An Assessment of Burnout and Associated Characteristics among Midcareer Prelicensure BSN Faculty

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Dedication Page

This dissertation is dedicated to my family. First and foremost to my husband, Brad Bentjen, who has been steadfast in his support, love, and patience. You have been my rock and the best Assistant to the Doctor of Nurse Education. Your love and support are priceless to me. “I must have done something right, to be able to love someone like you.”

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Abstract

The United States is projected to experience a shortage of registered nurses due to aging baby boomers and growing need for health care. Nursing faculty shortage directly impacts the supply and demand for nurses. Each career stage of nursing faculty, early, middle, and late, have components that effect the work group. There is a need to explore midcareer nursing faculty based on the majority of faculty fall in this career stage and have many challenges in work-life. The purpose of this study is to understand more about the pragmatic issues of education by investigating the prevalence of active, Midwestern, prelicensure, midcareer Bachelor of Science in Nursing (BSN) faculty experience of burnout. The main aim is to discover if midcareer prelicensure BSN faculty experience burnout.

The Maslach Burnout Inventory-Educators Survey (MBI-ES) was used to collect data from a sample of 44 Midwestern midcareer nursing faculty. In this descriptive, cross-sectional design, midcareer nursing faculty were chosen by a convenience sampling. The results of frequency distribution and *t* tests (p=0.0086) showed that midcareer nursing faculty (mean=23.55) had a significantly higher level of burnout based on their Emotional Exhaustion Subscale score compared to postsecondary teachers (mean=18.57). Pearson's correlation coefficients found that midcareer nursing faculty who exercised (2-tailed=.007) and taught more credit hours (2-tailed=.14) in a semester had a low level of burnout based on their Personal Accomplishment Score. Results of this study indicate that midcareer nursing faculty have high Emotional Exhaustion. Findings from this study suggest that midcareer nursing faculty who have a hobby, exercise, and teach more credit hours in a semester demonstrate a high Personal Accomplishment. Further investigation into the work/life balance of midcareer nursing faculty would assist in supporting professional development and mentoring program.

CHAPTER I: INTRODUCTION

Purpose of the Study

The purpose of this descriptive research study is to understand more about the pragmatic issues of education by investigating the prevalence of burnout among active nurses Midwestern, midcareer Bachelor of Science in Nursing (BSN) faculty.

Background and Rationale

The United States is projected to experience a shortage of registered nurses (RN) due to aging baby boomers and the growing needs of health care. “By 2022, there will be more registered nurse positions available in comparison to any other profession, at more than 100,000 per year” (ANA, 2017, paragraph 4). It is projected that by 2022 there will be 500,000 seasoned nurses retiring, and a need for 1.1 million new registered nurses to cover the expansion of health care and the replacement of these retirees (ANA, 2017). In addition, stress-producing factors such as the shortage of nursing faculty, insufficient staffing, and an increase in turnover rates are of looming concern. Information on current data on the national shortage of nursing faculty and statistics predicting nursing shortages per state are in the following paragraphs.

Demographic Statistics

Although states rely on different resources and mechanisms to understand the census for all of the different types of nurses available in their communities, one circumstance is for certain: more states than not have ascertained that they are in the midst of a nursing shortage.

The lack of nursing faculty directly impacts the nursing shortage. A national survey by the American Association of Colleges of Nursing (AACN, 2016) found 1,567 faculty vacancies in 821 baccalaureate nursing schools with nursing and/or nursing graduate degree programs. These unfilled positions affect the number of students accepted to nursing schools**,** thus affecting the number of nurses in the profession. Factors responsible for reducing nursing faculty numbers

are aging faculty, baby-boomer retirements, noncompetitive salaries, insufficient funds to attract nursing faculty, demanding role expectations, and limited doctoral-prepared nursing faculty (Candela, Gutierrez & Keating, 2012; Owens, 2017). Faculty retention is of vital importance in keeping up with the number of nurses needed to replace those leaving the field.

Demographics assist in predicting nursing supply and demand. Midwestern states review the number of current active nurses annually, and their findings consistently revealed that they are not immune to the nursing shortage. Nebraska's population is 1,826,341 with 36,543 active nurses (National Council of State Boards of Nursing, 2018; United States Census Bureau, 2017). Nebraska's current nursing shortage is 4,062 nurses per Nebraska's supply-and-demand model (Nebraska Center for Nursing, 2018). South Dakota's population is 814,180 with 20,957 active RNs. In the same situation, South Dakota is projected to have a shortage of 1,900 nurses by 2030 (HRSA, 2017). In 2008, Colorado demonstrated that there was a need for 3,300 new nurses per year, but there were only 2,400 Colorado nursing school graduates, thus, Colorado was 900 nurses short per year (Colorado Center for Nursing Excellence, 2018). If the state maintains its current capacity of healthcare delivery, findings predict that the state must expand its internal production of new nurses.

Wyoming is projected to have a nursing shortage, per David Gardner, the chief nursing officer at Wyoming Medical Center (Klamann, 2017). Mr. Gardner (Klamann, 2017) states that "by 2024, there's going to be 3.2 million nurses, which is 440,000 more than there were in 2014, but [to] simultaneously care for the aging population and make up for the number of nurses who will retire, we will need 1.1 million more trained nurses in the next seven years (para.7)." Being a rural state, Wyoming worked hard to increase scholarships for nursing students; as well as, creating more nurse residency programs to keep graduates in the state.

The state of Missouri has an increasing number of nurses retiring as data points to 34 percent of nurses being older than 55 and reaching the age of retirement (Cassidy, 2017). Missouri will be extremely limited in filling the open nursing positions based on the overall numbers of students their programs can accept. Missouri has 28 four-year degree nursing programs and 43 practical nursing programs; the demand outnumbers the supply. Missouri hospitals initiated incentive programs such as tuition forgiveness and career ladders to retain nurses (Cassidy, 2017). Per Missouri Hospital Association (2016) 2016 Workforce Report, there were 20,923 full-time staff nurses with 1,891 full time vacancies, which is an 8.3% vacancy rate for nurses.

In a comparatively more unique situation, the states of Iowa and Kansas are predicting a surplus of nurses. With a state-population of 3,046,355 and 64,811 active nurses, Iowa is looking forward to a surplus of nurses 12 years from now as based on Health Resources and Services Administration's (HRSA) (2017) supply projections for the nursing workforce. Iowa will have a surplus of 10,100 nurses. Kansas' population is 2,853,118 with 68,701 active nurses, which projects a surplus of 12,600 nurses by 2030 (HRSA, 2017; National Council of State Boards of Nursing, 2018; United States Census Bureau, 2017).

The supply of nurses in several Midwestern states will be jeopardized as predicted by demographics, the demand data, and limited enrollments as a result of faculty shortage. As previously mentioned, there is a national shortage of nursing faculty which in turn affects the numbers of students accepted to nursing programs. The multiple work stages of nursing faculty include early, midcareer, and late. Each of these career stages impact nursing faculty workforce. The midcareer faculty stage is worth exploring as it is the longest career stage, and those who fall into this category, by definition, have many challenges in the work-life balance realm.

Midcareer

Baldwin, Lunceford, and Vanderlinden (2005) describe midcareer as the longest and most productive stage of a career. Baldwin (1984) also describes midcareer as faculty who have been teaching for ten to twenty years. Midcareer faculty have become competent in academia and in their responsibilities of teaching, scholarship, and service. Midcareer faculty are found to have many personal and professional roles. Personal roles include being a parent, spouse, sibling**,** and caregiver in addition to their professional roles (Kallberg & Loscocco, 1983). Professional roles include teaching, professional development, and service. Workload and a lack of life balance can cause stress and emotional exhaustion. Emotional exhaustion can lead to depersonalization and decreased personal accomplishment based on Maslach and Jackson's (1981) research.

There is inadequate knowledge of midcareer nursing faculty and burnout in its relationship to increased personal and professional roles. It is unclear if burnout is a contributor to retention in midcareer nursing faculty. Midcareer nursing faculty, being the largest working group, are a vital part of the overall nursing faculty. If this group has a high burnout rate, they have a higher rate of experiencing Depersonalization and decreased Personal Accomplishment. Assessing midcareer nursing faculty's risk for burnout could potentially help with retaining those within this career stage. An exhaustive literature search demonstrates a gap in knowledge about burnout in midcareer nursing faculty.

Research Question and Aims

Do midcareer prelicensure BSN faculty experience burnout?

Aims

Primary Aim: Assess midcareer prelicensure BSN faculty's Emotional Exhaustion, Depersonalization, and Personal Accomplishment measured by Maslach's Burnout Inventory for Educators.

Secondary Aim: Explore characteristics of midcareer prelicensure BSN faculty using a demographic questionnaire.

Third Aim: Compare characteristics of midcareer prelicensure BSN faculty to measurements of Emotional Exhaustion, Depersonalization, and Personal Accomplishment measured by Maslach's Burnout Inventory for Educators.

Assumptions

There are many assumptions that can be made with the three aims identified. The following priority assumptions are based on prior research and knowledge of midcareer nursing faculty and burnout. The first assumption is that midcareer nursing faculty have high Emotional Exhaustion, high Depersonalization, and low Personal Accomplishment. The second assumption is that Emotional Exhaustion and Depersonalization will be higher for those who spend more time with multiple roles: more hours with committee work, teaching more clinical hours, and teaching more credit hours. The third assumption is that Emotional Exhaustion and Depersonalization will be less for nursing faculty who exercise regularly and have fewer workload responsibilities. These assumptions can be made based on the literature review and knowledge about midcareer nursing faculty and burnout.

Delimitations

The investigator controlled certain factors in this study. Participants in this quantitative study were limited to a convenience sample of midcareer nurse educators in prelicensure BSN institutions that offer traditional baccalaureate education programs in the Midwest. RN diploma,

RN associate degree, and licensed practical nursing (LPN) programs were not included in this study, limiting the prospective workload of this population of nurse educators. The convenience sample included full and part-time faculty, excluding adjunct faculty, which limited the differences in workload. Incomplete questionnaires were not used.

Definition of Terms

The following definitions were used in the research study:

Bachelor of Science in Nursing

The Bachelor of Science in Nursing (BSN) (Billings & Halsted, 2016) is the completion of general education requirements with a strong foundation of liberal arts and sciences, nursing core courses, and required clinical experiences. BSN programs are often accredited by either the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE). Accreditation creates an environment for nursing students to participate in federally funded programs, and also prepares student for advance studies. These students are educated with nationally established standards for nursing education. In turn, nurse educators need to teach and operate under these standards to create an educationally sound product.

Active Nurse

An active nurse is one who has a license issued by a governmental entity that provides the assurance to the public that the nurse has met the predetermined standards and is currently practicing as a nurse (National Council of State Boards of Nursing, 2015). The licensed nurse must demonstrate continuing education and competency that is set by the governmental entity.

Midcareer Faculty

Midcareer is defined by Baldwin, DeZure, Shaw, and Moretto (2008) as a lengthy period between the end of professors' probationary years and their preparation for retirement. Baldwin

(1984) described midcareer faculty as faculty who have been teaching for ten to twenty years. Midcareer is the longest and most productive stage in one's career, spanning fifteen to twenty-five years (Baldwin, Lunceford, & Vanderlinden, 2005). During this time period, most faculty will teach the majority of their students, produce the bulk of their publications, and serve in institutional leadership roles.

Burnout

Burnout is defined as a situation where there are manifesting changes in attitude and behavior related to a job, and which are expressed as physical, mental, and emotional exhaustion, which finally gives rise to lower personal accomplishment (Maslach & Jackson, 1981). Burnout equates to long-term exhaustion and diminished interest. Burnout develops gradually with longer periods of emotional and physical exhaustion, resulting in apathy and disinterest in work and relationships (Maslach & Jackson, 1982). Frequently, burnout is associated with individuals who perform "people-work" of some kind (Maslach & Jackson, 1981). As these emotional resources are depleted, workers feel like they can no longer give of themselves. The feelings of depleted emotional resources from one's own work environment can frequently spill over to personal life, impeding the enjoyment of daily living. The nurse educator cannot afford to be heartless and display dispassionate care toward students or patients. Teaching involves intense interactions with students, coworkers, and administrators (Kilzili, Erdogan & Sozen. 2012). Nurse educators have the responsibility to teach, counsel students, work on committees, and engage in clinical practice, making them at risk for burnout (Kilzili, Erdogan & Sozen. 2012).

Emotional Exhaustion

Emotional exhaustion is a component of burnout. Emotional exhaustion is defined as feelings of being overextended and exhausted by one's work (Maslach, Jackson, & Leiter, 1996). In caregiving professions, one can feel a loss of physical energy and drained of emotional

energies. When these feelings are chronic, educators find they can no longer give to students as they once could (Maslach, C., Jackson, S. & Leiter, M., 1996). Emotional exhaustion is a subscale of Maslach's Burnout Inventory for Educators Survey (MBI-ES).

Depersonalization

Depersonalization is the negative, rigid, or indifference manner of treatment toward other individuals whom one is to be providing a service (Maslach, Jackson, & Leiter, 1996). Educators who no longer have positive feelings toward their students are experiencing the second component of burnout, depersonalization. Indifferent, negative attitudes can be displayed by educators toward their students by name calling, distant attitudes, physically distancing themselves from students, and tuning out the student (Maslach, Jackson, & Leiter, 1996).

