that can be emotionally and physically demanding. The initial concepts of "detached concern" and "dehumanization in self-defense" were investigated in the attempt to understand self-protective mechanisms used in high stress careers (Maslach, 2000). Through subsequent interviews with healthcare providers, educators, as well as other helping career professionals, common themes such as the demanding nature of service oriented positions and the attempted coping of high stress social encounters through depersonalization were identified (Maslach, 2000). After further interviews and a literature review, Maslach and Jackson (1981) identified a third concept of a decreased sense of personal accomplishment, which was based on Bandura's (1977) theory of self-efficacy. Bandura (1977) postulated that an individual's actions influence the positive or negative outcomes related to their mastery, experiences, verbal abilities, and emotional states.

Therefore, the major concepts of Maslach's multidimensional theory of burnout are the interrelated components of emotional exhaustion, depersonalization, or disinterest in doing the job to the best of the individual's ability, in addition to feelings of failure or lack of personal accomplishment (1976). Burnout is a common phenomenon experienced by professionals in high demand jobs that require frequent contact with people (Maslach, 2000). This theory is multidimensional due to the individual stress experience combined

with the effects of occupational and social influences that lead to the manifestations of the three hallmark symptoms (Maslach, 2000).

Emotional Exhaustion

Emotional exhaustion is the feeling associated with individuals being overwhelmed to the point they can no longer extend themselves personally or professionally (Maslach, 2000). All of the individuals' coping mechanisms have been deployed resulting in a state of chronic stress and fatigue. Emotional exhaustion represents the individual component of the stress response related to burnout (Maslach, 2000). Workload and personal conflict have been determined as major demands contributing to the burnout experience (Maslach, 2000). The individual may feel overworked by the tasks associated with the role and lack personal and professional boundaries promoting disharmony.

Depersonalization

Depersonalization is the interpersonal component of the burnout triad of symptoms which involves developing a negative attitude towards occupational roles manifested by apathy towards human contact (Maslach, 2000). Depersonalization may present as diminishment in the human caring component of the occupation and replacement with feelings of cynicism. Individuals may take a more "by the book" approach to their job role and lack empathy in social relationships.

Reduced Personal Accomplishment

Reduced personal accomplishment represents the self-evaluation component of burnout and is manifested by feelings of self-deprecation (Maslach, 2000). Individuals

may experience reduced self-efficacy related to their professional duties perpetuating feelings of inadequacy and failure (Maslach, 2000; Maslach & Jackson, 1981; Maslach & Leiter, 1997). The individual may be aware of lack of personal growth but is lacking the energy and tools to sustain meaningful professional and personal activities.

Engagement

Recent theoretical updates to the burnout theory include the concept of engagement. Engagement is essentially the opposite of burnout which is manifested by “high energy, strong involvement, and a high sense of efficiency” (Maslach, 2000, p. 73). The focus of engagement involves individual and social influences on the work role. In addition, Maslach and Leiter (1997) identified a series of mismatches that can also contribute to a higher perception of burnout among individuals. These mismatches between the individual’s perception of ideal and reality can include the job itself, workload, level of control, reward, community, engagement, fairness, and values and are often overlapping and interrelated correlating to a higher perceived burnout within the individual (Maslach, 2000).

The JD-R model was developed through synthesizing the principles between Maslach’s multidimensional burnout theory and Lee and Ashforth’s previous research describing the role job demands and resources have on the development of chronic stress and ultimately burnout (1996). The JD-R model postulates that burnout is the result from the culmination of increased job demands that require increasing effort to accomplish the tasks and decreased physical, social, and organizational support to accomplish the job demands (Schaufeli & Taris, 2014). The JD-R model explores how job resources may

offer protection against the development of burnout through the facilitation of career growth and goal obtainment (Demerouti, Bakker, Nachreiner, & Shaufeli, 2001). However, if sufficient resources are not available, the individual may not be able to sustain the external job demands such as workload and progress to decreased feelings of decreased accomplishment and lack of productivity (Demerouti et al., 2001; Bakker, Demerouti, & Verbeke, 2004). The two basic tenets of this model are that the individual experiences exhaustion due to increased job demands due to an overload of work, as well as, lack of job resources perpetuates disengagement from the role facilitating burnout (Demerouti et al., 2001). This model identifies that exhaustion and disengagement are mutually exclusive, whereas exhaustion is the result of increased job demands and disengagement is the result of decreased job resources. Burnout results from the culmination of disengagement and exhaustion (Demerouti et al., 2001).

Job Demands

Each job requires a specific skill set to successfully accomplish goals associated with the role. Job demands are the “physical, social, or organizational aspects of the job” (Demerouti et al., 2001, p. 501) that require the use of psychological and physical effort to meet. Increased mobilization of these psychological and physical efforts to accomplish occupational tasks eventually may lead to exhaustion.

Job Resources

Job resources may be either promoting or inhibiting factors to the development of burnout. Job resources are the physical, social, psychological, and organizational components of the job that help the employee accomplish job demands, reduce

psychological and physical effort, and continue to grow and thrive in his or her career (Demerouti et al., 2001). Lack of job resources may facilitate a withdrawal behavior and a decrease in perception to meet job demands, thus perpetuating disengagement from the job role (Bakker et al., 2004; Bakker, Demerouti & Sanz-Vergel, 2014; Demerouti et al., 2001). Figure 1 demonstrates the relationship between job demands and resources on the development of exhaustion and disengagement which are hallmark features of burnout (Demerouti et al., 2001).

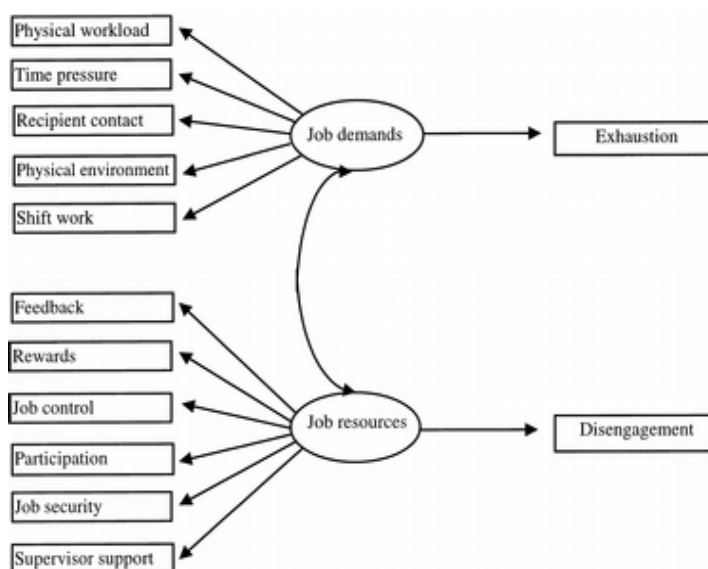


Figure 1. Job demands-resources model of burnout model (Demerouti et al., 2001).

The Maslach burnout multidimensional theory is the foundation for the development of the Maslach Burnout Inventory which was used during the data collection portion of my research (Maslach, 1993). The JD-R model of burnout was chosen due to its framework based on Maslach's principles but was expanded to evaluate how job resources can empower employees and protect from the development of burnout. For the purposes of my research, job resources that were evaluated include academic

teaching preparation, tenure status (job security), and academic teaching level.

Demerouti et al. (2001) evaluated the JD-R model of burnout while establishing the validity of the Oldenburg Burnout Inventory. The authors found while evaluating the endogenous variables of disengagement and exhaustion, job demands were associated with the development of exhaustion, whereas lack of job resources was associated with the development of disengagement (Demerouti et al., 2001). These findings were further supported by Woodhead et al. (2016) while studying the long term care nursing job demands and resources on the development of burnout. The researchers found increased job demands led to an increase in the three dimensions of burnout: emotional exhaustion, depersonalization, and decreased level of accomplishment (Woodhead et al., 2016). In addition, job resources were beneficial in preventing emotional exhaustion and decreased level of accomplishment, thus a mediating factor.

The questions on the MBI focus on the individual and social factors related to job performance and are used to explain the job demands portion of the burnout experience. The JD-R model also examines the interaction between job resources on the development of burnout. One potential job resources is job security through evaluation of tenure status. Finally, educational preparation was evaluated as a potential resource in preventing burnout.

Literature Review Related to Key Variables and/or Concepts

Much research has been conducted on the burnout experience among bedside practicing nurses (Boamah, Read, & Laschinger, 2017; Buckley et al., 2019; Kim, 2020). In addition, burnout has widely been studied in the literature documenting many

professional and personal consequences; however, less research has been conducted on the role of burnout among nursing faculty who prepare bedside practicing nurses. Bakker and Costa (2014) found that employees suffering from burnout were more likely to experience physical health problems, decreased productivity at work, and financially impact the employer because of staff turnover. Many factors have been found to contribute to the development of burnout among nursing faculty. Bakker et al. (2014) identified that burnout occurs from either situational job factors, including excessive workload and lack of resources, or individual factors, including socioeconomic status and personality. This proposed increase in job demands and decrease in job resources negatively correlates to the burnout syndrome. The emotional exhaustion that often accompanies burnout affects job performance. This can ultimately affect job turnover due to the inability to meet basic work demands. Bakker and Costa (2014) described how emotionally exhausted employees may lack concentration thus potentially make more errors. Nursing faculty are preparing nurses that will ultimately care for patients, hence reflecting grave consequences of potential errors.