Personal Accomplishment

Personal accomplishment is the feeling of being successful and competent. A feeling of personal achievement is particularly crucial for educators as they thrive on goals. Most nurse educators enter the profession to help students learn and grow in the profession of nursing. When educators no longer feel that they are contributing to the students' development, they are at risk of experiencing disappointment (Maslach, Jackson, & Leiter, 1996). A crisis in personal accomplishment can be severe and enduring for an educator.

Significance of the Study

This study focuses on the discovery of burnout in midcareer nursing faculty and characteristics of midcareer faculty that have an effect on Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Developing knowledge on midcareer nursing faculty and how their multiple role expectations impact burnout is vital for building a supportive work environment that will promote the retention of nursing faculty, and therefore have a positive influence on the overall supply and demand of nursing. The knowledge gained about

midcareer nursing faculty may stimulate both faculty and administrations to focus on structures and processes for a more supportive academic environment. This research will fill a gap of knowledge on midcareer nursing faculty burnout and be a base for future studies on midcareer faculty within nursing and, potentially, other professions that include clinical practice prior to becoming an educator.

Chapter II: LITERATURE REVIEW

The following review of literature provides an overview of the research available related to midcareer faculty. Through this review, key concepts emerge, including midcareer faculty's work-life balance, strategies of support, job satisfaction, and the impact of burnout in academia, along with several key sub-concepts that are associated with the stated key concepts. There is limited knowledge specific to midcareer nursing faculty in relationship to the effects of burnout. The review of literature serves as a building block for this study on midcareer nursing faculty. The following section provides the conceptual context for this research study. Identified concepts and sub-concepts are discussed in detail.

Historical Context

Nurse educators are a vital component of nursing. Nurse educators have a responsibility to educate nursing students by using multiple teaching strategies, utilizing evidence-based practice, following organizational policies and procedures, and assisting students in their development of clinical reasoning and critical thinking. Midcareer faculty teach the majority of their students, produce the bulk of their work, and have prominent leadership responsibilities during their midcareer stage (Baldwin, Lunceford, & Vanderlinden, 2005).

"Midcareer," "midlife," and "faculty in the middle" are terms that have been used to describe the middle period of one's career stage. These terms can be difficult to understand based on common perceptions of the terms and how the terms are described. The midcareer stage of faculty has been researched in education, medical, and pharmacy academic settings. Due to limited research, there is an urgent need to explore midcareer nursing faculty. In particular, there is a need to explore midcareer nursing faculty based on work-life balance, strategies that impact midcareer nursing faculty, retention, job satisfaction, and burnout. It is hoped that a body of knowledge pertaining to midcareer nursing faculty will be gained from this research.

Authors have worked to define workload, roles of midcareer nursing faculty, and challenges that midcareer faculty face. Those in this career stage have experienced changes in teaching strategies, are comfortable in their delivery of content, and are leaders within their field. In relationship to this, it is important to define career stages and development of knowledge, skills, and competency.

Theoretical Context

Patricia Benner (2001) described how nurses acquire knowledge and skills in Benner's Novice to Expert Theory. The theory proposes that expert nurses develop skills and understanding of patient care over time based on exposure to repetitive situations and experiences. Dr. Benner found improved practice depended on experience and science. The development of skills is considered a long and progressive process. She found when nurses engaged in various situations and learned from them, they developed *skills of involvement* with patients and family. Benner's Theory has also been relevant to the ethical development of nurses as the perception of ethical issues is also dependent on the nurses' level of expertise. This theory has been applied to several disciplines beyond clinical nursing. Benner believed an individual moves sequentially through five specific stages in order to achieve the highest and final stage of expert status: novice, advanced beginner, competent, proficient, and expert.

Changes over the continuum happen in three areas: moving from reliance on abstract principles to one's own concrete experiences; changing one's understanding from all information in a situation being equally relevant to being able to distinguish levels of relevance and importance; and moving from being a detached observer to an involved performer (Benner, 2001). Each stage builds from the previous one as these abstract principles are expanded by experience and gains are produced from clinical experiences. The five stages of Benner's From Novice to Expert are defined below.

Stage 1 Novice: Individuals at this stage of competence are just starting their careers (Benner, 2001). People at this stage have very limited ability to predict what could happen next. To be able to predict, a novice would need to have prior experience with the situation or knowledge at hand. An example would be a nursing student in their first year of clinical education when behavior in the clinical setting is very limited and inflexible. Patient signs and symptoms, such as change in mental status, can only be recognized after a novice nurse has had experience with patients with similar symptoms.

Stage 2 Advanced Beginner: Advanced beginners can recognize recurrent situations, have knowledge that they can act upon, and can often work independently (Benner, 2001). Advanced beginners are new graduates in their first jobs. These nurses have had more experience that enables them to recognize recurrent, meaningful components of a situation. They have the knowledge and the know-how, but not enough in-depth experience.

Stage 3 Competent: Competent nurses formalize their knowledge and education into practice in their daily lives (Benner, 2001). These nurses lack the speed and flexibility of proficient nurses, but they have some mastery and can rely on advance planning and organizational skills. Competent nurses recognize patterns and the nature of clinical situations more quickly and accurately than advanced beginners. Competent nurses can enhance their speed and flexibility while performing their duties because they know how to react to situations.

Stage 4 Proficient: Proficient nurses begin to realize that there is a bigger picture to be embraced (Benner, 2001). Nurses begin to realize that they can be proactive with certain aspects of care instead of managing specific events. At this level, nurses are capable of seeing situations as "wholes" rather than parts. Proficient nurses learn from experience and events typically occur then a plan can be modified in response to changing events.

Stage 5 Expert: An Expert nurse can recognize resources and demands (Benner, 2001). They reach certain goals based on their recognition. Expert nurses are those who are able to recognize demands and resources in situations and attain their goals. These nurses know what needs to be done. They no longer rely solely on rules to guide their actions in certain situations. They have an intuitive grasp of varying situations based on their deep knowledge and experience. They focus on the most relevant problems. Analytical tools are used only when they have no experience with an event, or when events don't occur as often or as expected.

Benner's theory focuses on clinical competence and encompasses the development of knowledge, skills, and competency. The theory not only addresses hands-on and psychomotor learning, but also the development of thinking broadly and gaining continued development and knowledge.

Midcareer nursing faculty have reached the level of expert in Benner's Novice to Expert Theory. As midcareer faculty acclimate to the educational environment from prior experiences in the classroom and clinical settings, they can reach the highest level in Benner's Novice to Expert theory. Midcareer faculty may be able to reach advanced goals based on their recognition of need. They are also able to identify resources needed to reach these goals. When situations come up for midcareer faculty, they apply what they have learned from prior experiences which directs them toward a developed plan to manage the present situation and identified need.

Workload

Baldwin and Blackburn's (1981) examination of faculty career stages provides a comprehensive picture of evolving characteristics of faculty. The study, consisted of male college faculty members from twelve liberal arts colleges in the Midwest, revealed that some faculty characteristics remained stable over time and some evolved consistently during their careers. Respondents viewed new or added responsibilities as difficult, including teaching

unfamiliar material, additional committee work, and administrative responsibilities. Pressure, stress, and then a desire for goal achievement decreased over time in their careers. Midcareer professors often stated they had considered career changes and felt like they were at a standstill. Difficult periods included mid-career crises, loss of interest, lack of recognition, and dissatisfaction, all of which need reassessment. Baldwin and Blackburn (1981) concluded that administrations and institutions have a responsibility to encourage career planning and flexible leave policies for midcareer faculty.

Determining concepts of "midlife" and "midcareer" help in understanding of academic lifecycle (Baldwin et al. 2005). Using data from the National Study of Postsecondary Faculty (NSOPF-99) to gain knowledge on academic and professional background, employment status, responsibilities, satisfaction, workload, and attitudes on faculty, the researchers were able to compare findings across three faculty life cycle schemes. Midcareer faculty spent more time on paid and unpaid outside activities, teaching consumed a large percentage of their time, and administrative duties peaked at midcareer. Midcareer faculty work changed to more administrative and teaching responsibilities rather than research, professional development, and service. Baldwin et al. (2005) found that midcareer faculty are dissatisfied in workload and time available to keep current in their field. Some reasons for this may be the demands of academic life in the middle years and personal life responsibilities such as parenting, aging parents, and decreasing professional advancement.

Nottis (2005) described how to keep midcareer research faculty engaged when the desire to publish was decreased. The paper explained differences in teaching versus researching and the importance of both. The average rate of scholarly productivity was one journal article for every two years for assistant professors (Nottis, 2005). Assistant Professors were also the most

engaged in clinical research. Once midcareer faculty meet tenure, their efforts may be directed elsewhere. The paper stated that midcareer researchers need additional support from their administration to meet their scholarly goals. Nottis (2005) concluded that researching faculty need support from their institutions to meet their research agenda.

Midcareer faculty shift their careers to more collaborative cross-disciplinary activities (Kelly, 1991). Kelly (1991) stated that faculty in midcareer may focus on personal needs rather than professional needs. In this study, midcareer faculty reassessed their careers in order to determine if they were fulfilled or not. If not, midcareer faculty were found to change employment. The study identified the tasks of faculty in three ways: teaching, research, and service. After tenure, faculty may take less of a role researching and more interest in teaching.

Owen's (2017) mixed methods study explored relationships between the nurse educator's life balance, quality of life, and lived experience of life balance. Owen (2017) also looked at how these relationships may be used to develop strategies to help with minimizing dissatisfaction and burnout. Nurse educators who had moderate life balance correlated with greater satisfaction. Those with stronger life balance and satisfaction correlated with less burnout. Owen's (2017) study "demonstrated significant relationships between life balance and professional quality of life. The results suggest that the more life balance educators perceive they have, the more compassion satisfaction they may perceive (p. 186)." A significant relationship was found between the subcategory identity and compassion satisfaction ($r=0.415$, $p<.05$), with significant negative relationships between identity and burnout ($r=-0.471$, $p<.01$) and secondary stress ($r=-0.415$, $p<.01$) (Owens, 2017). Based on interviews, the study discovered that support, demands, workload, and personal/time attributes were all significant themes. The literature addressed dissatisfaction with workload and balance as contributing factors to the nurse educator shortage.

This study highlighted the fact that nurse educators generally report moderate life balance, despite many issues with support, demands, workload, and personal time (Owen, 2017).

A cross sectional study by Drybe et al. (2013) on physician satisfaction and burnout in different career stages found that midcareer physicians worked more hours, took more overnight calls, had the lowest satisfaction with specialty choices and their work life balance, and had the highest rates of emotional exhaustion. Midcareer physicians were identified as the most likely to leave the practice for reasons other than retirement.

Three studies focused on women in academia. A qualitative study by Helitzer et al. (2016) assessed narratives from telephone interviews about career development programs for women in academic medicine. Women in this study consistently stated that they needed to balance career advancement and family priorities. It was important to these women to have a supportive partner or parents. There are challenges with being a mother, wife, and daughter, include the need to find creative solutions for balancing a career and family.

A qualitative longitudinal study by Ward and Wolf-Wendel (2016) examined how work and family evolved over an academic career in an all-female faculty. The three themes that emerged from the study were leaning back for work and family balance, autonomy, and views from the middle. Midcareer women were not focused on career advancement in terms of promotion or administration. Midcareer women organized their time and managed their schedules independently, in turn giving them time to be mothers or assist aging parents. They had feelings of never-ending workloads and not enough time to teach, research, or serve. Midcareer, female faculty avoided conflict at their institution of work, which in turn made leadership positions unappealing.

Hart's (2016) embedded case study investigated workplace practices in which midcareer women faculty teaching in the sciences, technology, engineering, and mathematics (STEM) carried out their careers. Results from participants described more barriers than support. Three themes emerged, including networking, division of labor and promotion, and leadership experiences. Networking was absent within the STEM faculty, including mentoring and collegiality. Women cultivated their own networks in order to assist with professional resources. The most important resource within the division of labor was time. Faculty had the responsibilities of teaching, researching, and conducting institutional service, but found that research was valued higher than the others. Workload was a barrier to the participants because it took time away from research. Grant money and publications were found to be necessary factors in promotion and leadership. Research came first to these women while leadership responsibilities came second. Workloads, ambiguity, and hostile environments were found to be barriers for midcareer female faculty.

Challenges

Baldwin et al. (2008) study examined midcareer faculty experiences and recommended support of faculty in the midcareer stage. Midcareer faculty were called on for service, administrative, and leadership roles. Themes found were challenges that included high expectations of more work, feelings of neglect, relief at completing tenure, and confusion as to what to do next. Midcareer faculty were found to have adapted to change in order to remain competitive. The authors concluded that support of midcareer faculty included aid, encouragement, training, and development.

Baker-Fletcher, Carr, Menn, and Ramsay (2005) also uncovered issues in post-tenured faculty life and work. They discussed the importance of examining one's teaching at midcareer because of previous focus on research for tenure. As some pressures diminished after tenure,

others emerged, including an increase in administrative duties, committee work, teaching loads, and multiple other commitments. Along with duties of teaching, scholarship, and service, midcareer faculty had family and community obligations such as parenting, generational transitions with an increased responsibility within the family system, one's own health, and a physical decline in middle age. The authors concluded that balancing teaching, research, and life at middle age are challenging for midcareer faculty.

Strage, Nelson, and Meyer's (2008) study addressed tasks midcareer faculty embraced to retain or achieve vitality, additional responsibilities, and resources administrators provided to help faculty. Midcareer nursing faculty described the need to delineate a clear purpose and to feel as if they had made an important contribution. Sources of satisfaction varied from teaching, scholarship, and service. The study found that articulating and advancing goals was challenging and required deliberate attention. Midcareer faculty also had needs for addressing their own professional growth, which included solving problems, seeking to learn something new, being unafraid to make errors, and being open to constructive feedback.

Work Environment

Several authors discussed the impact of the work environment on nurse faculty. Candela et al. (2012) examined factors that influenced nursing faculty's work life in order to provide a supportive environment. This cross-sectional, nonexperimental design described participant perceptions of administrative support for faculty improvement and perceptions of productivity that predicted faculty's intent to stay or leave. The authors noted that administration and work-life balance can impact the faculty's intent to stay or leave academia. Bodla and Danish's (2009) correlational study echoed Candela et al. (2012) findings, confirming significant relationships between organizational politics and job satisfaction, job stress, and turnover intentions.

Girot and Albarran's (2012) descriptive study examined areas of risk among academic faculty in meeting the future needs of the health care workforce in Southwest England. This study showed a lack of workforce and the difficulties encountered when recruiting clinicians to a career in education. Findings from this particular study led to looking for solutions to help with improved workload, work/life balance, and challenges within the environment.

The cumulative implications of these studies indicates that midcareer faculty felt they had: an increased workload; multiple roles that included teaching, scholarship, and service; increased personal roles; and challenges within the environment.

Strategies that Impact Midcareer Faculty

There is ample research on strategies for supporting nursing faculty. These strategies include support, professional development, and mentoring, all of which impact retention of midcareer faculty.

Support

Ponjuan, Connley, and Trower (2001) examined relationships between pre-tenure faculty members in different career stages during the tenure process, and also perceptions of professional and personal relationships with senior colleagues and peers. This quantitative study found that pre-tenure faculty members reported positive levels of satisfaction with senior faculty. Senior members played a vital role in helping new members feel liked and trusted. This study validated the need for acceptance at work for all levels.

Professional Development

Multiple studies on midcareer faculty professional development have been conducted. Belker's (1985) literature review concluded that many colleges operate under the traditional concept of faculty development. This means that whatever the individual faculty member has identified as an area for improvement be it professional, instructional, or personal development,

is the responsibility of that faculty member (Belker, 1985). The focus of professional development is also the responsibility of the new faculty members. The study found a difference in professional development needs between a two-year and four-year college. The study also found that few colleges and universities are concerned with the professional growth of midcareer faculty.

Baldwin (1984) said that faculty development is intended to enhance the performance of professors. Academics have ever-changing needs, maturation, and revisions. Baldwin (1984) stated that midcareer faculty need to assess their personal and professional achievements and current life situations. They may need to revise long and short-term goals. One development need of midcareer faculty is to take the time to assess their own careers. Baldwin suggested weekend career assessment workshops or annual/biennial career planning meetings (1984). Other means of development for midcareer faculty are small-grant programs and rotating administrative positions.

Baldwin and Chang (2006) discovered that increasing midcareer information resources, implementation of programs for career planning, professional development, renewal, mentoring, teaching and research support, awards and recognition, and national support were strategies that promoted continued growth for faculty in the middle. This research led to the development of the Mid-Career Faculty Development Model (Baldwin & Chang, 2006). The Mid-Career Faculty Development Model was developed to assist administrators and institutions in bettering their support systems for faculty in the middle years of academic life and to identify gaps in their services to midcareer faculty (Pastore, 2013). “The model presents key steps in mid-career faculty development process along with support that is needed to sustain this process” (Baldwin & Chang, 2006, p. 32). There are three building blocks to support the mid-career faculty

development process. They include: collegial support, including mentoring, networking, and collaborating; resources, including information, time, funding, and space; and reinforcement, including recognition and rewards (Baldwin & Chang, 2006). These essential elements are needed to support career reflection and assessment, career planning, including short and long term goals, and career action and implementation, including new projects and/or new research areas (Baldwin & Chang, 2006). This model promotes midcareer faculty development to ensure these key faculty adjust to changes and participate in the academic community. Pastore (2013) validated Baldwin and Chang's Mid-Career Faculty Development Model and added the importance of reflection and assessment.

West (2012) explored vocational disconnect and proposed strategies for dealing with the feelings of disconnect, such as support groups, regional conferences, following up with workshop members, establishing blogs, and establishing comprehensive career development strategies by administrations. This study gave midcareer faculty the ability to engage together in reflection on careers and development of goals using the appreciative inquiry model.

Strage and Merdinger's (2014) grounded research examined the experiences of participants in a midcareer professional growth and renewal program. Participants realized insights about themselves and began to focus on their own professional growth, which in turn created motivation. Midcareer, specifically, were found to need a professional renewal program based on their unique needs, promotion of collegial interaction, and opportunities to give back. Strage and Merdinger (2014) found department chairs and institutions need to be more aware of these motivators for midcareer faculty.

A mixed method study by Romano, Hoesing, O'Donovan, and Weinsheimer (2004) assessed the outcomes and impact of a Mid-Career Teaching Program (MCTP). The MCTP was

developed for experienced faculty, and included a year-long initiative for faculty members who wanted to improve student learning and effective teaching (Romano et al., 2004). MCTP goals were: 1) introduce faculty to pedagogical strategies to improve student learning, 2) support faculty as they apply new knowledge and techniques in their classrooms, 3) provide faculty with an opportunity to converse with peers about improving student learning through effective teaching, and 4) offer a forum for faculty to discuss mid-life events that have an impact on their personal and professional lives (Romano et al., 2004). The participants stated they often felt overlooked and had lack of recognition and rewards within their place of work. MCTP assisted midcareer faculty in improving teaching methods, increasing confidence, and renewing energy, which increased satisfaction in their personal lives. Noted in their findings was the importance of institutions giving experienced faculty an opportunity to work together and support each other as they work with instructional challenges (Romano et al., 2004).

Berman's (2015) case study on academic leadership development, discovered that midcareer faculty needed more experience with conflict resolution, exposure to leadership programs, new perceptions of themselves as leaders, and increased confidence in utilizing resources. The dean's leadership program benefited the university, its participants, and, ultimately, the nursing faculty. "Interviews with the participants revealed six themes: the support a peer cohort provided, a desire for real life application, a lack of previous exposure to related content or experiences, new perceptions of themselves as academic leaders, the value of the program as preparation for academic nursing leadership roles, and broad program application" (Berman, 2015, p. 298). The author acknowledged low buy-in for the leadership program as a limitation of the research.

Professional development programs have been implemented in other realms of healthcare education. Campion, Bhasin, Beaudette, Shann, and Benjamin's (2016) mixed methods design looked deeper into a midcareer faculty development program for academic medicine. The Academy for Collaborative Innovation and Transformation (ACIT) addressed the need for midcareer faculty development in academic medicine. This research found that there are nine factors that impact midcareer faculty's vitality: organizational mission and one's personal sense of purpose, available resources, opportunities to reflect, set goals and develop, sense of community, opportunities for collaboration, guidance from mentors, work-life integration, positive reinforcement, and institutional culture. Secondly, this study evaluated the design and infrastructure of the ACIT. Important features included committed staff, peer mentoring, feedback, location and length of program, and the availability of protected time. The ACIT curriculum was viewed as comprehensive and was targeted to the needs of midcareer faculty. Thirdly, it developed a cohesive cohort. This study revealed the importance of support for midcareer faculty.

Mennin et al.'s (2013) qualitative study aimed to identify common experiences, challenges, and successful strategies of 54 midcareer faculty who attended The Foundation for the Advancement of International Medical Education and Research Institute. The study findings were similar to Campion et al. (2016) as they found useful skill areas included educational methodology, leadership, management, and relationships. Common challenges were competing responsibilities, lack of protected time, and limited resources.

Mentoring

Professional development programs assist in helping midcareer faculty as well as mentoring. Kram and Hall (1989) described mentoring as an antidote to stress. They found that midcareer can be a tumultuous time filled with anxiety about the future and past

accomplishments. The authors discovered that midcareer faculty are not the best mentors because midcareer is a stressful and unfulfilling time (Kram & Hall, 1989). However, Heinrich and Oberleitner's (2012) case study confirmed the importance of mentoring and found peer mentoring to be helpful with midcareer faculty scholarship to sustain motivation and momentum.

Professional development and mentoring have been effective in supporting, developing, and guiding midcareer faculty. Engagement and retention have increased based on the development of professional activities and the support of mentoring. Professional development and mentoring have been used to help support midcareer faculty, but the research on what is happening with midcareer faculty is lacking.

Retention

Few authors have researched retention strategies for midcareer faculty. Donner and Wheeler (2001) discovered that midcareer faculty are at a crossroads in their lives and need to balance home, work, and health. Retention strategies that target midcareer faculty require diverse activities, including personal and professional development that is unique to their needs. Hall, Lalonde, Dales, Peterson, and Cripp's (2011) mixed methods study found that retention strategies for midcareer faculty include good salary and benefits, good mentors, positive working relationships, management that accommodates their schedules, and continuing education opportunities.

Job Satisfaction

Research thus far has been focused on midcareer work/life balance, strategies that impact midcareer faculty, and retention. The following section will focus on job satisfaction, specifically on the impact of age, midcareer healthcare faculty, midcareer nurses, and nurse educators.

Age

Kallberg and Loscocco's (1983) quantitative study explored the form and determination of the age-job satisfaction relationship. They found that job satisfaction tends to be lower in the middle periods than others because of the conflicts with meaning of life, work, and family. The transition that happens at midlife can affect satisfaction with roles. Values and rewards can also impact job satisfaction within midcareer.

Midcareer Healthcare Faculty

Conklin and Desselle's (2007) quantitative study of pharmacy faculty found work satisfaction for faculty members was influenced by resources of scholarship, institutional support and reward, requirements for tenure and promotion, availability of a graduate program, collegiality, and teaching environment. The authors also discovered lower levels of satisfaction related to availability of competent teaching and time to pursue scholarship activities. There is a gap in the research on job satisfaction and midcareer pharmacy faculty based on the lack of research specifically aimed at midcareer.

Midcareer Nurses

Price and Reichert (2017) researched the importance of professional development to career satisfaction and patient care based on novice to mid/late-career nurses. In this descriptive study, 185 nurses participated in a focus group to explore career needs based on career stage: early, mid, and late career. Thematic analysis of data indicated professional development is a need for nurses across various career stages of nursing. Mid-to-late-career nurses strongly value lifelong learning and have a strong need to maintain competency to provide quality patient care. The authors found that training and education were directly related to career satisfaction in nurses, thus leading to retention.

Nurse Educators

Davies, Laschinger, and Andrusyszyn's (2006) descriptive study examined clinical educators' perceptions of empowerment and its relationship to job tension and job satisfaction. They found that clinical educators perceived empowerment as directly impacting their job satisfaction. When clinical educators perceived they had support for their work, they were more satisfied. The recommendation from this study was for administration to provide an environment of empowerment as a work condition.

Derby-Davis's (2014) descriptive study used Herberg's Motivation-Hygiene Theory of job satisfaction. A convenience sample of nursing faculty teaching in baccalaureate and graduate nursing programs took an online survey regarding job satisfaction, intent to stay, and demographics. The results showed that the more highly educated and experienced faculty had a higher intent to stay in academia. Age and family responsibilities were not significantly related to intent to stay. There was significant relationship between job satisfiers (motivation), job dissatisfiers (hygiene factors), and intent to stay. The survey indicated that nursing faculty overall were satisfied with their jobs. Kamel and Hashish (2015) also studied job satisfaction with nurse educators. Their descriptive, correlational design found that there were significant differences among nursing educators with varying years of experience regarding their perceptions of psychological need satisfaction, as well as personal insecurity. Staff with more than 20 years of experience had higher psychological and work environment uncertainty.

Several studies have discussed job satisfaction in medical educators, nurses, and nurse educators as a whole, however a focus specific to research on midcareer nursing faculty has not been completed related to job satisfaction. This is a gap within the literature.

Burnout

Specific research related to burnout in midcareer nursing faculty has not been completed. The next section will explore the research on burnout with a global perspective, narrowing to the impact of burnout on nurse educators.

Definition

Maslach and Jackson (1981) describe burnout as a "syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do *people-work* of some kind" (p. 99). Burnout leads to emotional exhaustion, which is a feeling of depletion. Emotional exhaustion can lead to negative or callous feelings towards others (depersonalization). Emotional exhaustion and depersonalization can then lead a person to a feeling of decreased personal accomplishment. Burnout is correlated with self-report of personal distress, including physical exhaustion, insomnia, increased use of alcohol and drugs, and family/marital problems. This study validated Maslach Burnout Inventory (MBI).

The MBI (Maslach, Jackson, & Leiter, 1996) was developed on the grounds that burnout is a psychological response to aspects of one's daily experience. MBI is a validated tool that includes three subscales: emotional exhaustion, depersonalization, and personal accomplishment measured by a six-point Likert scale. There are five versions of the MBI; MBI Human Services Survey (MBI-HSS), MBI for Medical Personnel (MBI-HSS (MP)), MBI Educators Survey (MBI-ES), MBI General Survey (MBI-GS), and MBI General Survey for Students (MBI-GS(S)). The psychometrics of the MBI are promising. The reliability of the three MBI scales in the various versions exceeds the recommended levels for research instruments (Maslach, Jackson, & Leiter, 1996). The internal reliability based on Cronbach alpha estimates have been reported as: 0.90 emotional exhaustion, 0.76 for depersonalization, and 0.76 for personal accomplishment (Iwanicki & Schwab, 1981). The test-retest reliabilities of the three subscales are: 0.60 for

emotional exhaustion, 0.54 for depersonalization, and 0.57 for personal accomplishment (Jackson, Schwab & Sculer, 1986). The validity of the MBI in its multiple versions has been demonstrated by numerous studies, and it confirms the relationship between job attributes and experienced burnout. When one has strong emotional exhaustion and depersonalization, then one will most likely have a lower feeling of personal accomplishment.