Burnout in Educators

Burnout among educators has been documented in the research literature (García-Carmona, Marín, & Aguayo, 2019; Makhdoom, Atta, & Malik, 2019; Yu et al., 2015). In addition to the time spent providing direct education to students in the classroom setting, educators must develop the lessons they teach. Often times class preparation is accomplished after the school day and can be particularly time consuming for younger, less experienced educators (Bettini et al., 2017). Educators often develop relationships

with their students and become emotionally invested in their health and well-being which could take an emotional toll on the educator (Bălănescu, 2019; Carlotto & Câmara, 2019). In addition, teachers educating minor students often have to communicate effectively with parents conveying feedback regarding their child's growth and development (Viotti et al., 2019). An additional stressor contributing to burnout identified within the literature is a lack of mentorship among educators (Bressman, Winter, & Efrat Efron, 2018). Freudenberger (1975) recommended periodically changing job responsibilities to mediate burnout. Educators may mediate burnout by reducing the monotony of teaching the same subjects by periodically switching content and grade levels taught.

Burnout in Nurses

Maslach (1993) identified that burnout is prolific in helping professions which require direct personal contact with people. The healthcare industry is increasingly customer service oriented, whereas nurses must be mindful of patient satisfaction in addition to managing their disease processes. Nurses are care providers to both the patient and the family during times of stress and illness which over time can manifest into emotional exhaustion (Buckley et al., 2019; Kim, 2020). Emotional exhaustion among nurses can manifest in physical and psychological symptoms as well as leaving the profession (Boamah, Read, & Laschinger, 2017; Buckley et al., 2019; Kim, 2020). Nurses also serve as the conduit of information between the healthcare provider, supervisors, and the patient. Ineffective communication can be a contributing factor to the development of burnout (Vermeir et al., 2019). Research on the role of incivility

between nurses has also been identified as a contributing factor to the development of burnout (Purpora, Cooper, Sharifi, & Lieggi, 2019). Early identification and management of burnout symptoms through prevention training and continuing education is recommended (Danaci, & Koç, 2020).

Burnout in Nurse Educators

Though there is current literature discussing nursing faculty burnout, there is little current research focused on whether undergraduate or graduate nursing faculty are experiencing burnout at a disproportionate rate. Educating nursing students requires a great deal of interpersonal contact to facilitate the didactic and clinical knowledge to care for patients. This frequent interpersonal contact places the nursing faculty at risk for the emotional exhaustion component of burnout (Maslach, 1993). Alves et al. (2019) performed a cross sectional study measuring quality of life and burnout among 366 college faculty members. They found more than one third of the faculty reported suffering from burnout indicating difficulty among nursing faculty to establish personal and professional boundaries.

The AACN (2019) identified six contributing factors to the development of the nursing faculty shortage: age, retirement, compensation, lack of funding for positions, lack of qualified applicants, and workload. Increased workload has been widely indicated as a contributing factor to the development of burnout among nursing faculty within the literature (Flynn & Ironside, 2017; Owens, 2017; Yedidia et al., 2014).

Thomas et al. (2019) identified how this increased workload further compounded burnout by the integration of additional role demands such as student advising, research, teaching

responsibilities, committee work, as well as professional practice. Burnout among nursing faculty can create a ripple effect further contributing to the bedside nursing shortage due to a lack of qualified faculty to teach them.

Workload

Increased workload has been noted throughout the literature as a causative factor for the development of burnout among nursing faculty. Flynn and Ironside (2017) studied burnout among midlevel nurse academic leaders by administering the emotional exhaustion subscale of the MBI to 1,195 nursing faculty members, 146 of which dedicated 50% of their time to administration. Flynn and Ironside (2017) found that dissatisfaction with workload and a negative work life balance was significantly associated with burnout. The inability to balance work/life commitments may facilitate feelings of lack of job control further perpetuating the disengagement associated with burnout. Freudenberger (1974) had identified a protective mechanism to the development of burnout is to have an outlet to express the negative energy. Nursing faculty consumed by the role may not have the time to participate in recreational activities allowing decompression. However, due to the large number of administrators within this study, there may be specific responsibilities attributed to the administrator role not associated with nursing faculty thus impacting the findings. Respondents who worked more than 56 hours per week were three times as likely to experience burnout compared to respondents who worked less than 56 hours per week (Flynn & Ironside, 2017). According to the National League for Nursing [NLN] (2013), the typical workweek for a nurse educator is 56 hours.

Dissatisfaction with the nursing faculty's current workload has been documented in the literature and may increase the level of perceived burnout thus contributing to the retention of nursing faculty. Owens (2017) performed a mixed methods study to evaluate quality of life and life balance among nurse educators. The Professional Quality of Life Scale and the Life Balance Inventory was administered to 32 participants. Owens (2017) analyses of scores reflected a higher level of workload and an unsupportive work environment as risk factors for the development of burnout. A supportive work environment has been identified as a protective factor in the development of burnout (Thomas et al., 2019). However, 25% of the respondents had a doctoral degree and 75% of respondents had either a Baccalaureate or Master's degree. There was no further delineation regarding whether the respondents who earned a doctoral degree had a DNP or a PhD. Although the information gleaned from this study offered valuable insight into quality of life and workload factors related to burnout, it is difficult to discern from the data whether educational preparation had an impact on the level of burnout perceived. In addition, respondents did not note the academic degree level in which they taught. Although the overall reported life balance was moderate, qualitative interviews indicated that participants valued the resource of administrative support which is instrumental in managing the psychological stress of the role. This factor was further supported by Demerouti et al. (2001), who identified that the work environment is a job resource that can offer protective or burnout facilitating effects.

Burnout manifested by emotional exhaustion has been attributed to increased workload. Yedidia et al. (2014) surveyed 3,120 nursing faculty members using the

emotional exhaustion component of the Maslach Burnout Inventory and found the most significant predictor of emotional exhaustion was workload. However, burnout is a multidimensional concept which is manifested through the impact of social and individual factors that cannot adequately be measured through only the emotional exhaustion dimension (Maslach, 2000). Based on the study demographics, 71.1% of respondents earned less than \$74,999 and over 20% were dissatisfied with their salary which has been identified as a potentially protective resource of burnout (Yedidia et al., 2014). The respondents consisted of approximately 46% undergraduate faculty and 53% graduate faculty and reported an average of 48 hours per week spent on all work activities. This workload is less than the reported 56 hours by the NLN (2019); however, the respondents still reported being dissatisfied with their workload. Although the physical workload associated with the nursing faculty role can be measured in hours per week, the psychological workload of ruminating over student related issues may contribute to emotional exhaustion. In addition, a majority of the respondents held a master's degree (70.6%) compared to 19.7% holding a doctoral degree (Yedidia et al., 2014). The researchers did not differentiate between whether the doctoral degree prepared nursing faculty earned a PhD or DNP. PhD and DNP prepared nursing faculty are provided with different educational focuses which may influence the nursing faculty's ability to manage workload (Dreiferust et al., 2016). Finally, the researchers identified that 45.2% were either on the tenure track or tenured however there was no delineation of reported emotional exhaustion between the two variables.

Candela et al. (2015) conducted a correlational design study administering the Nurse Faculty Work Life Survey to 808 nursing faculty members across the United States attempting to find predictors indicating nurse faculty members intent to stay in academia. They found workload was strongly correlated to teaching expertise which significantly influenced intent to stay (Aquino et al., 2018; Candela et al., 2015). Teaching expertise is developed throughout experience however, age has been identified as a causative factor for the nursing faculty shortage, thus indicating experienced expert nursing faculty are leaving academia (AACN, 2019). Workload appears to be a strong precipitating factor in the development of burnout due to the imbalance between an overwhelming amount of work to be completed and the ability to satisfactorily accomplish all required tasks. The perceived inability of the nursing faculty member to satisfactorily accomplish all required tasks can gradually overcome coping mechanisms and induce a chronic stress state thus supporting the insidious nature of burnout. The researchers reported 92% of respondents taught at an undergraduate level, which may disproportionately reflect the factors related to burnout among the undergraduate population (Candela et al., 2015). In addition, administrator support also influenced workload and ultimately promotion and tenure status. Administrator support is a potential protective resource to the development of burnout (Demerouti et al., 2001). One limitation of the study was that only nursing faculty teaching at Commission on Collegiate Nursing Education (CCNE) and National League for Nursing Accreditation Commission (NLNAC) accredited universities were surveyed (Candela et al., 2015). The inclusion of only these institutions may not provide a holistic view of burnout affecting nursing faculty as a whole. As reported by the

Accreditation Commission for Education in Nursing [ACEN] (2020) although specialized accreditation is encouraged in all undergraduate nursing programs, it is not required in all states. Unaccredited schools of nursing are not subject to the same stringent educational standards thus potentially decreasing workload among nursing faculty working at unaccredited schools of nursing.

Job Demand

Job demand is the physiological, organizational, and social components of the job that require psychological or physical energy and can cause burnout within nursing faculty (Bakker et al., 2004; Demerouti et al., 2001). Job demands associated with the nursing faculty role include student advising, research, grant writing, teaching, and professional clinical practice. Lee et al. (2017) identified that nursing faculty are asked to complete scholarship and service responsibilities in addition to teaching. Nursing faculty may not have been educationally prepared to complete these additional tasks especially within tenure track positions (Lee et al., 2017). Job satisfaction was reported to be higher among the non-tenure track nursing faculty participants than the tenured and tenure track faculty participants which may be attributed to the decreased scholarship and publication expectations among non-tenured faculty (Lee et al., 2017). Thomas et al. (2019) described how many nursing faculty positions require academic committee work, community participation, and work engagement. In addition, nursing faculty on a tenure track often have additional requirements including publishing, research, presenting at conferences, and achieving grants (Thomas et al., 2019). The addition of these responsibilities in conjunction with teaching can create a state of chronic stress

progressing to burnout. Lack of perceived ability to meet these expectations may result in decreased job stability, which can be a protective resource in the for the development of burnout (Bakker et al., 2014; Demerouti, et al., 2001). Conversely, Valdez, Cayaban, Mathews, and Doloolat (2019) administered the conditions of work effectiveness questionnaire to 249 faculty members and found tenure rank had no significant effect on the level of burnout indicating more research is needed on this topic. Nursing faculty are often also required to serve as advisors for students, thus allowing for communication of both academic and emotional concerns. Nursing faculty are often faced with counseling students on a variety of personal and professional issues (Branch, Hayes-Smith & Richards, 2011). Overtime, this can lead to emotional exhaustion, which is a hallmark symptom of burnout (Branch et al., 2011). Although tenure rank has been associated with an increased level of research responsibilities, Branch et al., (2011) contradicts the perception that increased tenure responsibilities increase workload thus burnout indicating a need for further study.

Job Resources

Nursing faculty have a variety of resources available to support their unique role in preparing future practicing nurses. Job resources may include organizational support, positive feedback and evaluation of teaching ability, job security, and job control (Bakker, et al., 2014; Demerouti et al., 2001). The perception of job security may be enhanced due to the nursing faculty shortage. However, due to the inability to meet job demands, nursing faculty members may feel their livelihood is threatened. In addition,

due to an increasing workload, nursing faculty may feel they lack control in autonomy and the completion of required tasks.

Organizational support may potentially be a resource which offers protection against the development of burnout. Koontz et al. (2018) found organizational expectations and support was critical in the development of scholarship and inquiry among nursing faculty. The influence of administrative and organizational support as protective or facilitating factor in the development of burnout in accordance with the JD-R model has been studied among nurses (Boxall, Cheung, Moloney, & Parsons, 2018; Woodhead, Northrop, & Edelstein, 2016; Vander Elst et al., 2016)

Flynn and Ironside (2017) also found that dissatisfaction with salary was a statistically significant contributor to the nursing academic leaders' intent to leave academia. Salary may be a potentially rewarding job resource lending protective benefits to the development of burnout (Demerouti et al., 2001). The average salary for a Master's prepared assistant professor nursing faculty member is \$78, 575 compared to \$97,083 for a Master's prepared nurse practitioner (AACN, 2019).

Academic Teaching Level

Nursing faculty teach at the undergraduate and graduate levels. Undergraduate nursing faculty teach students pursuing a diploma, associate, or baccalaureate level nursing degree. Graduate nursing faculty teach students pursuing a masters or doctoral level nursing degree. Academic teaching level may also have a role in the development of burnout among nurse educators. Falk (2014) conducted a qualitative study and interviewed nine baccalaureate nursing faculty regarding their experience with problems

and challenges associated with working in an undergraduate environment. Findings revealed that older faculty felt pressure to teach to a generation that requires creativity as well as mentor new faculty (Falk, 2014). Falk (2014) also identified the need for nursing faculty to adjust their teaching strategies based on a new generation of students. Drafaehl (2019) administered the Gough Creative Personality Scale, the Conditions for Workplace Effectiveness Questionnaire II, and the Copenhagen Burnout Inventory to 217 associate degree nursing faculty and found feelings of burnout affected motivation to actively and creatively teach students. Similarly, Drafaehl (2019) found a statistically significant relationship between the amount of faculty creativity and burnout among nursing faculty. Demerouti et al. (2019) found that job control and participation are protective resources in the development of burnout. These studies both supported the role lack of empowerment, motivation, and creativity can have on the development of burnout. It is important to note if undergraduate or graduate nursing faculty are disproportionately experiencing burnout, which could potentially increase the nursing faculty shortage in these much needed areas of education. Further research must be conducted examining whether lack of creativity and empowerment is a factor among graduate nursing faculty as well.

Educational Preparation

Educational preparation may influence level of burnout experienced among nursing faculty. The two terminal degrees in nursing are the DNP and the PhD. Differences in preparation may be a contributing factor to the development of burnout or a resource in preventing burnout. Dreifuerst et al. (2016) conducted a mixed methods

study comparing differences in preparation between PhD and DNP prepared nursing faculty and found that 74% of PhD graduates reported their coursework focused on faculty role preparation compared to 2% of DNP prepared graduates. However, Fang and Bednash (2017) found through surveying DNP students that 68% felt comfortable developing nursing curricula post-graduation. Findings are inconclusive whether educational preparation offers protection in the development of burnout however, educational preparation may be a resource that helps mediate the development of burnout.

Due to the DNP being a clinical doctorate and a PhD being a research doctorate, there may be different responsibilities associated with each degree. Aquino et al. (2017) surveyed 146 nursing faculty attempting to evaluate the role teaching preparation has on burnout and the nursing faculty's intent to stay in academia. The researchers found PhD prepared nursing faculty reported a higher level of emotional exhaustion than DNP prepared nursing faculty. Aquino et al. (2017) attributed this finding to the increased demand to participate in research and scholarship associated with the PhD prepared nursing faculty role. Faculty may be required to perform tasks or teach subjects that they may not have been adequately educationally prepared for, thus increasing occupational discord. Overtime, faculty may feel disinterested and disengaged from teaching due to these internal and external factors. Nurse faculty who were not adequately prepared for the faculty role and did not learn skills required to teach students to critically think and autonomously make decisions may feel disheartened with their teaching abilities (Duarte,

Lundardi, & Devos Barlem, 2016). These feelings of inadequacy may progress to a lack of personal accomplishment which is a hallmark feature of burnout.

I chose Maslach's burnout theory and the JD-R model to guide my study to attempt to explain how job factors contribute to the development of burnout. Emotional exhaustion, depersonalization, and lack of personal accomplishment are the three hallmark symptoms experienced by nursing faculty that contribute to the burnout perception (Maslach, 2000). Job demands such as increased workload contributes to the exhaustion experienced by nursing faculty and may be mediated through job resources posing enhancing or hindering affects to meet those demands (Demerouti et al., 2001). I chose to evaluate burnout in nursing faculty and to explore whether educational preparation (job control), tenure status (job security), and academic teaching level (participation) offers resources in the development of burnout as reflected in my research questions.

Summary and Conclusions

The AACN (2019) identified six contributing factors to the development of the nursing faculty shortage: age, retirement, compensation, lack of funding for positions, lack of qualified applicants, and workload. Burnout among nursing faculty can contribute to the faculty shortage by creating a ripple effect leading to a decrease in the number of nurses. Based on the review of literature, although there is literature discussing nursing faculty burnout, there is little current research focused on whether undergraduate or graduate nursing faculty are experiencing burnout at a disproportionate rate. In addition, many studies used the emotional exhaustion subscale of the MBI to

measure burnout rather than the comprehensive tool assessing the three subscales. The emotional exhaustion component of the MBI measures only the individual component of burnout without measuring the influence of social and professional relationships measured by the depersonalization and professional accomplishments component. My study involved the three subscales measuring emotional exhaustion, depersonalization, and lack of professional achievement to evaluate burnout.

Workload was found to be a significant contributor to burnout, however, burnout rates between graduate and undergraduate nursing faculty was not thoroughly discussed. In addition, educational preparation may be a protective resource in terms of job control through having the skills to accomplish the tasks of the role and to discern which tasks are paramount in completing role objectives. In addition, tenure status may offer job stability or may perpetuate the feelings of exhaustion due to additional responsibilities placed on the individual. My study sought to identify if educational preparation and tenure status has an influence on the development of burnout.

Chapter 3 illustrates how a correlational quantitative research design was deployed to evaluate the relationship between burnout and the aforementioned variables. Research methodology and sampling procedures are described in addition to potential threats related to validity and ethics.

Chapter 3: Research Method

Introduction

The purposes of this quantitative study were to determine (a) if there is a difference in the level of burnout between graduate and undergraduate faculty and (b) what effect academic teaching level, tenure status, and educational preparation have on the level of emotional exhaustion, depersonalization, and personal accomplishment among nursing faculty. I will review the methodology that was used, sampling procedures, threats to validity, and any ethical issues related to my study in this chapter.

Research Design and Rationale

RQ1 involved a comparative design. RQ2 involved a correlational design assessing the relationship between the predictor and outcome variables.

For RQ1, the independent variable was academic level where the faculty member teaches (graduate or undergraduate). The dependent variables were emotional exhaustion, depersonalization, and personal accomplishment. I measured these dependent variables by using the MBI-ES.

For RQ2, the predictor variables were academic teaching level, tenure status, and educational preparation. These three variables were collected using demographic questions within the Google form. Respondents were asked to identify their academic teaching level as undergraduate or graduate, whether they have obtained or not obtained tenure status, and type of degree (masters, PhD, or DNP). I measured my outcome variables of emotional exhaustion, depersonalization, and personal accomplishment using the MBI-ES.

Time constraints associated with this study design were related to recruitment of the appropriate number of participants determined by my power analysis. Quantitative data analysis using the MBI through the use of these research designs will help add to the discipline by providing statistical representations of levels of burnout being experienced among nursing faculty population in northeastern US so that specific interventions may be developed to assist the high risk populations identified within my research.

Methodology

Population

My target population was nursing faculty living in northeastern US. The population was members of two nursing organizations in the northeastern US. In addition, I searched online for public email addresses of nursing faculty of different schools of nursing in the northeastern US and emailed them asking for their participation in my study.