Maslach, Jackson, and Leiter (1996) updated the MBI (Maslach, Jackson, & Leiter, 1996) to provide guidelines for and improve the understanding of the questionnaire. This provides the definitions of emotional exhaustion, depersonalization, and personal accomplishment. When using the MBI, it is important to know that a high score indicates high emotional exhaustion and depersonalization with low personal accomplishment. Low scores indicate low emotional exhaustion and depersonalization and high personal accomplishment. Maslach, Schaufeli, and Leiter (2001) further explore burnout as a viewed form of job stress with links to job satisfaction, organizational commitment, and turnover. If one has emotional exhaustion, one will start to distance him or herself from service recipients by actively ignoring them and lessening engagement. This leads to a decrease in productivity and effectiveness at work.

Burnout is closely related to decreased job satisfaction and reduced commitment to the organization. Job related stressors that lead to burnout are workload, time, and role conflicts. Maslach, Schaufeli, and Leiter (2001) found that burnout is higher in 30-40-year-olds. Those unmarried seem more prone to burnout than those who are married. Based on research by Maslach, Schaufeli, & Leiter (2001), people who have higher education have higher levels of burnout because they have greater responsibilities. As with job satisfaction, lack of rewards and recognition can affect burnout. These are significantly related to midcareer nursing faculty.

Maslach and Leiter (2017) added new insights within a literature review on burnout and health care by writing about strategies for improving civility and alleviating burnout. The review of literature found that there are six areas that can impact burnout including: workload, control, reward, community, fairness, and values. Strategies for prevention and alleviation of burnout have been developed and include self-help books, workplace improvement, studies on civility, and emphasis on the importance of emotional intelligence.

Impact of burnout on job satisfaction

Hakanen and Schaufeli's (2012) quantitative, longitudinal study examined work engagement and negative work-related states that would predict both life satisfaction and depressive symptoms. The results found that burnout predicted depressive symptoms and life dissatisfaction. Work engagement had a negative effect on depressive symptoms and a positive effect on life satisfaction ($p < .001$). Both burnout and work engagement had long-term effects on depressive symptoms and life satisfaction. The research concluded that work engagement and burnout are not direct opposites as previously suggested. Experiences at work are particularly important for an individual's wellbeing.

Bilge (2006) identified factors which predict burnout of faculty working in the science academia. This quantitative study found that the motivating factors, or intrinsic factors, are success, recognition, appreciation, taking responsibility, and possibilities of advancement. Hygienic factors, or extrinsic factors, include job conditions, such as organizational policies, supervision, and interpersonal relationships. Job satisfaction was the best predictor of burnout. The most important predictors of emotional exhaustion were the intrinsic factors (t=-7.489, p=0.00). This study found emotional exhaustion scores to increase as the level of intrinsic satisfaction decreased. The most important predictor of the depersonalization score was the intrinsic satisfaction score (t=2.917, p=0.006). As depersonalization scores increased, the

intrinsic satisfaction scores decreased. The study discovered that the job is more important than the job conditions. Academics who found encouragement for their professional development and who could assume responsibility of their jobs were more motivated and experienced less burnout.

Burnout and Social Workers

Wright and Cropanzano's (1998) quantitative, one-year longitudinal study tested the relationship between emotional exhaustion, job performance, and voluntary turnover in social welfare workers. This study found that emotional exhaustion impacted job performance and turnover for social welfare workers ($p<0.01$). The value of the z statistics further demonstrated that job performance ($z=2.00$, $p<0.05$), but not emotional exhaustion ($z=-1.54$), was a significant indicator for voluntary turnover (Wright & Cropanzano, 1998). Garden (1991) also explored burnout and performance, and discovered that higher energy depletion was caused by increased negative feelings about one's own performance. The results supported the idea that a decline in performance is associated with burnout. Cropanzano, Rupp, and Byrne (2003) continued work on emotional exhaustion and job performance in a quantitative, descriptive study. The study of private and public employees found that emotional exhaustion predicted organizational commitment, turnover intentions, and job performance. These studies showed that burnout does impact job performance.

Burnout and Nursing Faculty

Burnout has been extensively researched in fields that have direct patient interaction, which includes nursing faculty. Yedidia, Choe, Brownlee, Flynn, and Tanner (2014) explored aspects and perceptions of faculty work-life balance associated with emotional exhaustion and intent to leave academia. This cross-sectional design found that the significant predictors of emotional exhaustion were dissatisfaction with workload, especially among those devoting 50%

of their time to administrative duties. This group had dissatisfaction with flexibility in balancing work and family, meaningfulness of work, direction the school was headed, and time spent with all work activities. Emotional exhaustion was noted in those that held a clinical role.

Kilzilci, Erdogan, and Sozen's (2012) comparative study looked at age, marital status, academic positions, weekly work hours, and educational model effects on burnout within nurse academics. They found that there were no significant differences in emotional exhaustion and depersonalization based on age. Married faculty had a lower level of depersonalization than unmarried faculty. The authors concluded with the need to investigate relationships between roles and burnout.

Fong (1990) performed a mixed methods study examining relationships between roles, overload, social support, and burnout among nurse educators. It was common for the respondents to have feelings of a moderate degree of burnout almost weekly, a mild degree of depersonalization toward students a few times a year, and a mild feeling of decreased personal accomplishment at least monthly. Nurse educators felt extreme pressure and high job demands, which supports the findings of the other studies on burnout.

This review of literature clearly demonstrates a disconnect in the studies on burnout related specifically to midcareer nursing faculty as the majority of research has been on educators, physicians, and other careers. Even though midcareer faculty have increased responsibilities within the workplace, increased difficulties with work-life balance, and challenges within the workplace, research on burnout has not focused on this specific nursing faculty career stage. This literature review clearly shows there is a gap in the research on burnout and how it relates to midcareer nursing faculty.

CHAPTER III: METHODS AND PROCEDURES

This chapter discusses the research design and data gathering procedures that were used for this descriptive study. Furthermore, the characteristics of the participant sample, method of participant selection, data-collecting tools, data analysis plan, and ethical considerations are shared.

Research Design

This quantitative study uses a descriptive research design. As current research on midcareer nursing faculty was limited, it was believed that the selected research design would allow for further exploration of work-life attitudes.

Descriptive cross-sectional survey designs help to answer a research question in relationship to incidence, prevalence, or frequency of occurrence of a phenomenon of interest and characteristics at the point in time (Gray, Grove & Sutherland, 2017). Descriptive research is said to be the first research strategy used to classify new, emerging experiences. In descriptive and correlational research, simple or complex, a research intervention is not used and there is no attempt to demonstrate causality (Gray et al., 2017). Generally speaking, the primary purpose for correlational research design is to describe relationships between and among variables (Gray et al., 2017).

Population and Sample

Participants in this descriptive, cross-sectional survey design were chosen by convenience sample from a Midwestern geographical area. According to Gray et al. (2017) convenience sampling is locating subjects in the right place and at the right time. Convenience sampling enables researchers to acquire information in unexplored areas. Participants in this convenience sample were able to self-select if they met the specific inclusion criteria.

An inquiry letter was sent to deans, directors, or provosts of 63 schools of nursing in Nebraska, Iowa, Kansas, South Dakota, Colorado, Wyoming, and Missouri to seek approval for surveying their midcareer nursing faculty.

Demographics

Inclusion criteria for this study encompassed participants who were full or part time, masters or doctorate prepared, and active nursing faculty who taught in a BSN program in Nebraska, Iowa, Kansas, South Dakota, Colorado, Wyoming, and Missouri. Participants needed to be nursing faculty with ten to twenty years of experience based on Baldwin's definition of midcareer. Participants could teach didactic and/or clinical courses in a prelicensure BSN school of nursing. These nursing faculty also had to hold an unencumbered RN license in the state they teach, speak and understand English, and have access to a computer with internet capabilities and an email address. The anticipated age range was to be between the ages of 30-60 years old. There were no enrollment restrictions based upon race or ethnic origin.

Exclusion criteria included nursing faculty who teach in programs other than a prelicensure BSN curricula design, who have taught less than ten years or more than twenty years, who were not master or doctorate prepared, and who were not part or full-time faculty. Nursing faculty who do not teach didactic and/or clinical and who do not teach in in the Midwest were excluded. If a nursing faculty member held an encumbered RN license in the state they teach in and did not speak English nor understand English, they were excluded. Finally, nursing faculty who lack access to computer with internet capabilities and an email address were excluded.

Description of Setting

Nursing faculty from seven Midwestern states, Nebraska, Iowa, Kansas, Missouri, South Dakota, Wyoming, and Colorado, were used for this study. A total of 63 deans or directors at

schools of nursing in the Midwestern States were emailed to inquire about participation in the study and IRB processes. A total of 26 deans and directors approved their site for the study. The settings were private and/or public colleges or universities. The nursing faculty had to teach in a prelicensure, four-year, BSN program.

Instrumentation

Demographic Survey

This descriptive, cross-sectional design used both demographic survey and a survey instrument on burnout to collect data. The demographic survey (*Appendix A*), created by the researcher, was used to describe the sample. The demographic survey, reviewed by a psychometrician, was a 21-item demographic questionnaire including questions on gender, age, ethnicity, current marital status, age of children, caregiver to parent, number of years as an educator, part or full time, academic rank, type of institution employed, credit hours taught in a usual semester, hours worked on clinical in a usual week, hours spent on committee work a week, employment outside of nursing education, if participant had a mentor, if participant was a mentor, number of hours the participant spends on hobby per week, and number of hours of exercise a week.

Maslach Burnout Inventory-Educators Survey (MBI-ES)

Secondly, the Maslach Burnout Inventory-Educators Survey (MBI-ES) (Sample in *Appendix B*) developed by Christine Maslach and Susan E. Jackson (1996) was used to assess burnout. The researcher received permission to utilize this copyrighted tool by having purchased a license agreement from Mind Garden Inc., the copyright holders (*Appendix C*). The MBI-ES has been used extensively to identify burnout levels of individuals who work in school settings (Maslach et al., 1996). The MBI-ES includes a 22-item, seven-point Likert scale measuring zero (never) to six (everyday). MBI-ES includes three subscales: Emotional exhaustion,

Depersonalization, or Personal Accomplishment. Emotional Exhaustion Subscale assesses feelings of being emotionally overextended and exhausted in one's work. Depersonalization Subscale measures the unfeeling and impersonal response toward students. Personal Accomplishment Subscale measures feelings of competence and successful achievement in one's work with students.

The Emotional Exhaustion Subscale consists of nine items, the Depersonalization Subscale consists of five items, and the Personal Accomplishment Subscale consists of eight items. The frequency with which the participant experiences feelings related to each subscale is measured using a 7-point scale.

The subscales of the MBI-ES are to be calculated separately, meaning that all questions are not be combined to make a single burnout score. Scores can be interpreted by individual respondents or MBI-ES scores for a group of respondents treated as aggregate data. Means and standard deviations can be computed for the entire group and compared to normative data (Maslach et al., 1996).

The three MBI-ES subscales show internal reliability based on studies from Iwanicki and Schwab (1981) and Gold (1984). Iwanicki and Schwab (1981) reported Cronbach alpha estimates as: 0.90 for Emotional Exhaustion Subscale, 0.76 for Depersonalization Subscale, and 0.76 for Personal Accomplishment Subscale in a study of 469 Massachusetts teachers. Construct validity for the MBI was examined using principal factor analysis in iterations and varimax rotation. The findings showed the MBI measures the same basic factors for teachers as it does for other helping professions, and is sufficient in construct validity to be used with teachers (Iwanicki & Schwab, 1981).

Gold (1984) reported reliability estimates of Emotional Exhaustion Subscale as 0.88, Depersonalization Subscale as 0.74, and Personal Accomplishment Subscale as 0.72 in a study of 462 teachers from southern California (Maslach et al., 1996). These reliability coefficients are similar to Maslach Burnout Inventory for Medical Personnel (MBI-HSS). The results of the study by Gold support the construct validity of the MBI.

Test and Test-retest reliability estimates of the MBI-ES are somewhat lower than internal reliability estimates. Evidence that supports the validity of the MBI-ES comes primarily from studies that have assessed the relationships between burnout scales and various aspects of the work experience (Byrne, 1994).

An example of the scoring is demonstrated from a study of primary and secondary teachers compared with postsecondary teachers (Table 1). This study reflects mean and standard deviations for a large sample size. The sample size for primary and secondary teachers was 4,163 and postsecondary teachers was 635 (Maslach et al., 1996). The Emotional Exhaustion Subscale mean and standard deviation was 21.25 and 11.01, respectively, for primary and secondary teachers, compared with the postsecondary teachers' mean of 18.57 and standard deviation of 11.95 (Maslach et al., 1996). The mean of 11.0 and standard deviation of 6.19 were a reflection of Depersonalization Subscale for primary and secondary teachers compared to a mean of 5.57 and standard deviation of 6.63 for postsecondary teachers (Maslach et al., 1996). Personal Accomplishment Subscale means and standard deviations for primary and secondary teachers were 33.54 and 6.89 respectively, compared to postsecondary teachers' mean of 39.17 and standard deviation of 7.92 (Maslach et al., 1996). The study gave the example of using the method of sums to calculate the MBI-ES subscales.