Sampling and Sampling Procedures

The sampling procedure for this study involved a nonprobability convenience sample. This type of sampling procedure involves recruiting participants from my target population of nursing faculty based on their availability. Participants in this study were nurses who have taught in nursing programs at an undergraduate or graduate level and have a RN license as well as a minimum of a master's degree. Nurses who have not taught in nursing degree programs as well as LPNs and RNs whose highest level of education is a bachelors or associates degree were excluded from this study.

If the sample size is too small, there may be a low probability of identifying true results affected by power (Warner, 2013). This threat was mediated by conducting a power analysis to ensure I located a sufficient sample size. The effect size is calculated to explain the variance between two or more variables (Creswell & Creswell, 2018). An alpha value is also referred to as type 1 error rate commonly reported as .05, indicating a 5% relationship will not be significant (Creswell & Creswell, 2018).

RQ1: What is the difference in the level of the three burnout measures of emotional exhaustion, personal accomplishment, and depersonalization between graduate versus undergraduate nursing faculty?

I calculated a power analysis using G*Power version 3.1.9 software to determine the appropriate sample size for RQ1 using a global effects MANOVA. I assumed a medium effect size ($f^2 = .625$), power = .8 and $\alpha = .05$, and three dependent variables (emotional exhaustion, depersonalization, depersonalization) and the independent variable of faculty level consisting of two independent groups (undergraduate nursing faculty and graduate nursing faculty) which yielded a total sample size of 180 (90 per group). I estimated that it would take me about one month to recruit participants for my study.

RQ2: What is the relationship between academic teaching level, tenure status, educational preparation, and the three burnout measures of depersonalization, personal accomplishment, and emotional exhaustion reported by nursing faculty?

I conducted a power analysis using G*Power version 3.1.9 software to determine the appropriate sample size for RQ2 using multiple regression. I assumed a two tailed

multiple regression with a medium effect size ($f^2 = .15$), $\alpha = .05$, and a power of .8 which yielded a sample size of 55 (51 is degrees of freedom). I estimated that it would take me about one month to recruit participants for my study.

Procedures for Recruitment, Participation, and Data Collection

The two northeastern US based organizations sent an email to all of their registered members. The first screen the potential study participant saw was the invitation to the study. If the respondent was interested, there was a link to the screening questions. If the individual answered yes to the screening questions, the screen proceeded to the informed consent form that provided information regarding the study and how the information would be used to inform nursing research. After the participant agreed, demographic questions appeared involving age, sex, gender, highest nursing degree earned, academic teaching degree, and tenure status. The next screen was the Google form which contained the MBI-ES. After participants completed the MBI-ES, their participation ended. Google forms produced an Excel file with deidentified data. My contact information was included on the email sent by the northeastern US organizations to address any questions respondents may have had about participation and the survey.

Instrumentation and Operationalization of Constructs

I used the MBI-ES to operationalize the three components of burnout; emotional exhaustion, depersonalization, and personal accomplishment. The MBI was developed in 1981 designed to measure the individual and social factors related to the development of burnout (Maslach & Jackson, 1981). This survey was developed after common themes were identified through exploratory interviews with workers who self-identified as

experiencing burnout. In addition, this survey was modeled after the Hassles Scale in regard to rating and scoring (Maslach, 1981). The initial MBI contained 47 items and was administered to a 665 people employed in a service capacity (Maslach & Jackson, 1981). Analysis revealed variance among several factors resulting in the reduction of items to 25. The 25 item MBI scale was administered to 420 employees in the service professions revealing similar statistical findings to the first group of participants (Maslach & Jackson, 1981). After the results of the two samples were combined there was a sample size of 1025. A factorial analysis was completed for each of the subscales (Maslach & Jackson, 1981). The mean correlations between the frequency and intensity for each item was .56 which indicated a moderate relationship between the length of time and intensity of which the respondent experiences feelings of emotional exhaustion, depersonalization, and decreased personal accomplishment (Maslach & Jackson, 1981). Test-retest reliability was established by administering the MBI to 53 social welfare graduate students 2-4 weeks apart yielding coefficients beyond the 0.001 level (Maslach & Jackson, 1981). Convergent validity was established by confirmation of reported behaviors from coworkers or significant others, parallel characteristics between burnout and required job functions, and correlation to previous research relating outcomes to burnout (Maslach & Jackson, 1981). Discriminant validity evaluating the relationship between burnout and job satisfaction was established by comparing a sample of 91 participants who were administered the MBI and the Job Diagnostic Survey (Maslach & Jackson, 1981).

I used the MBI-ES. This version of the MBI includes the same subscales and questions as the original MBI but was modified to include verbiage appropriate for individuals working with a student population. The MBI-ES was developed by Maslach, Jackson, and Schwab specifically for educators and is appropriate for healthcare professionals that work in academic settings. This tool can be used as a method of comparison among educators on reported levels of emotional exhaustion, depersonalization, and personal accomplishment (Maslach et al., 2018). License for reproduction can be purchased via the Mind Garden website for paper or online administration (see Appendix A). A license must be purchased for each survey. This instrument is sufficient to measure burnout among my study due to its ability to measure the three subscales of burnout; emotional exhaustion, depersonalization, and personal accomplishment.

Internal reliability of the MBI-ES was established by administering the tool to 492 teachers yielding a Cronbach's alpha estimate of .87 for emotional exhaustion, .76 for depersonalization, and .84 for personal accomplishment (Maslach et al, 2018). Test-retest reliability was established by Jackson, Schwab, and Schuler (1986) by administering the MBI-ES to 248 teachers one year apart and reported a reliability of .60 for emotional exhaustion, .54 for depersonalization, and .57 for personal accomplishment.

Validity of the MBI-ES has been established within burnout literature to ensure the instrument measures burnout as it has been designed. Langher, Caputo, and Ricci (2017) administered the MBI-ES to a sample of 276 special education teachers to

compare their rate of perceived level of burnout to that of the general teaching population. The researchers found through multiple regression that perceived support was effective in reducing the level on two of the subscales: emotional exhaustion and personal accomplishment. Steiner (2017) administered the MBI-ES to a sample of 230 primary school teachers to evaluate burnout. The scores on the subscales were then evaluated to create burnout profiles based on their results. Steiner (2017) found 83% of respondents reported decreased personal accomplishment, 58% reported emotional exhaustion, but only 22% reported depersonalization. These findings were contradictory to previous research suggesting depersonalization occurs prior to decreased accomplishment, thus indicating the need for further study investigating the order in which burnout symptoms occur (Steiner, 2017). Szigeti, Balazs, Bikfalvi, and Urban (2016) administered the MBI-ES to a sample of 211 teachers to evaluate factor validity when translating the survey for use in Hungarian and found a bivariate regression model revealed statistical significance for emotional exhaustion, depersonalization, and personal accomplishment.

Operationalization

Academic teaching level was determined by identifying whether the individual teaches at the undergraduate level or the graduate level (Bartels, 2007).

Burnout is manifested through emotional exhaustion, depersonalization, and decreased personal accomplishment. Burnout was evaluated by the scores reflected on the emotional exhaustion, depersonalization, and personal accomplishment subscales.

Maslach et al. (2018) reported each subscale should be evaluated separately and the higher the score for each subscale, the higher the degree of burnout experienced.

Depersonalization was evaluated within the MBI-ES through asking five related questions directly assessing depersonalization among educators (Maslach et al., 2018).

Sample Question:

5. I feel I treat some students as if they were impersonal objects (MBI - Educators Survey - MBI-ES: Copyright ©1986 Christina Maslach, Susan E. Jackson & Richard L. Schwab All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com)

Educational preparation was evaluated by asking the respondent to self-identify their highest level of education obtained; PhD, DNP, Masters, or other.

Emotional exhaustion is emotional fatigue resulting from being physically and mentally drained (Maslach et al., 1996). The MBI-ES measures emotional exhaustion by asking nine related questions (Maslach et al., 2018).

Sample Question:

1. I feel emotionally drained from my work (MBI - Educators Survey - MBI-ES: Copyright ©1986 Christina Maslach, Susan E. Jackson & Richard L. Schwab All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com)

Personal accomplishment is the intrinsic feeling of pride in ones chosen career path (Maslach et al., 1996). The MBI-ES measures personal accomplishment by asking eight related questions (Maslach et al., 2018).

Sample Question:

9. I feel I'm positively influencing other people's lives through my work (MBI - Educators Survey - MBI-ES: Copyright ©1986 Christina Maslach, Susan E. Jackson & Richard L. Schwab. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com)

Tenure status was evaluated by asking the respondent to self-identify whether they have obtained tenure status at their academic institution; yes or no.

Data Analysis Plan

To answer RQ1, I planned to run a MANOVA to compare the three individual scores on the emotional exhaustion, personal accomplishment, and depersonalization subscales, between graduate versus undergraduate faculty. For RQ2, I analyzed the data using multiple regression evaluating the predictor variables of academic teaching level, tenure status, and educational preparations effect individually on the dependent variables of the three scores on the emotional exhaustion, depersonalization, and personal accomplishment subscales.

RQ1: What is the difference in the level of the three burnout measures of emotional exhaustion, personal accomplishment, and depersonalization between graduate versus undergraduate nursing faculty?

I planned to use a MANOVA to answer question one because the predictor variables were graduate or undergraduate teaching level. The three scale dependent variables are the scores on the emotional exhaustion, depersonalization, and personal accomplishment subscales on the Maslach Burnout Inventory. A MANOVA was

appropriate for this study due to the testing of two or more vectors of mean scores which are the emotional exhaustion, depersonalization, and lack of personal accomplishment subscales (Warner, 2013). Data assumptions specific to the MANOVA are normality and equality of variances. The assumptions can be tested by Histograms and Levene's Test of Equality of Variances (Warner, 2013).

RQ2: What is the relationship between academic teaching level, tenure status, educational preparation, and the three burnout measures of depersonalization, personal accomplishment, and emotional exhaustion reported by nursing faculty?

I chose a multiple regression to answer question two because there were three predictor variables: academic teaching level, tenure status, and educational preparation. The three scale dependent variables were the scores on the emotional exhaustion, depersonalization, and personal accomplishment subscales on the Maslach Burnout Inventory. The three subscales of emotional exhaustion, depersonalization, and personal accomplishment should be evaluated separately and not combined to quantify a total burnout score (Maslach et al., 2018). The independent variable of academic teaching level is categorical (undergraduate and graduate), as well as tenure status (yes or no). Data assumptions include multicollinearity, linearity, normality, homoscedasticity. These assumptions were tested by evaluating the scatterplot. I predicted there was a linear relationship between the independent variables and the dependent variables as evidenced by the results of the scatterplot I generated on my findings. Homoscedasticity and normality was established as well by visualization of the each of the independent variables on the scatterplot. I reviewed the coefficients and evaluated the significance of

the model for each of the variables. I evaluated the slope to examine level of increase in the independent variables.

Threats to Validity

Threats to internal validity include history which may be related to the length of time the nurse has served as a faculty member (Burić, Slišković, & Penezić, 2019). This potential threat was addressed by including a variety of participants in my sample. Maturation was an additional threat to internal validity due to the length of time it may take the respondent to complete the survey. I mediated this potential threat by clearly stating in the informed consent the anticipated time of completion so the respondent can complete the survey at a time that is convenient for them. The threat of regression to the mean was avoided within my study by asking the respondent to answer screening questions which will ensure they have the required characteristics to participate (Creswell & Creswell, 2018). Selection was another potential threat to internal validity due to the participants being members of the nursing organizations. This may present bias due to not representing the general population of nursing faculty in the northeastern US. This bias was mediated by including a sample large enough to represent nursing faculty at different academic levels. Another potential threat to internal validity includes instrumentation. In order to control for this bias, the nursing organizations sent the same generic email to all participants to prevent different administration methods.

Evaluation apprehension was also a threat to internal validity due to the perception the nursing faculty may want to portray rather than their true feelings regarding their experiences with emotional exhaustion, depersonalization, and decreased

level of accomplishment. I attempted to mediate this bias by clearly describing in the informed consent that their responses are confidential and that I will receive deidentified responses.

Attrition is not a threat related to my study due to the one time participation required of respondents. Cross contamination and compensatory demoralization are also not a threat to my study's validity due to the absence of an intervention. In addition, testing and compensatory testing is not a threat due to the need to respond to the survey one time thus ending their participation.

A threat to external validity was population validity. In order to mediate this bias, I ensured that my sample contains a large number of participants to represent faculty working at the graduate and undergraduate teaching level. My research did not contain an intervention therefore, interaction of selection and treatment, and interaction of setting and treatment is not a threat.

Ethical Procedures

I contacted two northeastern US organizations and both directors agreed after IRB approval, that they would send out the email which contained the informed consent and Google form which collected demographic data as well as administered the MBI-ES. The information was available to me within Google forms de-identified.

In addition to IRB approval I needed to purchase the licenses to administer the MBI-ES from Mind Garden (Appendix A). Mind Garden is an independent publisher that allows students and researchers to purchase licenses to administer the copyrighted tools including the MBI.

A potential ethical concern was respondents refusing to participate due to fear that their information would be accessible by their university. This ethical concern was addressed within the informed consent section by informing the participants that their information will be desensitized, and no identifying data will be collected and/or reported to their educational institutions.

Another potential ethical concern was that the participant may not complete the entire MBI-ES due to it taking approximately 10-15 minutes to complete. To address this potential issue, I included verbiage in the informed consent which addressed how long the inventory will take to complete and then restated the importance of completing all of the required components. In addition, I set up the Google form whereas it cannot be submitted until the form is entirely completed.

The data collected was deidentified and entered into the Google forms from the email that was sent directly from the NJ organizations. Once I received this deidentified information I downloaded and stored the information on my password protected computer. I also saved the information on an external hard drive.

Raw data were available to my chair and my committee members as well as the Walden statisticians that helped support me with analysis. In addition, the deidentified data was disseminated within my dissertation and available on ProQuest. Ultimately, a summary of the deidentified data will be published for the nursing committee to view. After 5 years the data will be destroyed.

Summary

In order to bring my research study to fruition I purchased the licenses for administration of the MBI-ES (see Appendix A). The data to support my research question was collected after IRB approval via Google forms. I then accessed the information via Google forms and completed statistical analysis to analyze the difference in level of burnout based on the emotional exhaustion, personal accomplishment, and depersonalization subscales, between graduate versus undergraduate faculty. In addition, I evaluated the effect academic teaching level, tenure status, and educational preparation have on the level of emotional exhaustion, depersonalization, and personal accomplishment experienced by nursing faculty. I reported the results of my statistical analysis and the findings related to my research question in Chapter 4.

Chapter 4: Results

Introduction

The purposes of this quantitative study were to determine (a) if there are differences in the level of burnout between graduate and undergraduate faculty and (b) what effects academic teaching level, tenure status, and educational preparation have on levels of emotional exhaustion, depersonalization, and personal accomplishment among nursing faculty. The research questions and hypotheses are as follows:

RQ1: What is the difference in the level of the three burnout measures of emotional exhaustion, personal accomplishment, and depersonalization between graduate versus undergraduate nursing faculty?

H₀₁: There are no differences in the level of the three burnout measures of emotional exhaustion, personal accomplishment, and depersonalization between graduate versus undergraduate nursing faculty.

H_{a1}: There are differences the level of the three burnout measures of emotional exhaustion, personal accomplishment, and depersonalization between graduate versus undergraduate nursing faculty.

RQ2: What is the relationship between academic teaching level, tenure status, educational preparation, and the three burnout measures of depersonalization, personal accomplishment, and emotional exhaustion reported by nursing faculty?

H₀₂: There is no relationship between academic teaching level, tenure status, educational preparation, and the three burnout measures, depersonalization, personal accomplishment, and emotional exhaustion reported by nursing faculty.

H_{a2}: There is a relationship between academic teaching level, tenure status, educational preparation, and the three burnout measures, depersonalization, personal accomplishment, and emotional exhaustion reported by nursing faculty.

This chapter will describe data collection strategies, study results, and a summary of the research findings as they relate to my research questions.

Data Collection

Institutional Review Board (IRB) approval was obtained on April 8, 2020 (#04-08-20-0998940). I provided the two nursing organizations with a copy of research proposal, IRB approval, and my survey. The survey was forwarded to 6,300 members on my behalf beginning on April 15, 2020. The survey was sent a total of three times by one nursing organization over a period of 2 weeks and one time by the second nursing organization as per their agreement. In addition, I forwarded my survey to 506 publicly available email addresses of nursing faculty members in the northeastern US. The survey closed on May 15, 2020 with 168 responses, yielding a response rate of 2%. Since the areas where I sent my survey was experiencing the COVID-19 pandemic, thus affecting my response rate. Many of the targeted nursing faculty members are employed as nurses or nurse practitioners during this pandemic, thus potentially decreasing their participation in my study. In Chapter 3, I identified using a MANOVA to answer RQ1. However, due to the low response rate likely caused by this pandemic crisis, an alternate data analysis plan of independent *t* tests was completed. This was confirmed as appropriate by my Walden statistician.

Descriptive Statistics

The total sample size was $n = 168$. The sample consisted of 95.8% females ($n = 161$) and 4.2% male ($n = 7$). Most of the respondents were between 40 and 60 years old (47%; $n = 79$) followed by those above 60 (36.9%; $n = 62$) and under 40 years old (16.1%; $n = 27$). Most of the respondents reported their educational preparation as masters-prepared (33.3%; $n = 56$), followed by those with PhDs (31.5%; $n = 53$), DNPs (31%; $n = 52$), and other (4.2%; $n = 7$). Undergraduate nursing faculty represented 60.7% ($n = 102$) of the total population of respondents compared to 39.3% ($n = 66$) of graduate faculty. Finally, 72.6% ($n = 122$) had not obtained tenure status compared to 27.4% ($n = 46$) who had obtained tenure status.

Sample

For RQ1, I calculated a power analysis using G*Power version 3.1.9 software to determine the appropriate sample size. I used a two tailed t test with a medium effect size ($f^2 = .5$), $\alpha = .05$, and a power of .8 which yielded a sample size of 128 (64 in each group). My final sample consisted of 102 undergraduate nursing faculty and 66 graduate nursing faculty.

For RQ2, I conducted a power analysis using G*Power version 3.1.9 to determine the appropriate sample size for multiple regression. I assumed a two-tailed multiple regression with a medium effect size ($f^2 = .5$), $\alpha = .05$, and a power of .8 which yielded a sample size of 55 (51 degrees of freedom). My final sample consisted of 168 nursing faculty. Therefore, based on my effect size, my sample was sufficient to generalize to nursing faculty education within the northeastern United States.

Results

The total sample size was $n = 168$. The sample consisted of 95.8% females ($n = 161$) and 4.2% male ($n = 7$). A majority of the respondents were between 40 and 60 years old (47%; $n = 79$) followed by those above 60 (36.9%; $n = 62$) and under 40 years old (16.1%; $n = 27$). Most of the respondents reported their educational preparation as masters-prepared (33.3%, $n = 56$), followed by those with PhDs (31.5%; $n = 53$), DNPs (31%; $n = 52$), and other (4.2%; $n = 7$). Undergraduate nursing faculty represented 60.7% ($n = 102$) compared to 39.3% ($n = 66$) of graduate faculty. Finally, 72.6% ($n = 122$) had not obtained tenure status compared to 27.4% ($n = 46$) who had obtained tenure status (see Table 1).