Table 1

Means and Standard Deviations for the MBI-ES Scales

	MBI-ES Scales		
	Emotional Exhaustion	**Depersonalization**	**Personal Accomplishment**
Primary and Secondary Teachers (n=4,163)			
• Mean	21.25	11.00	33.54
• SD	11.01	6.19	6.89
Postsecondary Teachers (n=635)			
• Mean	18.57	5.57	39.17
• SD	11.95	6.63	7.92

This study used the method of calculating the sum of the three MBI-ES subscales of Emotional Exhaustion Subscale, Depersonalization Subscale, and Personal Accomplishment Subscale. In the results section, the researcher compared the results found in the study of primary and secondary teachers, as well as, postsecondary teachers to results found in midcareer nursing faculty in this study. This demonstrated the difference between postsecondary teachers and midcareer nursing faculty.

Procedure

Data Collection Procedures

Permission to conduct this study and to start data collection in the Fall of 2018 was obtained from Bryan College of Health Sciences Institutional Review Board (IRB) (*Appendix D*). The researcher then sought permission from the deans, directors, or provosts of the different schools of nursing to conduct research and inquire about IRB processes using an inquiry letter (*Appendix E*). In addition, the researcher completed IRB applications for the institutions that set this requirement. Approval was granted by deans, directors, or provosts of the prelicensure BSN

programs to start the data collection at the selected colleges once approval was obtained from the colleges' IRBs (*Appendix F, G, H, I, J, K, L*).

After receiving approval from all necessary IRBs, a second email (*Appendix M*) was sent to all deans, directors, and provosts, and they agreed to participate. This email included a participant letter (*Appendix N*) describing the study, inclusion criteria, ethical considerations, and a link to the survey. The email asked the deans, directors, and provosts to announce the study in a nursing faculty meeting and to forward the participant letter to faculty via email, encouraging those that met the inclusion criteria to participate in the study. A statement within the participant letter informed the participants that when the submit tab was enacted, they were consenting to participate in the research.

The survey included an initial statement to remind the participants of the inclusion criteria. If the participants did not meet all the inclusion requirements, they were then instructed to close the survey. The survey also included an initial statement explaining that if they did not want their responses to be included in the results of the study, then they could close at any time, but that once the submit tab was enacted, they were agreeing to their responses being used in the study. Every three weeks a reminder email was sent to the deans, directors, and provosts to encourage participation by the due date of October 31st, 2018.

The survey was administered via a private Surveymonkey®, which was password protected. The responses were kept anonymous with no identifying factors being linked to individuals.

Analytical Procedures

The Surveymonkey® results were transferred to an Excel document after which the results were transferred to SPSS formatting. The Excel document was organizationally coded to prepare the raw survey data for its submission to SPSS. To address the main aim, the researcher

used descriptive statistics, such as means and standard deviations, to analyze data collected from the MBI-ES Subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment. Individual data for each question on the 22 MBI-ES was analyzed by means and standard deviations. To evaluate comparisons between postsecondary teachers and midcareer nursing faculty, *t* tests were used. For the secondary aim, demographic data were analyzed using means and standard deviations. The third aim measured potential correlating data from the MBI-ES to the demographic data to draw conclusions on risk factors of burnout. T-tests were used to find relationships between the demographic variables and MBI-ES subscales. Pearson *r* correlation coefficients were used between each ordinal demographic variable and individual item in the MBI-ES. In doing so specific questions from the MBI-ES could be correlated with individual demographic data. Pearson *r* correlation coefficients were used for each of the three subscales in MBI-ES to correlate with the interval demographic data variable. The investigator drew inferences and conclusions from the results for implications for future practice.

Ethical Considerations

Ethical considerations need to be addressed in descriptive research. Within the research, the overall risk classification of the research was minimal risk. A potential risk included loss of personal time while participating in the study. The letter to the participants (*Appendix N*) clearly stated the purpose of the study, inclusion criteria for participants, clear instructions on taking the survey, and this statement: “By completing this survey you are giving informed consent for your answers to be used in this research.” The participants were provided with the researcher’s contact information. No compensation was given, nor was there any financial obligation as a result of participation in this study.

The researcher took reasonable steps to protect the privacy of participants by keeping study data anonymous. A password- protected, private Surveymonkey® account was used to

ensure privacy. The only persons who had access to the research records were the research study personnel, including the researcher and statistician. Returned surveys were stored in a password protected hard drive and personal password-protected zip drive. Data were shared only as aggregate data. Only members of the research team had access to the research data for the duration of the research study and until the data analysis was complete. There were no individual identifiers, only group data. The information from this study may be published in scientific journals or presented at scientific meetings. No reference will be made in the oral or written reports that could link individuals to the research study in order to maintain strict confidentiality. As per National Institutes of Health (NIH), data will be stored using the same measures for 7 years with the potential for publication and presentations.

Summary

This chapter has described the rationale for using a descriptive correlational research design for this study. Participants were identified by convenience sampling. Inclusion and exclusion criteria were discussed. The Midwestern colleges that were selected by the researcher for this study were described. Deans, directors, and/or provosts assisted in the participant recruitment process by announcing this opportunity at nursing faculty meetings and forwarding a participant letter that included a Surveymonkey® link. A private Surveymonkey® account was used to send out a 21-item demographic questionnaire along with the MBI-ES. Data analysis included descriptive statistics (means and standard deviations), t-tests, and Pearson's *r* Correlation Coefficient. Finally, data quality measures were identified along with ethical considerations.

CHAPTER IV: RESULTS

Introduction

The purpose of this study was to investigate the prevalence of burnout among active Midwestern, midcareer BSN faculty (Research Question). The primary aim was to assess midcareer BSN faculty's Emotional Exhaustion, Depersonalization, and Personal Accomplishment measured by MBI-ES. The analysis also examined the personal demographic data including: gender, age, ethnicity, current marital status, age of children, caregiver to parent, number of years as an educator, part or full time, academic rank, type of institution employed, credit hours taught in a usual semester, hours worked on clinical in a usual week, hours spent on committee work a week, employment outside of nursing education, if participant had a mentor, if participant was a mentor, number of hours the participant spends on hobby per week, and number of hours of exercise a week (Secondary Aim). The third aim was to compare the characteristics of midcareer BSN faculty to measurements of Emotional Exhaustion, Depersonalization, and Personal Accomplishment measured by MBI-ES.

Using convenience sampling, 44 midcareer nursing faculty who taught in Midwestern BSN programs participated in the research study, but only 43 midcareer nursing faculty completed the whole survey. Eligible participants were identified as BSN nursing faculty who have taught between ten to twenty years, taught in a BSN program in Nebraska, Iowa, Kansas, South Dakota, Colorado, Wyoming, and Missouri, had an unencumbered RN license in the state they teach in, speak and understand English, and had access to a computer with internet capabilities.

This chapter contains the analysis of prevalence of Emotional Exhaustion, Depersonalization, and Personal Accomplishment in midcareer nursing faculty, examined characteristics of midcareer nursing faculty, and comparisons of MBI-ES subscales to

characteristics of midcareer nursing faculty. Initially, the descriptive statistics are provided, including descriptive data on the MBI-ES, and a description of the characteristics of the sample, then associations between the demographic data and the MBI-ES results using Pearson r Correlation Coefficient are provided in this chapter.

Data Analysis

The statistical software program SPSS® 14.0 was used to run the statistical procedures to examine descriptive statistics of demographic data and MBI-ES subscales of Emotional Exhaustion, Depersonalization, and Personal Accomplishment, as well as to examine the relationships between demographic data: gender, age, ethnicity, current marital status, age of children, caregiver to parent, number of years as an educator, part or full time, academic rank, type of institution employed, credit hours taught in a usual semester, hours worked on clinical in a usual week, hours spent on committee work a week, employment outside of nursing education, if participant had a mentor, if participant was a mentor, number of hours the participant spends on hobby per week, and number of hours of exercise a week with the midcareer nursing faculty's burnout levels. To find if midcareer nursing faculty have burnout, frequency distributions were used for Emotional Exhaustion, Depersonalization, and Personal Accomplishment Subscales. To evaluate comparisons between postsecondary teachers and midcareer nursing faculty, *t* tests were used. Descriptive statistics were used to analyze the midcareer nursing faculty background data obtained from the Demographic Survey. Descriptive statistics and Pearson's *r* Correlation Coefficient were used to analyze associations between demographic data from the participants and the subscales of Emotional Exhaustion, Depersonalization, and Personal Accomplishment.

Research Question and Primary Aim

Maslach Burnout Inventory-Educators Survey

The research question was, "Do midcareer nursing faculty experience burnout?" This question was assessed by using the MBI-ES survey. The MBI-ES (*Appendix A*) was used to measure burnout in three subscales: Emotional Exhaustion (EE), Depersonalization (DP), and Personal Accomplishment (PA). The Emotional Exhaustion Subscale measures the feelings of being overextended and exhausted in one's work. The Depersonalization Subscale measures the feelings of negativity towards students exhibited by the individual. The Personal Accomplishment Subscale measures the individual's feelings of successful achievements at work. An individual response frequency related to each of the three subscales is assessed using a seven point Likert scale (0 to 6) response format. A high degree of burnout is reflected if Emotional Exhaustion and Depersonalization Subscale scores are high and Personal Accomplishment Subscale is low. A moderate degree of burnout is reflected in average scores in the three subscales. When there is a low degree of burnout, it will be reflected in a low score of Emotional Exhaustion and Depersonalization Subscales and a high score on Personal Accomplishment Subscale (Maslach, Jackson & Leiter, 1996).

The burnout score obtained from each of the three subscales of the MBI-ES for each participant was calculated and categorized as high, moderate, and low for the cut-off point. The means and standard deviations were also calculated. The classification of midcareer nursing faculty in terms of their burnout score from each subscale is presented in Table 2. The means and standard deviations of each subscale are presented in Table 3.

Table 2

Classification of Midcareer Nursing Faculty's Burnout Level as Measured by the MBI-ES
N=44, n=43

Burnout Level	Frequency	Percentage
Emotional Exhaustion Subscale		
High (score >=27)	17	39.55
Moderate (score 17-26)	12	27.9
Low (score 0-16)	14	32.55
Depersonalization Subscale		
High (score >=14)	3	6.97
Moderate (score 9-13)	5	11.63
Low (score 0-8)	35	81.4
Personal Accomplishment Subscale		
High (score 0-30)	**7**	16.26
Moderate (score 31-36)	11	25.6
Low (score >=37)	25	28.14

Table 3

Descriptive Statistics of Emotional Exhaustion, Depersonalization, and Personal Accomplishment of Midcareer Nursing Faculty

Subscale	Mean	Standard Deviation
Emotional Exhaustion	23.55	12.48
Depersonalization	5.46	5.47
Personal Accomplishment	37.39	6.21

Emotional Exhaustion

Emotional Exhaustion results when faculty are unable to maintain their normal working relationships with colleagues and students (Maslach et al., 1996). Based on the face-to-face time midcareer nursing faculty spend with their work, they may become dejected and disheartened, resulting in emotional exhaustion.

Emotional Exhaustion Subscale scores can range from 0 to 54. A lower score is considered as favorable by signifying lower feelings of being emotionally drained (Maslach et al., 1996). Scores that fall between 0 and 16 indicate a low feeling of Emotional Exhaustion; scores that fall between 17 and 26 indicated moderate feelings of emotional exhaustion; and scores that are 27 or higher indicate high feelings of Emotional Exhaustion.

Table 4 shows the Emotional Exhaustion levels based on the raw scores of the midcareer nursing faculty in this study. Based on the MBI-ES interpretive guidelines, the largest number of midcareer nursing faculty (39.55%) were found to have high levels of burnout in Emotional Exhaustion. Moderate levels of burnout in Emotional Exhaustion were found in 27.9% of the midcareer nursing faculty in this study. The remaining midcareer nursing faculty were found to have low levels of burnout in Emotional Exhaustion. Based on these findings within the Emotional Exhaustion Scale, the majority of midcareer nursing faculty have a high level Emotional Exhaustion, indicating a higher level of burnout. The mean group score for midcareer nursing faculty was 23.55 as seen in Table 3.

Table 4

Levels of Emotional Exhaustion Subscale on the MBI-ES for Midcareer Nursing Faculty

Emotional Exhaustion Subscale	Emotional Exhaustion Frequency (%)
Low (0-16)	32.55
Moderate (17-26)	27.9
High (>=27)	39.55
Total	100

The midcareer nursing faculty in this study had a mean score of 23.55 with a standard deviation 12.48, which is higher than the sample study in the Maslach Burnout Inventory Manual (Maslach, Jackson, and Leiter, 1996, pg. 35) in which postsecondary teachers had a mean of 18.57 (SD 11.95), which is demonstrated in Table 5. The results from GraphPad® (statistical software) show that midcareer nursing faculty have significantly higher Emotional Exhaustion, t=2.63, p=.0086. These scores indicate that midcareer nursing faculty in this study are significantly more emotionally exhausted than postsecondary teachers in the MBI study (Maslach, Jackson, and Leiter, 1996, pg. 35). These results indicate that Emotional Exhaustion continues to be a problem for postsecondary teachers, specifically for midcareer nursing faculty.

Table 5

Comparison of Midcareer Nursing Faculty to Postsecondary Teachers Emotional Exhaustion Levels

Subscale	Mean (SD)		T-Test	p
	Midcareer Nursing Faculty	Postsecondary Teachers		
Emotional Exhaustion	23.55 (12.48)	18.57 (11.95)	2.63	.0086

Depersonalization

Faculty tend to deal with Emotional Exhaustion by detaching themselves from students and colleagues, which results in Depersonalization. According to Maslach and Jackson (1981), faculty who experience depersonalization withdraw emotionally and develop a contemptuous attitude toward students and colleagues.