Table 1

Sample Descriptive Statistics

Variable	<i>N</i>	%
Female	161	95.8%
Male	7	4.2%
Age <40	27	16.1%
Age 40-60	79	47%
Age >60	62	36.9%
Masters prepared	56	33.3%
PhD prepared	53	31.5%
DNP prepared	52	31%
Other prepared	7	4.2%
Not tenured	122	72.6%
Tenured	46	27.4%
Undergraduate Nursing Faculty	102	60.7%
Graduate Nursing Faculty	66	27.4%

Note. *N* = 168.

The mean of the emotional exhaustion subscale among the sample was $M = 2.47$. This mean reflects that the sample on average reported feelings of emotional exhaustion about once a month. The mean of the depersonalization subscale among the sample was $M = 1.12$ indicating the sample on average reported feelings of depersonalization a few times a year or less. The range of the subscale is 1 to 6 whereas the lower the number the lower the reported frequency of emotional exhaustion and depersonalization. Finally, the mean of personal accomplishment subscale was $M = 4.60$ indicating the sample on average reported feelings of personal accomplishment a few times a week. The range of the subscale is 1 to 6 whereas the higher the number the higher the reported frequency of

personal accomplishment. The mean scores for emotional exhaustion and depersonalization were positively skewed indicating the scores were clustered towards the low end of the subscale. The mean score for personal accomplishment was negative indicating the scores were clustered at the high end of the subscale. Emotional exhaustion and personal accomplishment reflected a negative kurtosis indicating extreme cases on either side of the scale, whereas, depersonalization reflected positive kurtosis reflecting the data is peaked in the center.

I used the independent sample *t* tests to investigate if there was a difference between the three burnout measures of emotional exhaustion, depersonalization, and personal accomplishment between graduate and undergraduate nursing faculty. The independent variable was teaching level (graduate or undergraduate). The three interval dependent variables were the scores on the emotional exhaustion subscale, depersonalization subscale, and personal accomplishment subscale on the MBI-ES. There were no outliers in emotional exhaustion and personal accomplishment data, as assessed by inspection of a boxplot for values greater than 1.5 box lengths. However, outliers were noted in the depersonalization subscale data. Normality was assessed via inspection of the Normal Q-Q Plot demonstrating a reasonably straight line for all variables. Homogeneity of variances was evaluated through a Levene's test reflecting $p > 0.05$ for emotional exhaustion and depersonalization, however for personal accomplishment $p = .003$.

To determine if there was a difference between the emotional exhaustion subscale score between graduate and undergraduate nursing faculty, I conducted an independent

two tailed t test. The mean of emotional exhaustion between undergraduate nursing faculty ($M = 21.74$, $SD = 13.82$) and graduate nursing faculty ($M = 23.06$, $SD = 12.53$) was not statistically significant at the .05 level of significance ($t(166) = -.629$, $df = 166$, $p = .530$, two tailed). Therefore, the null hypothesis was retained.

To determine if there was a difference between the depersonalization subscale score between graduate and undergraduate nursing faculty, I conducted an independent two tailed t test. The mean of depersonalization between undergraduate nursing faculty ($M = 5.39$, $SD = 5.40$) and graduate nursing faculty ($M = 5.88$, $SD = 5.06$) was not statistically significant at the 0.5 level of significance ($t(166) = -.584$, $df = 166$, $p = .560$, two tailed). Therefore, the null hypothesis was retained.

To ascertain if there was a difference between the personal accomplishment subscale score between graduate and undergraduate nursing faculty, I conducted an independent two tailed t test. The mean of personal accomplishment between undergraduate nursing faculty ($M = 35.90$, $SD = 8.07$) and graduate nursing faculty ($M = 34.02$, $SD = 6.16$) was not statistically significant at the 0.05 level of significance ($t(166) = 1.618$, $df = 166$, $p = .089$, two tailed). Therefore, the null hypothesis was retained.

The three predictor variables for RQ2 were academic teaching level, tenure status, and educational preparation. The three scale dependent variables were the scores on the emotional exhaustion, depersonalization, and personal accomplishment subscales on the MBI. Therefore, I used multiple regressions to analyze the data.

The Durban Watson statistic of all three regressions was greater than two, reflecting no autocorrelation. To assess normality, linearity, and outliers a scatterplot and a normal probability plot (P-P) was created for each of the three independent variables of burnout (emotional exhaustion, depersonalization, and personal accomplishment) and my predictor variables of academic teaching level, tenure status, and educational preparation. Visual inspection of the scatterplots demonstrated homoscedasticity (See Figures 2,4, 6). Examination of the normal P-Ps reflected a relatively straight line of data points (see Figures 3, 5, 7).

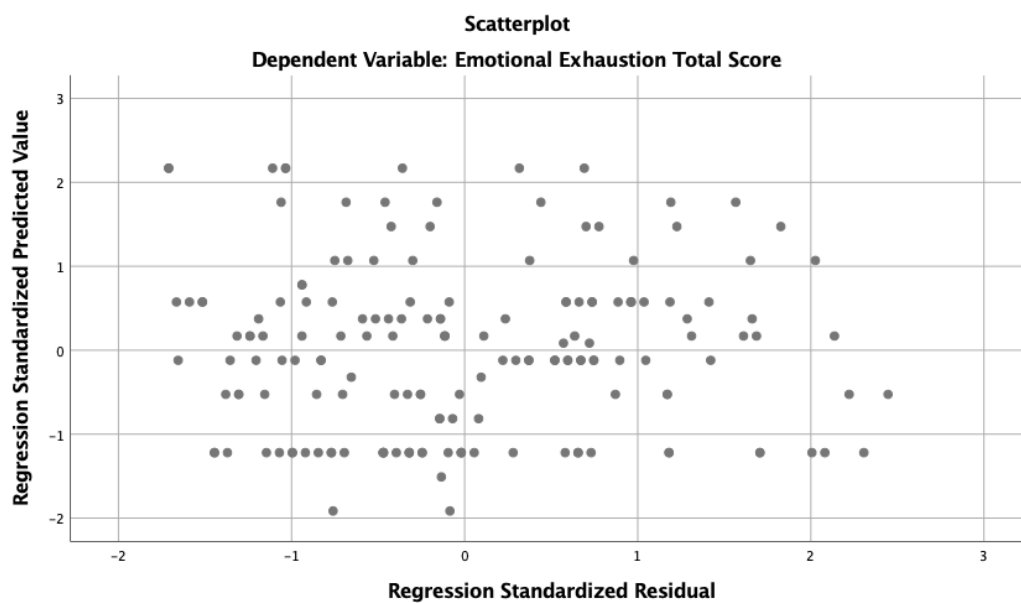


Figure 2. Scatterplot of standardized residuals for the emotional exhaustion subscale.

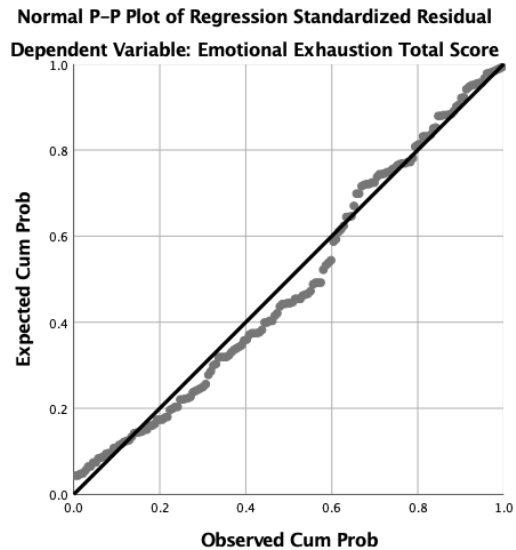


Figure 3. Normal P-P of the emotional exhaustion subscale regression standardized residuals.

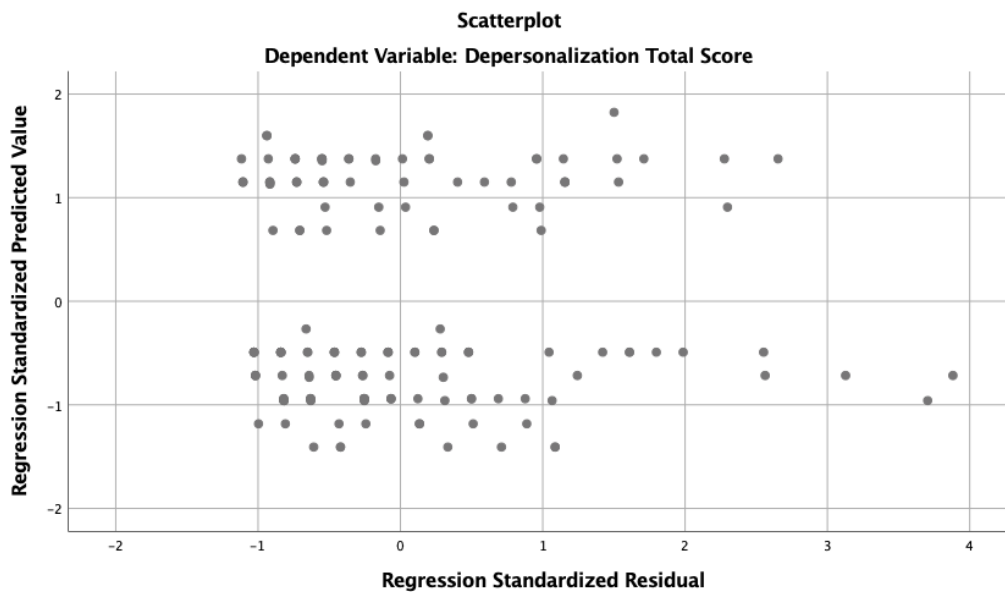


Figure 4. Scatterplot of standardized residuals for the depersonalization subscale.