Depersonalization Subscale scores can range from 0 to 30. A lower score is considered a positive indicator of lower feelings of negativity toward students (Maslach et al., 1996). Depersonalization scores that range between 0 and 8 indicate low feelings of Depersonalization; scores between 9 and 13 indicate moderate feelings of Depersonalization; and scores of 14 and higher indicate high feelings of Depersonalization.

Table 6 shows the levels of burnout based on the raw scores of the Depersonalization Subscale of midcareer nursing faculty in this study. Based on the MBI-ES interpretive guidelines, the largest number of midcareer nursing faculty (81.4%) were found to have a low burnout based on the Depersonalization Subscale. Moderate levels of burnout in Depersonalization were found in 11.63% of midcareer nursing faculty in this study. The remaining participants (6.97%) were found to have high Depersonalization scores. Based on these findings, midcareer nursing faculty have a lower level of burnout based on low Depersonalization scores. The mean group score for midcareer nursing faculty was 5.46 (SD 5.47) found in Table 3 above.

Table 6

Levels of Depersonalization Subscale on the MBI-ES for Midcareer Nursing Faculty

Depersonalization Subscale	Depersonalization Frequency (%)
Low (0-8)	81.40
Moderate (9-13)	11.63
High (>=14)	6.97
Total	100

When comparing the results of the Depersonalization Subscale (Table 7) from midcareer nursing faculty in this study to postsecondary teachers (Maslach, Jackson, and Leiter, 1996, pg. 35), there is no significant difference. The mean score of Depersonalization for postsecondary teachers was 5.57 (SD 6.63) compared with a midcareer nursing faculty mean score of 5.46 (SD 5.47). The results show that there is no significant difference between postsecondary teachers and midcareer nursing faculty, t=.096, p=.92, when using GraphPad®. The results of the comparison demonstrate that midcareer nursing faculty and postsecondary teachers are similar and have Depersonalization scores classified as low burnout.

Table 7

Comparison of Midcareer Nursing Faculty to Postsecondary Teachers Depersonalization Levels

Subscale	Mean (SD)		T-Test	P
	Midcareer Nursing Faculty	Postsecondary Teachers		
Depersonalization	5.46 (5.47)	5.57 (6.63)	.096	.92

Personal Accomplishment

A feeling of Personal Accomplishment results when faculty members feel they have the ability to make a difference in the lives of their students (Maslach & Jackson, 1981). Maslach

and Jackson (1981) suggest that teachers who experience high levels of Personal Accomplishment are more committed to their profession.

Personal Accomplishment Subscale scores can range from 0 to 48. Different from the subscales of Emotional Exhaustion and Depersonalization, a higher score in Personal Accomplishment means the faculty may have lower level of burnout. The higher score is positive for Personal Accomplishment, indicating high feelings of achievement in one's job (Maslach et al., 1996). Scores that are between 0 and 30 indicate low feelings of Personal Accomplishment; scores between 31 and 36 are considered moderate levels of Personal Accomplishment and scores of 37 or higher indicate high feelings of Personal Accomplishment.

Table 8 shows the level of burnout based on the raw scores of the Personal Accomplishment Subscale for midcareer nursing faculty in this study. Based on the MBI-ES interpretive guidelines, the largest number of midcareer nursing faculty (58.14%) were found to have Personal Accomplishment scores classified as low burnout. Moderate levels of burnout were found in 25.6% of midcareer nursing faculty in this study. The remaining midcareer nursing faculty (16.26%) were found to have Personal Accomplishment scores classified as high burnout. The mean group score of midcareer nursing faculty was 37.39 (SD 6.21).

Table 8

Levels of Personal Accomplishment Subscale on the MBI-ES

Personal Accomplishment Subscale	Personal Accomplishment Frequency (%)
Low (>=37)	58.14
Moderate (31-36)	25.6
High (0-30)	16.26
Total	100

When comparing the results of the Personal Accomplishment Subscale (Table 9) from midcareer nursing faculty in this study to postsecondary teachers (Maslach, Jackson, and Leiter, 1996, pg. 35), there is no significant difference. The mean score of Personal Accomplishment for postsecondary teachers was 39.17 (SD 7.92) compared to a midcareer nursing faculty mean score of 37.39 (SD 6.21). The results showed there was no significance between postsecondary teachers and midcareer nursing faculty, t=1.44, p=.14, when using GraphPad®. The results of this comparison are that midcareer nursing faculty and postsecondary teachers have low burnout based on their Personal Accomplishment Subscale results.

Table 9

Comparison of Midcareer Nursing Faculty to Postsecondary Teachers Personal Accomplishment Levels

Subscale	Mean (SD)		T-Test	p
	Midcareer Nursing Faculty	Postsecondary Teachers		
Personal Accomplishment	37.39 (6.21)	39.17 (6.21)	1.44	.14

From the results of this study, it was found that midcareer nursing faculty have a high burnout based on the Emotional Exhaustion scores. Midcareer nursing faculty have a

significantly higher Emotional Exhaustion score when compared to postsecondary teachers. However, when looking at the results of the Depersonalization (low) and Personal Accomplishment (low) results of this study, midcareer nursing faculty demonstrate a lower level of burnout. When Depersonalization and Personal Accomplishment means from midcareer nursing faculty are compared with postsecondary teacher's means, they both show low risk for burnout. The first assumption is considered to be partially untrue based on the results of midcareer nursing faculty having Emotional Exhaustion classified as high burnout, Depersonalization classified as low burnout, and Personal Accomplishment classified as low burnout. The results answer the main research question and primary aim of this study.

Secondary Aim

The secondary aim was to explore characteristics of midcareer nursing faculty. Below are the demographics of the midcareer nursing faculty participants. Table 10 contains the frequency distributions for the demographic data of the sample for current age, gender, ethnicity, marital status, age of children, and if they were a caregiver to parent. A total of 44 midcareer nursing faculty participated in the research study with 43 completing the whole survey. One participant only completed the demographic survey. The participants were asked to report their current age, gender, ethnicity, marital status, age of children, and if they were a caregiver to parent for personal demographics. The average age of the participants was 53.4, ranging from 40 to 67 years old. Of these, 97.73% were female and 2.27% preferred not to answer. The majority of the participants reported their ethnicity as Caucasian at 95.45% while 2.27% were Hispanic/Latino and 2.27% marked other for their response. The majority of the participants (n= 41) reported their marital status as married. Most of the participants had children, 12.73% with children between one and twelve, 33.73% of children ranging from 13 to 20, 49.09% with children 21 or older. There were 5.46% of the participants that had no children. A fraction of the participants

(22.73%) reported they were not a caregiver to parents. The responses were summarized using frequency distributions.

Table 10

Demographic Data of Sample: Personal Data

Survey Item	Respondent (%)
Mean Age	53.4
Gender	
• Male	0
• Female	97.73
• Prefer Not to Answer	2.27
Ethnicity	
• Caucasian	95.45
• Asian	0
• African/American/Black	0
• Hispanic/Latino	2.27
• American Indian/Alaska Native	0
• Other	2.27
Current Marital Status	
• Single	0
• Married	91.18
• Divorced/Separated	6.82
• Widowed	0
Children	
• Children <1 year of age	0
• Children 1-12	12.73
• Children 13 -20	32.73
• Children 21 or older	49.09
• No Children	5.45
Caregiver to Parent	
• Yes	22.73
• No	77.27

The participants were asked to indicate their years as an educator, full or part time, highest degree held, academic rank, and institution type they taught in. The mean number of years as an educator was 17.5 years. The majority of the participants were full time (93.18%).

The highest degree held by the participants were Master's degree at 63.64% and Doctorate degree at 36.36%. Their academic rank varied: Instructor (13.64%), Assistant Professor (54.55%), Associate Professor (20.45%), and Professor (11.36%). The majority of participants taught at a private institution (84.09%). The responses were summarized using frequency distributions. Table 11 presents the results of this analysis.

Table 11

Demographic Data of Sample: Teaching Environment

Survey Item	Respondent (%)
Mean Number of Years Educator	17.5
Full or Part time	
• Full time	93.18
• Part time	6.82
Highest Degree Held	
• Masters	63.64
• Doctorate	36.36
Academic Rank	
• Instructor	13.64
• Assistant Professor	54.55
• Associate Professor	20.45
• Professor	11.36
Type of Institution	
• Private	84.09
• Public	15.91

Participants were asked to report on the number of hours that they spend on teaching, including credit hours per semester and clinical hours per week. They were also asked to report hours worked on committee work and work outside nursing education. The percentage of participants who taught one to ten credit hours per semester were 52.27%, and 47.73% taught 11 or more credit hours per semester. The participants who taught zero to eight clinical hours in a week were 50%, and those who taught nine or more hours were 50%. The percentage of

participants who worked zero to four hours on committee work each week were 56.82%, and 43.18% worked five or more hours on committee work each week. The majority of participants did not work outside of nursing education at 81.82%. Table 12 reflects these frequency distributions.

Table 12

Demographic Data of Sample: Workload

Survey Item	Respondent (%)
Credit Hours per Semester	
• **1-10**	52.27
• **11 or More**	47.73
Clinical Hours per Week	
• 0-8	50
• 9 or more	50
Hours on Committee Work per Week	
• 0-4	56.82
• 5 or More	43.18
Employed Outside of Nursing Education	
• Yes	18.18
• No	81.82

The participants were asked about support of a mentor or if they were a mentor, along with time spent on hobbies and exercise. The majority of the participants did not have a mentor at 84.09%; 31.82% of participants were a mentor within their institution, but 54.55% responded that they were not a mentor. Over 90% of participants had a hobby (90.91%). Those that stated that they had a hobby but performed their hobby zero to two hours a week were 43.18% and those that spent three hours or more on the hobby per week were 56.82%. Fifty percent of participants spent zero to two hours a week on exercise, and 50% of participants spent three or more hours a week on exercise. The frequency distributions can be seen in Table 13.

Table 13

Demographic Data of Sample: Coping

Survey Item	Respondent (%)
Have a Mentor	
• Yes	15.91
• No	84.09
I am a Mentor	
• Yes	48.45
• No	54.55
I have a Hobby	
• Yes	90.91
• No	9.09
Hours Spent on Hobby per Week	
• 0-2	43.18
• 3 or More	56.82
Hours Spent on Exercise per Week	
• 0-2	50
• 3 or More	50

Third Aim

The third aim was to find associated characteristic data of midcareer BSN faculty to measurements of Emotional Exhaustion, Depersonalization, and Personal Accomplishment measured by MBI-ES. The statistical procedures used to examine and analyze demographic data to burnout levels were Pearson's r Correlation Coefficient and *t*-test. The statistical software program SPSS® 14.0 was used to run the statistical procedures to examine the relationship between the demographic data of midcareer nursing faculty and the three subscales. The three subscales used to measure level of burnout included Emotional Exhaustion, Depersonalization, and Personal Accomplishment.

Emotional Exhaustion subscale mean was compared with the demographic data of age, highest degree held, institution type, status, credit hours taught, clinical hours per week, have a mentor, mentor to others, caregiver to parent, hobby, hours spent on hobby per week and hours spent on exercise per week are demonstrated in Table 14.

First, Emotional Exhaustion and hours spent on hobby a week had a significant correlation, with those who performed their hobby zero to three hours a week having a *p* value at 0.041; and those who performed their hobby four or more hours a week having a *p* value at 0.049. This means that those who performed a hobby during the week had a higher Emotional Exhaustion level of burnout.

Table 14

Comparison of Emotional Exhaustion to Demographic Data

Variable	Mean	Standard Deviation	t	p
Current Age				
• 35-50	27.69	14.40	1.448	.155
• 51 and Older	21.76	11.35	1.317	.204
Highest Degree Held				
• Masters	25.29	14.0	1.192	.24
• Doctorate	20.62	9.05	1.327	.192
Institution Type				
• Private	23.11	12.44	-0.528	.6
• Public	25.85	13.43	-0.501	.63
Status				
• Part Time	17.25	16.21	-1.063	.294
• Full Time	24.20	12.12	-.834	.459
Credit Hours Taught				
• 1 to 10	21.69	13.47	-1.050	.3
• 11 or More	25.70	11.19	-1.064	.294
Clinical Hours per Week				
• 0 to 8	23.04	10.65	-.259	.797
• 9 or More	24.04	14.25	-.261	.796
Committee Hours per Week				
• 0 to 4	21.45	12.46	-1.248	.219
• 5 or more	26.24	12.32	-1.249	.219
Has a Mentor	24.14	13.39	.211	.834
Mentor to Others	24.44	12.57	.899	.374
Caregiver to Parent	28.1	11.14	1.325	.193
Hobby	23.25	12.44	-.432	.627
Hours Spent on Hobby per Week				
• 0 to 2	28.11	13.36	2.111	.041*
• 3 or More	20.28	10.93	2.042	.049
Hours Spent on Exercise per Week				
• 0 to 2	25.40	13.77	.995	.326
• 3 ore More	21.61	10.97	1.000	.323

*Significance when $p<0.05$

Depersonalization Subscale means was compared with the demographic data of age, highest degree held, institution type, status, credit hours taught, clinical hours per week, have a mentor, mentor to others, caregiver to parent, hobby, hours spent on hobby per week and hours spent on exercise per week are demonstrated in Table 15.

Depersonalization Subscale had significant correlation (p=.005) to the demographic data of full time status, meaning those who worked full time had a higher Depersonalization level of burnout.