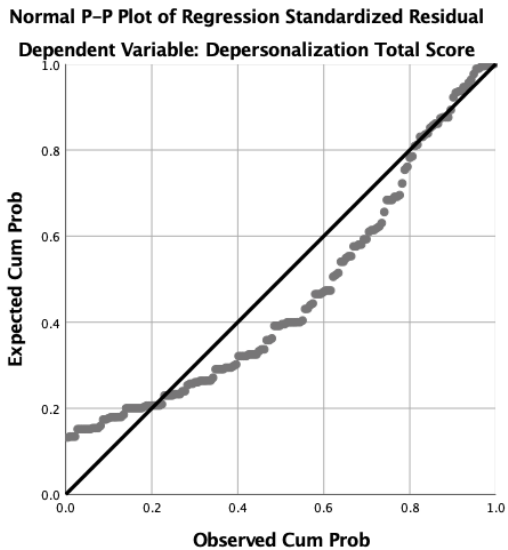


Figure 5. Normal P-P of the depersonalization subscale regression standardized residuals.

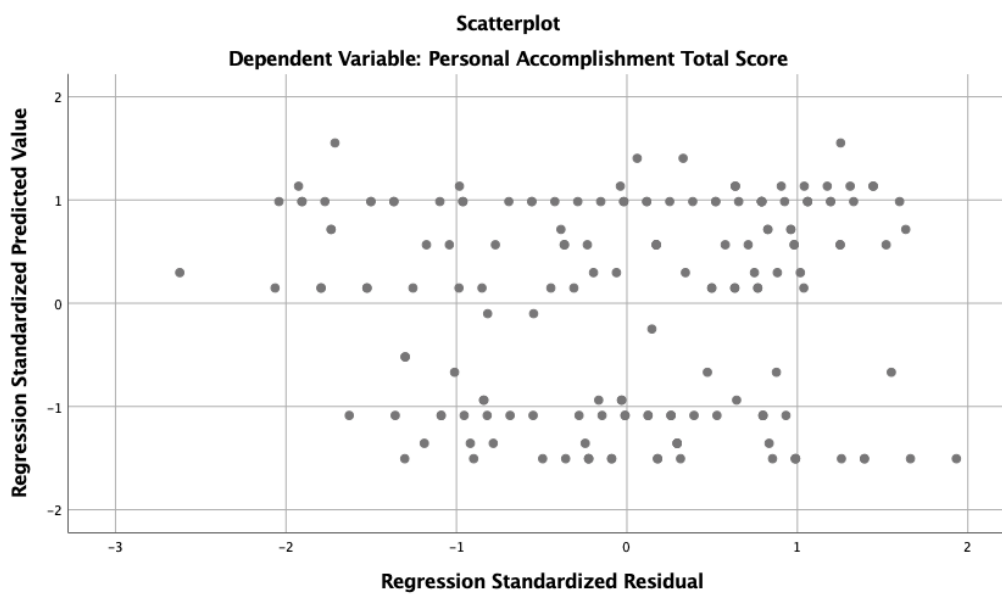


Figure 6. Scatterplot of standardized residuals for the personal accomplishment subscale.

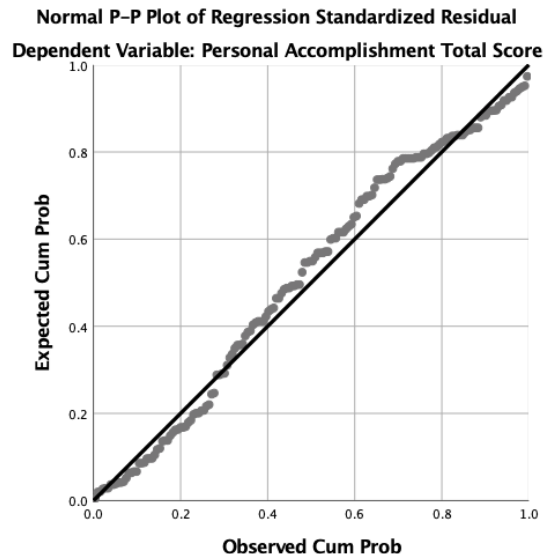


Figure 7. Normal P-P of the personal accomplishment subscale regression standardized residuals.

To determine the relationship between academic teaching level, tenure status, educational preparation, and the three burnout measures, depersonalization, personal accomplishment, and emotional exhaustion reported by nursing faculty multiple linear regression analyses were conducted and all three were not statistically significant predictors of the model $p > 0.05$. The three burnout measures subscales (emotional exhaustion, depersonalization, and personal accomplishment) cannot be combined to create a total burnout score, therefore the following three multiple regressions were conducted to evaluate the relationship between academic teaching level, tenure status, and educational preparation and three burnout measures of emotional exhaustion, depersonalization, and personal accomplishment.

I conducted a multiple linear regression analysis to evaluate the prediction of emotional exhaustion from academic teaching level ($p = 0.767$), tenure status ($p = .262$),

and educational preparation ($p = .351$), and was not statistically significant. The R² value of 0.015 associated with this regression model suggests that the predictor variables account for 2% of the variation in emotional exhaustion. Therefore, the null hypothesis was retained.

I conducted a multiple linear regression analysis to evaluate the prediction of depersonalization from academic teaching level ($p = .558$), tenure status ($p = .900$), and educational preparation ($p = .908$), and was not statistically significant. The R² value of 0.002 associated with this regression model suggests that the predictor variables account for less than 1% of the variation in depersonalization. Therefore, the null hypothesis was retained.

I conducted a multiple linear regression analysis to evaluate the prediction of personal accomplishment from academic teaching level ($p = .187$), tenure status ($p = .909$), and educational preparation ($p = .538$), and was not statistically significant. The R² value of 0.018 associated with this regression model suggests that the predictor variables account for 2% of the variation in personal accomplishment. Therefore, the null hypothesis was retained.

Summary

Based on the statistical analysis there was no statistical significance between emotional exhaustion, depersonalization, and personal accomplishment among undergraduate versus graduate nursing faculty. In addition, there was not a statistically significant relationship between emotional exhaustion, depersonalization, personal accomplishment, and academic teaching level, tenure status, and educational preparation.

However, the mean of emotional exhaustion ($M = 2.47$), and depersonalization ($M = 1.12$) reflects nursing faculty across the board feel emotional exhausted due to their role at least once a month and depersonalization a few times per year, therefore, other professional and personal factors must be causative. Additionally, academic teaching level, tenure status, and educational preparation are not protective factors. The mean of personal accomplishment ($M = 4.60$) indicated that nursing faculty within this sample felt pride in their personal and professional growth a few times a week indicating this may be a protective factor in the development of burnout. Chapter 5 will include findings as they relate to theory, previous research, limitations, and implications for further research.

Chapter 5: Discussion, Conclusions, and Recommendations

The purposes of this quantitative study were to determine (a) if there was a difference in the level of burnout between graduate and undergraduate faculty and (b) what effects academic teaching level, tenure status, and educational preparation have on the three burnout measures of emotional exhaustion, depersonalization, and personal accomplishment among nursing faculty in the northeastern US. The research design for RQ1 involved a comparative analysis. I compared the emotional exhaustion, depersonalization, and personal accomplishment subscales of the MBI-ES between graduate and undergraduate nursing faculty. The research design for RQ2 involved a correlational design to examine if there was a relationship between the predictor variables of academic teaching level, tenure status, and educational preparation and the three burnout variables.

The findings of my research revealed that there was not a statistically significant relationship between emotional exhaustion, depersonalization, and personal accomplishment among undergraduate and graduate nursing faculty. In addition, there was not a statistically significant relationship between academic teaching level, tenure status, and educational preparation in terms of the three measures of burnout.

Interpretation of Findings

According to Maslach (1993), burnout is manifested through emotional exhaustion, depersonalization, and lack of personal accomplishment. Emotional exhaustion is the individual component of burnout and is correlated with the amount of work the educator completes as part of their role (Maslach & Leiter, 2016). Nursing

faculty roles often include teaching, research, advising, publication, committee work, and professional practice, which can overwhelm their coping mechanisms (Aquino et al., 2018; Maslach, 2000). Increased workload and related job demands are causative factors for the development of burnout among nursing faculty (Flynn & Ironside, 2017; Owen, 2017; Thomas et al., 2019; Yedidda et al., 2014). The mean score of emotional exhaustion among the sample was $M = 2.4$ on a scale of 1-6 where 6 represents the greatest perceived emotional exhaustion. This mean reflects that the sample on average reported feelings of emotional exhaustion about once a month. The NLN (2019) said the typical workweek for a nursing faculty member is 56 hours, which is potentially overwhelming. Demerouti et al. (2000) found that increased workload results in overload, perpetuating disengagement from roles. I found that although participants reported emotional exhaustion, they also reported a high level of personal accomplishment related to their role. I attempted to further delineate emotional exhaustion between undergraduate and graduate nursing faculty. Based upon my research findings, there were no statistically significant differences in terms of emotional exhaustion between undergraduate and graduate nursing faculty with regard to tenure status and educational preparation. Increased workload is a strong precipitating factor in terms of the development of emotional exhaustion (Aquino et al., 2018; Candela et al., 2015). Based on my findings, there may be similar amounts of work between undergraduate and graduate nursing faculty, which explains the lack of statistical significance. There also may be other individual personal or professional factors that contribute to the development of emotional exhaustion among nursing faculty. Prolonged

emotional exhaustion related to teaching roles may manifest as psychological and physical distress, thus causing nursing faculty to leave academia and ultimately contributing to the nursing faculty shortage (Boamah et al., 2017; Buckley et al., 2019; Kim, 2020).

Depersonalization is the interpersonal component of burnout. Freudenberger (1975) said depersonalization occurs when the worker becomes emotionally overloaded, and over time, apathy may result. Nursing faculty engage in social relationships with their students, often counseling students on personal and professional issues (Branch et al., 2011). This frequent interpersonal contact with students can result in a lack personal and professional boundaries, thus perpetuating depersonalization (Alves et al., 2019; Balanescu, 2019; Carlotto & Camara, 2019). To evaluate depersonalization within this sample, respondents were asked to answer questions which evaluated the human caring component of the teacher/student relationship. Based upon my research findings, there were no statistically significant differences in terms of depersonalization between undergraduate and graduate nursing faculty with regards to tenure status and educational preparation. The respondents within this sample did not demonstrate cynicism associated with burnout as stated by Maslach (2000).

Lack of personal accomplishment represents the self-evaluation component of burnout (Maslach, 2000). Burned out workers lack the energy to foster professional growth and experience decreased self-efficacy (Maslach 2000; Maslach & Jackson 1981; Maslach & Leiter, 1997). Freudenberger (1975) identified that lack of professional enthusiasm resulting in decreased personal accomplishment is often observed among

burned out workers. The mean score of personal accomplishment among the sample of nursing faculty was $M = 4.60$, indicating the sample on average reported feelings of personal accomplishment a few times a week. These findings indicated that nursing faculty overall experience self-efficacy related to their professional roles and personal growth. This level of self-efficacy, despite the experienced emotional exhaustion and less frequent depersonalization, may serve as a protective mechanism in the progression of burnout. In addition, a supportive work environment has been found within nursing research to be a protective factor for the development of burnout and a facilitator for professional growth (Owens, 2017; Thomas et al., 2019). Although no data were collected from the participants regarding the support they received within their work environments, it may be a mediating factor in terms of promoting increasing reported personal accomplishment through administrative support of professional growth.

As discussed by Schaufeli & Taris (2014) the JD-R model posits a need for congruence between the demands of the job and the resources available to complete required tasks. Increased job demands leads to emotional exhaustion due to overload, and lack of resources to complete job demands results in disengagement from roles (Demerouti et al., 2001). One potential resource to mitigate burnout is educational training. Fang and Bednash (2017) described DNP-prepared faculty are educated to hone their clinical practice expertise, whereas PhD faculty are provided with coursework specific to prepare them for conducting research. Educational preparation was not significantly correlated with reported level of emotional exhaustion, depersonalization, and personal accomplishment and therefore was not a protective resource in this sample.

Tenure status is a permanent appointment designated after the professor meets specific university criteria, whereas the professor can only be fired for cause, program discontinuation, or financial devastation (American Association of University Professors, n.d.). As Lee et al. (2017) and Thomas et al. (2019) stated, scholarship and publication expectations associated with the tenure role may result in increased nursing faculty workload and result in emotional exhaustion perpetuating burnout. My research sought to understand whether tenure status was a resource in meeting the demands of the nursing faculty role due to job security. However, there was not a statistically significant relationship between tenure status and the development of emotional exhaustion, depersonalization, or personal accomplishment. My findings were consistent with Thomas et al.'s (2019) research demonstrating a lack of relationship between tenure status and burnout thus indicating a need for further study due to the conflicting literature.

The JD-R model postulates that physical, social, psychological, and organizational resources that support the employee in meeting role demands prevents burnout (Demerouti et al., 2001; Woodhead et al., 2016). Based upon my research, a high level of personal accomplishment may be a protective mechanism to the development of the emotional exhaustion and depersonalization components of burnout. Psychological job resources help the employee accomplish their job demands and thrive in their career (Demerouti et al., 2001). Feelings of personal accomplishment may serve as a psychological resource in managing the demands of the nursing faculty role based on

the high level of reported personal accomplishment and the lower emotional exhaustion and depersonalization means.

Limitations of the Study

One threat to internal validity involved the length of time the nursing educator had worked in academia. The demographics of this study reflected 16.1% of the respondents were under 40 years old ($n = 27$), 47% between 40-60 years old ($n = 79$), and 36.9% above 60 ($n = 62$). However, data were not collected identifying the length of time the nursing faculty member has served in academia. A novice nursing faculty member may experience a greater level of burnout compared to an experienced nursing faculty member who may have learned the time management components of the role. Since I did not collect data specific to length of time, I was unable to determine if length of time teaching was influential in the development of burnout.

The screening questions requested that only educators at academic institutions in the northeastern US who have earned a minimum of a master's degree complete the study. Due to this inclusion criteria, it is only appropriate to generalize these findings to nursing faculty in the northeastern US.

To mediate the threat of construct validity, whereas participants may assume there is a problem with burnout based on my study, I included the appropriate sample size based on my power analysis. My initial plan was to answer RQ1 with a MANOVA requiring 180 participants (90 undergraduate and 90 graduate). However, due to the current pandemic in which the northeastern US has been disproportionately affected, although the survey was sent to 6,806 nurses only 168 responded after 30 days.

Therefore, I analyzed the data using independent samples *t* tests comparing the scores on the emotional exhaustion, depersonalization, and personal accomplishment subscales between undergraduate and graduate nursing faculty.

Recommendations

My research suggests that over 98% of the emotional exhaustion, depersonalization, and lack of personal accomplishment associated with burnout among this sample of nursing faculty can be explained by variances other than academic teaching level, tenure status, and educational preparation. Therefore, other personal and professional factors may be responsible for the development of the burnout triad (emotional exhaustion, depersonalization, and lack of personal accomplishment). Future research should be aimed at investigating these factors. Work environment, administrative support, organizational support, and salary have also been identified as potential factors contributing to the development of burnout among nursing faculty (Boxall et al., 2018; Demerouti et al., 2001; Flynn & Ironside, 2017, Koontz et al., 2018).

The results of this study demonstrated that tenure status and educational preparation were not resources for the development of burnout symptoms. Other resources that should be investigated to illustrate their role in the prevention of burnout include ongoing professional development opportunities among nursing faculty, support of leadership, and mentorship programs. Finally, it would be beneficial to study burnout among nursing faculty from a qualitative perspective to understand the burnout experience from an individual perspective.

Implications

According to the NLN (2019), 43% of prelicensure programs reported faculty shortage as their main reason for turning away 29% of qualified participants compared to 9% of Masters in the Science of Nursing (MSN) applicants. It is important to understand who is experiencing burnout so that targeted interventions can be developed (Fonsêca et al., 2016). A shortage of faculty can create a ripple effect leading to a shortage of RNs. My research findings support that nursing faculty at both the graduate and undergraduate levels experience emotional exhaustion about once a month and depersonalization a few times a year. Emotional exhaustion is the individual component of burnout resulting from increased workload, whereas depersonalization is the interpersonal component often resulting from emotional overload (Maslach, 2000). My research can impact positive social change by facilitating the development of personal and professional health programs that support nursing faculty in managing their workloads thus preventing the progression of emotional exhaustion and feeling of being overwhelmed. Early identification and management of burnout through preventative training and continuing education is recommended (Danaci & Koc, 2020). Institutions of higher learning can use this research to support the development of programs offering support sessions in overall time management and work life balance that may help nursing faculty manage the individual and interpersonal components of burnout. My study found that academic teaching level, tenure status, and educational preparation do not significantly impact the development the three burnout measures. Educational institutions can focus their efforts on studying alternate variables and the development of interventions and programs that

support the nursing faculty member in completing their workload. In addition, this research can be used to foster the development of general faculty personal and professional health and well-being programs to support the personal and professional roles of the nursing faculty member. These interventions will help in maintaining the workforce that educates registered nurses who are integral to healthcare.

Conclusion

Nursing faculty are responsible for training future nurses and nurse practitioners which are a vital part of healthcare. The results of this study indicate that both undergraduate and graduate nursing faculty are experiencing the hallmark symptoms of burnout proportionately thus potentially affecting their longevity in academia. Although my results suggest nursing faculty experience emotional exhaustion and depersonalization while preparing future healthcare providers related to job their job demands, they also reported a high level of personal accomplishment. This high level of personal accomplishment may serve as a protective resource for the development of burnout. Although tenure status, academic teaching level, and educational preparation were not correlated to the level of burnout other resources must be investigated. The results of my study can be used to support those who work to build the nursing workforce through early identification and prevention. Nurse educators must be supported as they continue to train tomorrows healthcare heroes.

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Appendix A: MBI License Purchasing Agreement

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Please specify the name of and web address for the remote online survey website you will be using and describe how you will be putting this instrument online:

I will be using Google Forms. I will be forwarding this electronic survey to New Jersey nurses.

The Remote Online Survey License is a data license for research purposes only. This license grants one permission to collect and disclose (a) item scores and scale scores, (b) statistical analyses of those scores (such as group average, group standard deviation, T-scores, etc.) and (c) pre-authorized sample items only, as provided by Mind Garden, for results write-up and publication.

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Appendix B: License to Reproduce the JD-R Model

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Requestor type	Academic institution
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With incidental promotional use	no
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Institution name	Walden University
Expected presentation date	Aug 2020
Portions	Figure 1 The job demands resources model of burnout Page 502
Requestor Location	Erica Sciarra