The second assumption that Emotional Exhaustion and Depersonalization Subscale scores having a higher level of burnout for those who spend more time with multiple roles, such as more hours on committee work, teaching more clinical hours and teaching more credit hours was found to be not significant for midcareer nursing faculty. However, the results of midcareer nursing faculty who were full time resulted in a higher level of burnout based on the Depersonalization score.

Table 15

Comparison of Depersonalization to Demographic Data

Variable	Mean	Standard Deviation	t	p
Current Age				
• 35-50	7.53	6.5	1.671	.102
• 51 and Older	4.56	4.80	1.482	.156
Highest Degree Held				
• Masters	6.37	6.05	1.427	.161
• Doctorate	3.93	4.02	1.580	.122
Institution Type				
• Private	5.02	4.87	-1.195	.239
• Public	7.71	7.99	-.859	.419
Status				
• Part Time	1.25	1.89	-1.651	.106
• Full Time	5.89	5.54	-3.582	.005*
Credit Hours Taught				
• 1 to 10	4.21	4.67	-1.636	.11
• 11 or More	6.9	6.06	-1.606	.117
Clinical Hours per Week				
• 0 to 8	4.52	4.29	-1.105	.275
• 9 or More	6.36	6.36	-1.115	.272
Committee Hours per Week				
• 0 to 4	5.20	5.58	-.342	.734
• 5 or more	5.78	5.45	-.343	.733
Has a Mentor	6.71	6.30	1.042	.304
Mentor to Others	5.91	5.48	1.042	.304
Caregiver to Parent	7.50	6.90	1.356	.182
Hobby	5.53	5.53	.272	.787
Hours Spent on Hobby per Week				
• 0 to 2	6.94	6.08	1.529	.134
• 3 or More	4.40	4.83	1.472	.151
Hours Spent on Exercise per Week				
• 0 to 2	5.95	5.46	.596	.555
• 3 ore More	4.95	5.56	.596	.555

*Significance when $p<0.05$

Personal Accomplishment Subscale was compared with the demographic data of midcareer nursing faculty: age, highest degree held, institution type, status, credit hours taught, clinical hours per week, have a mentor, mentor to others, caregiver to parent, hobby, hours spent on hobby per week, and hours spent on exercise per week are demonstrated in Table 16.

The significant comparison was found between Personal Accomplishment Subscale and one to ten hour credit hours taught per semester (p=.004) and eleven or more credit hours taught per semester (p=.004). This means that midcareer nursing faculty feel more Personal Accomplishment when they teach more credit hours. Midcareer nursing faculty also had a positive comparison between hours of exercise per week and their Personal Accomplishment Subscale scores (p=.003), meaning that those who exercised during the week felt more feelings of personal accomplishment.

Table 16

Comparison of Personal Accomplishment to Demographic Data

Variable	Mean	Standard Deviation	t	p
Current Age				
• 35-50	35.69	5.17	-1.189	.241
• 51 and Older	38.13	6.55	-1.307	.202
Highest Degree Held				
• Masters	36.66	6.37	-.999	.324
• Doctorate	38.62	5.93	-1.018	.316
Institution Type				
• Private	34.47	6.48	.182	.857
• Public	37.0	4.96	.218	.832
Status				
• Part Time	36.50	8.15	-.299	.766
• Full Time	37.48	6.10	-.235	.828
Credit Hours Taught				
• 1 to 10	34.91	5.89	-3.079	.004*
• 11 or More	40.25	5.39	-3.098	.004*
Clinical Hours per Week				
• 0 to 8	38.09	5.77	.717	.477
• 9 or More	36.72	6.67	.720	.476
Committee Hours per Week				
• 0 to 4	37.70	6.55	.367	.715
• 5 or more	37.00	5.90	.372	.712
Has a Mentor	38.14	6.15	.543	.59
Mentor to Others	37.50	6.49	.212	.833
Caregiver to Parent	37.10	7.04	-.170	.866
Hobby	37.51	6.15	.383	.704
Hours Spent on Hobby per Week				
• 0 to 2	36.33	6.96	-.950	.348
• 3 or More	38.16	5.63	-.917	.366
Hours Spent on Exercise per Week				
• 0 to 2	34.77	6.35	-3.111	.003*
• 3 ore More	40.14	4.81	-3.131	.003*

*Significance when $p<0.05$

To determine the degree of shared variance between the MBI-ES and demographic data, a Pearson's *r* Correlation Coefficient was conducted (Table 17). Age, years as educator, credit hours, clinical hours, hobby hours, and exercise hours were correlated to the three subscales, Emotional Exhaustion, Depersonalization, and Personal Accomplishment, and analyzed for significance. Significance was determined at the .05 level and .01 level. The following tables reflect the Pearson *r* Correlation Coefficient with Emotional Exhaustion, Depersonalization, and Personal Accomplishment Subscales associated with the selected demographic data.

When the relationship between the level of burnout as measured by the MBI-ES was examined, the MBI-ES subscale of Emotional Exhaustion was found to be associated to the other MBI-ES subscales of Depersonalization and Personal Accomplishment as well as hobby hours. The highest relationship between the burnout level was found with Depersonalization Subscale (*r*=.723, Sig, 2 tailed=0.000). This relationship indicates that those who have high Depersonalization tend to have high Emotional Exhaustion. This confirms the research that Maslach and Leiter (1996) performed on the MBI-ES by confirming the relationship between Emotional Exhaustion and Depersonalization. In addition, two significant negative relationships were found between Personal Accomplishment Subscale and hobby hours of midcareer nursing faculty. Participants who had higher Emotional Exhaustion had a lower Personal Accomplishment score (*r* = -.341, Sig. (2 tailed) = .025). There was also a negative relationship between Emotional Exhaustion and hobby hours (*r* = -.316, Sig. (2 tailed) = .039), meaning those who had a hobby were less likely to be emotionally exhausted.

Table 17

Pearson *r* Correlation Sig. (2-tailed) of Emotional Exhaustion

Variable	*r*	n	Sig. (2 tailed)
Depersonalization	.723**	43	0
Personal Accomplishment	-.341*	43	.025
Age	-.213	43	.170
Years as Educator	-0.07	43	.657
Credit Hours	.042	43	.790
Clinical Hours	.008	43	.960
Hobby Hours	-.316*	43	.039
Exercise Hours	-.221	43	.155

**Correlation is significant at the 0.01 level (2 tailed)
*Correlation is significant at the 0.05 level (2 tailed)

When the relationship between the level of burnout as measured by the MBI-ES was examined (Table 18), the MBI-ES subscale of Depersonalization was found to be associated to the other MBI-ES subscale of Emotional Exhaustion (r = .723, sig (2 tailed) = 0). This reflects what Maslach, Jackson, and Leiter found within their studies on burnout and the subscales (Maslach, Jackson, & Leiter, 1996).

Table 18

Pearson *r* Correlation Sig. (2-tailed) of Depersonalization

Variable	*r*	n	Sig. (2 tailed)
Emotional Exhaustion	.723**	43	0
Personal Accomplishment	-.265	43	.085
Age	-.248	43	.108
Years as Educator	-.121	43	.438
Credit Hours	.213	43	.170
Clinical Hours	.79	43	.613
Hobby Hours	-.209	43	.179
Exercise Hours	-.166	43	.289

**Correlation is significant at the .01 level (2 tailed)
*Correlation is significant at the .05 level (2 tailed)

When the relationship between the level of burnout as measured by the MBI-ES was examined (Table 19), the MBI-ES subscale of Personal Accomplishment was found to be associated to credit hours taught in a semester (r = .372, Sig. (2-tailed) = .014) and exercise hours in a week (r = .406, Sig. (2-tailed)=.007). In addition, a significant negative relationship was found between Personal Accomplishment Subscale and Emotional Exhaustion Subscale (r = -.341, sig. 2 tailed = .025), indicating that when one has high Emotional Exhaustion, their Personal Accomplishment is low. This reflects what Maslach, Jackson and Leiter (1996) found within their research on burnout and developing the subscales.

Table 19

Pearson *r* Correlation Sig. (2-tailed) of Personal Accomplishment

Variable	*r*	n	Sig. (2 tailed)
Emotional Exhaustion	-.341*	43	.025
Depersonalization	-.265	43	.085
Age	.271	43	.271
Years as Educator	.284	43	.065
Credit Hours	.372*	43	.014
Clinical Hours	-.061	43	.697
Hobby Hours	.274	43	.075
Exercise Hours	.406**	43	.007

**Correlation is significant at the .01 level (2 tailed)
*Correlation is significant at the .05 level (2 tailed)

The third assumption was that if midcareer nursing faculty exercised regularly and had fewer workload responsibilities, then they would have lower levels of burnout. Based on the findings above, those that exercised during the week had increased Personal Accomplishment scores, but exercise was not significant for lower Emotional Exhaustion or Depersonalization Scores. The third assumption was not confirmed based on the results of midcareer nursing

faculty responses to the subscale scores correlated with clinical hours per week, committee hours per week, nor credit hours taught per semester.

Summary

In this chapter, the results of the statistical analyses conducted in this quantitative research study were discussed. It was found that midcareer nursing faculty have a high level of burnout based on their Emotional Exhaustion Subscale scores as well as compared with postsecondary teachers. Midcareer nursing faculty who exercise and teach more credit hours in a semester have a low level of burnout based on their Personal Accomplishment Score. Chapter 5 provides the summary, conclusions, and recommendations for the impact of burnout in midcareer nursing faculty.

CHAPTER V: DISCUSSION AND SUMMARY

The purpose of this study was to understand more about the pragmatic issues of education by investigating the prevalence of burnout in active Midwestern, midcareer BSN faculty. The study utilized burnout levels as measured by the MBI-ES to assess Emotional Exhaustion, Depersonalization, and Personal Accomplishment in midcareer nursing faculty. The goal of the research was to add to the body of nursing science on midcareer nursing faculty, which is the largest working group of nursing faculty. An additional goal was to provide research on burnout in order to support the need for professional development, mentoring, and/or support of midcareer nursing faculty. Additionally, midcareer nursing faculty personal and professional demographics were examined to establish whether a relationship exists between burnout levels and those demographic variables.

Research Question and Interpretation

The need for this study can be established through recognizing the scarcity of research on burnout and midcareer nursing faculty. While research has focused on workload, challenges, and professional development for midcareer faculty, little research has been conducted on midcareer nursing faculty. Therefore, there is a gap in the literature on burnout and how it relates to midcareer nursing faculty. This study focused on one main research question and three aims: (a) Do midcareer BSN faculty experience burnout? (b) to assess midcareer BSN faculty's Emotional Exhaustion, Depersonalization, and Personal Accomplishment measured by MBI-ES, (c) to explore characteristics of midcareer BSN faculty using a demographic questionnaire, and (d) to compare characteristics of midcareer BSN faculty to the measurements of Emotional Exhaustion, Depersonalization, and Personal Accomplishment measured by MBI-ES.

Forty-four midcareer nursing faculty participated in the demographic questionnaire with 43 midcareer nursing faculty completing the whole survey. All midcareer nursing faculty were

full or part time, masters or doctorate prepared, and active nursing faculty who taught in a prelicensure BSN program in Nebraska, Iowa, Kansas, South Dakota, Colorado Wyoming, or Missouri. The definition of midcareer nursing faculty for this study, were faculty having taught between 10 to 20 years of clinical and/or didactic courses in a prelicensure BSN school of nursing. Each midcareer nursing faculty who took the demographic survey and MBI-ES consented to the research by submitting their completed survey.

The study was conducted using Surveymonkey®. The personal and professional demographics included: gender, age, ethnicity, current marital status, age of children, caregiver to parent, number of years as an educator, part or full time, academic rank, type of institution employed, credit hours taught in a usual semester, hours worked on clinical in a usual week, hours spent on committee work a week, employment outside of nursing education, if participant had a mentor, if participant was a mentor, number of hours the participant spends on hobby per week, and number of hours of exercise a week. The MBI-ES subscales that measured burnout were Emotional Exhaustion, Depersonalization, and Personal Accomplishment.

With regard to the burnout levels, this study found that midcareer nursing faculty have high Emotional Exhaustion as the majority of participants (39.55%) were found to have a high burnout level. Compared to postsecondary teacher's Emotional Exhaustion mean score (18.57) in the MBI manual (Maslach, Jackson, & Leiter, 1996), midcareer nursing faculty had a significantly higher mean score of Emotional Exhaustion (23.55) therefore a calculated significance (p=0.0086) in burnout. According to the findings in this study, midcareer nursing faculty have significantly higher Emotional Exhaustion compared to postsecondary teachers. The majority of midcareer nursing faculty were found to have a low level of burnout regarding Depersonalization (81.4%), as well as a low level of burnout regarding Personal

Accomplishment (58.14%). Looking at the majority of midcareer nursing faculty, they have high Emotional Exhaustion, low Depersonalization, and low Personal Accomplishment, which collectively demonstrate the midcareer nursing faculty do have burnout, but midcareer nursing faculty are not effected by Depersonalization and Personal Accomplishment.

The 44 participants were all midcareer nursing faculty who taught an average of 17.5 years. A majority of the midcareer nursing faculty were female (97.73%) and married (91.18%). The midcareer nursing faculty either taught one to ten credit hours per semester (52.27%) or eleven or more credit hours per semester (47.73). Most participants did not have a mentor (84.09%). When asked about self-care, specifically about time spent on hobbies and exercise, the majority spent three or more hours on their hobby (56.82), and all spent some time with exercise.

In regard to burnout levels and demographic variables, the statistical analysis indicated that there were no significant relationships between burnout levels and age, degree held, institution type, clinical hours per week, committee hours per week, had a mentor or was a mentor, nor caregiver to parent. However, a significant relationship was found between Emotional Exhaustion and hours spent on a hobby (p=.041 for 0-2 hours and p=.049 for 3 or more). Therefore, those who had a hobby had a lower Emotional Exhaustion. It can be concluded from this that administration should encourage those to have a hobby or use free time to pursue other interests to decrease Emotional Exhaustion.

When comparing Depersonalization to full-time faculty, there was a significant relationship (p=0.005) meaning that some full-time faculty had Depersonalization. Interpretation of this is full-time faculty may have negative, rigid, or indifference manner of treatment toward individuals whom they are serving. Midcareer educators who teach full-time may no longer have

positive feelings toward their students and may be experiencing the second component of burnout, depersonalization.

The Personal Accomplishment Subscale demonstrated a significant relationship with credit hours taught (p=0.004) for those who taught one to ten credit hours and (p=0.004) for those who taught 11 or more credit hours. The researcher can interpret this finding as midcareer nursing faculty who teach more credit hours have a high feeling of achievement. Midcareer nursing faculty should be encouraged to teach in order to feel successful. Midcareer nursing faculty who spent time exercising zero to two hours exercising (p=.003), and three or more hours exercising (p=0.003) also had significant relationship to Personal Accomplishment Subscale. This may imply that those who exercised during the week felt a high level of achievement. The findings can be related to the findings of Owen's (2017) study that found nurse educators who perceived they had life balance had more satisfaction. The participants in Owen's (2017) stated they had difficulty balancing self-care with their nurse educator role. This was not demonstrated in this study, as the majority of midcareer nurse faculty found time to exercise or have a hobby.

When the burnout level was measured by the MBI-ES, relationships could be identified using the Pearson *r* Correlation Coefficient. Emotional Exhaustion had a negative relationship with hobby hours (Pearson Correlation= -.316), thus, those who have a hobby are less likely to be emotionally exhausted. The Personal Accomplishment Subscale had a positive relationship with exercise hours (Pearson Correlation=.406), meaning that those who exercised had more Personal Accomplishment. There were no significant relationships between burnout level and age, years as educator, credit hours, nor clinical hours. The results for midcareer nursing faculty do not support research done by Maslach, Schaufeli, and Leiter (2001) stating that burnout is related to job stressors of workload, time, and role conflicts. Their research also found that those

who have higher education and have greater responsibilities have a higher level of burnout, which was not demonstrated in midcareer nursing faculty in this study.

Overall findings indicate that midcareer nursing faculty had a higher Emotional Exhaustion Scale rating compared to Postsecondary teachers. Meaning that midcareer nursing faculty had a higher level of feelings of being overwhelmed and emotionally exhausted than Postsecondary teachers. The findings also found that midcareer nursing faculty who had a hobby had less Emotional Exhaustion. Midcareer nursing faculty did have a low level of burnout based off the Depersonalization Score, which would mean that midcareer nursing faculty feel connected and a positive relationship with those they serve. Another significant finding was the midcareer nursing faculty who exercised during the week had increased feelings of accomplishment. These were the significant findings of the study.

Relationship to Theoretical Context

Benner's Novice to Expert Theory (2001) state development of knowledge, skills, and competency happen over time. When midcareer nursing faculty are engaged in various situations, they develop skills of involvement. This study found midcareer nursing faculty who are engaged in teaching more credit hours to have an increase in personal accomplishment, which reflects stage 5 (Expert) of Benner's Novice to Expert Theory. An Expert midcareer nursing faculty are able to recognize resources and demands, as well as reach certain goals based on recognition. Thus, feelings of accomplishment are experienced. The theory confirms that it is not just about addressing psychomotor learning, but the ability to think broadly and the continuation of gaining knowledge.

Limitations of Study

This study had several limitations. One limitation was the response rate of participants in the study. To recruit participants, the primary researcher contacted 63 schools of nursing at the

beginning of the fall 2018 semester to inquire about using their midcareer nursing faculty and IRB processes. Of the 63 schools of nursing contacted, 26 deans or directors agreed to recruit their midcareer nursing faculty. When the primary researcher inquired about the number of faculty at midcareer in their institution, the responses from the deans or directors were that at their institution they had between two and ten nursing faculty that were midcareer out of 6 to 26 total nursing faculty at their institution. This reflects that there is a smaller pool of midcareer nursing faculty in this specific career stage at the schools of nursing that participated. The specific inclusion criteria for participant eligibility, may also have been a reason for lower response rate. Another limitation which may have prompted lower participation was when faculty who met inclusion criteria chose not to participate and caused lower representation of all midcareer nursing faculty. Additionally, the small number of participants could have impacted the statistical results of the study. As the number of participants were small (N = 44), the demographic characteristics of the participants were rather homogeneous, thus the results of the study could have been impacted for generalization.

The primary researcher is employed at one of the targeted schools of nursing and has a working relationship with some of the participants of this study. Therefore, the internal reliability of this study may have been impacted. The primary researcher sought out participants with the help of deans, directors, or provosts. As the participant letter and survey came from the deans or directors, it may have impacted participants' responses. Although precautions were taken to ensure confidentiality and anonymity, participants may not have been openly honest in their responses.

Another limitation was the instrument used in this study. Although the MBI-ES shows high reliability and validity the survey is a self-report measure. Therefore, the accuracy of the

study could be prejudiced by erroneous self-reports. In addition, this study may be limited by the design and duration of the survey. The survey was distributed starting in August and closed in October, with multiple reminders to deans, directors, and provosts to send out the survey. The start of the fall semester is a busy time of preparation and organization in the workload of the faculty. Potential causes for lack of response could be that midcareer nursing faculty have too many responsibilities and stress to respond to a survey at the beginning of a semester. Even though there were areas of significance in this study, a different time to distribute the survey may improve the response rate.

Despite these limitations, this study indicated that midcareer nursing faculty experience Emotional Exhaustion in the Midwestern region. Interventions should be developed and implemented that will enable midcareer nursing faculty to cope with the numerous demands of the nursing education profession.

Recommendations

This study consisted of a review of current literature and the exploration of characteristics and burnout of midcareer nursing faculty in the Midwestern region. The researcher recommends several areas for further research.

This study should be conducted with a larger sample size and the participants should be sought out nationally and/or for a longer period of time. This study consisted of prelicensure BSN midcareer nursing faculty in the Midwestern region, it should be replicated using a larger, more global sample of all midcareer nursing faculty. It is possible that the demographic variables impacted the perception of burnout levels. A study with a larger number of participants from diverse backgrounds would allow for more in-depth analysis.

The demographic survey could be further developed to more precisely reflect midcareer nursing faculty. Potential additions to the demographic data collected would be other questions

in regard to work/life balance to obtain a better understanding of midcareer nursing faculty personal and professional roles. Another potential addition to the demographic data collected would be to find if the credit hours taught per semester were face to face, hybrid, or online. This would allow the research to expand on the delivery modality and burnout per Maslach, Jackson, and Leiter's (1996) research.

A longitudinal study that tracks midcareer nursing faculty burnout during an entire academic year would allow a more detailed glimpse of what is happening with midcareer nursing faculty. It may also examine if there is a certain time of year that faculty experience more burnout over other times. Although this study did discover that some midcareer nursing faculty experience burnout, a longer study may be more successful in finding what variables are associated with the higher levels of this concept. Furthermore, obtaining more information could assist administrations to develop programs such as professional development programs and/or mentoring programs specifically for midcareer nursing faculty.

Future Research

Further research on midcareer nursing faculty is a necessity in order to assist the supply of nursing educators. It would be beneficial to expand on the demographics of midcareer nursing faculty based on Baldwin's research on midcareer faculty. Doing so would expand on the characteristics specific to those midcareer nursing faculty who experience burnout. Future research should be broadened to include midcareer nursing faculty at a national level to obtain a global look at midcareer nursing faculty.

Summary

The purpose of this quantitative study was to understand more about the issues of education by investigating the prevalence of active, Midwestern, prelicensure, midcareer BSN faculty experience of burnout. The main aim was to discover if midcareer prelicensure BSN

faculty experience burnout. A demographic survey was developed to explore characteristics of midcareer prelicensure BSN faculty. The MBI-ES was used to collect data about burnout levels using the three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment, from Midwestern, prelicensure, midcareer BSN faculty. Statistical analysis of the data resulted in five main findings. First, midcareer nursing faculty have significantly higher emotional exhaustion levels of burnout compared to postsecondary teachers. The second finding is that midcareer nursing faculty who spent hours on a hobby had significant association with a higher level of burnout on the Emotional Exhaustion Subscale. The third finding is that midcareer nursing faculty who work full-time have potential for burnout with a higher Depersonalization Subscale score. The fourth finding is that midcareer nursing faculty who teach more credit hours and exercise during the week have an increase in Personal Accomplishment meaning that they have less burnout. The fifth finding is that there is significant correlation between the Personal Accomplishment Subscale from the MBI-ES to exercise hours of midcareer nursing faculty. This study also confirms the relationships between the three subscales: Emotional Exhaustion, Depersonalization, and Personal Accomplishment, based on the Pearson *r* Correlations.

Leaders and midcareer nursing faculty may use the findings from the current research to better understand the relationships between midcareer nursing and burnout. This greater understanding may help leaders to build support for midcareer nursing faculty that has already been developed such as personal development and mentoring programs for this specific work group of faculty in order to decrease burnout. Though this study adds to the body of knowledge about midcareer nursing faculty and burnout, additional research should be conducted to obtain an even greater awareness of the issue. Additionally studies might be provided as longitudinal

study in order to get a feeling of workload and burnout throughout the academic year. Further research may overcome the limitations in the current study, which include the low response rate and time of year survey was given.

REFERENCES

American Nurses Association. (2017, October 17). *Workforce.* Retrieved from https://www.nursingworld.org/practice-policy/workforce/.

American Association of Colleges of Nursing. (2016). *Nursing faculty shortage*. Retrieved from https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Faculty-Shortage

Baker-Fletcher, K., Carr, D., Menn, E., & Ramsey, N. (2005). Taking stock at mid-career: Challenges and opportunities for faculty. *Teaching Theology and Religion, 8*(1), 3-10.

Baldwin, R. (1984). The changing development needs of an aging professoriate, New Directions for *Teaching and Learning, 19*, 45-56.

Baldwin, R., & Blackburn, R. (1981). The academic career as a developmental process: Implications for higher education. *Journal of Higher Education, 52*(6), 598-614.

Baldwin, R., & Chang, D. (2006). Reinforcing our "keystone" faculty strategies to support faculty in the middle years of academic life. *Liberal Education*, 28-35.

Baldwin, R., DeZure, D., Shaw, A., & Moretto, K. (2008). Mapping the terrain of mid-career faculty at a research university: Implications for faculty and academic leaders. *Change, 40*(5), 46-55.

Baldwin, R. G., Lunceford, C. J., & Vanderlinden, K. E. (2005). Faculty in the middle years: Illuminating an overlooked phase of academic life. *Review of Higher Education, 29*(1), 97-118.

Belker, J. (1985). The education of mid-career professor: Is it continuing? *College Teaching, 33*(2), 68-71.

Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing*. Menlo Park, Ca: Addison-Wesley.

Berman, A. (2015). Academic leadership development: A case study. *Journal of Professional Nursing, 31*(4), 298-304.

Bilge, F. (2006). Examining the burnout of academics in relation to job satisfaction and other factors. *Social Behavior and Personality, 24*(9), 11151-1160

Billings, D., & Halstead, J. (2016). *Teaching in nursing: A guide for faculty.* St. Louis, MO: Elsevier.

Bodla, M. A., & Danish, R. Q. (2009) Politics and workplace: An empirical examination of the relationship between perceived organizational politics and work performance. *South Asian Journal of Management, 16*(1), 44-62.

Byrne, B. M. (1993). Burnout: Testing for the validity, replication, and invariance of causal structure across elementary, intermediate, and secondary teachers. *American Educational Research Journal*, 37, 799-817.

Campion, M. A., Bhasin, R. M., Beaudette, D. J., Shann, M. H., & Benjamin, E. J. (2016). Mid-career faculty development in academic medicine: How does it impact faculty and institutional vitality? *Journal of Faculty Development, 30*(3), 49-63.

Candela, L., Gutierrez, A., & Keating, S. (2012). A national survey examining the professional work life of today's nursing faculty. *Nurse Education Today, 33*, 853-859.

Cassidy, E. (2017, June 26). Nursing shortage in Missouri hospitals reaches an all-time high. *Missourian.* Retrieved from https://www.columbiamissourian.com/news/state_news/nursing-shortage-in-missouri-hospitals-reaches-an-all-time-high/article_a2e04910-4c4d-11e7-9a50-fb7468816306.html

Colorado Center for Nursing Excellence. (2018). *Colorado's Nursing Shortage.* Retrieved from http://www.coloradonursingcenter.org/colorados-nursing-shortage/

Conklin, M., & Desselle, S. (2007). Development of a multidimensional scale to measure work satisfaction among pharmacy faculty members. *American Journal of Pharmaceutical Education, 71*(4), 1-9.

Cropanzano, R., Rupp, D., & Byrne, Z. (2003). The relationship of emotional exhaustion to work attitudes, job performance, and organizational citizenship behaviors. *Journal of Applied Psychology, 88*(1), 160-169.

Davies, M., Laschinger, H., & Andrusyszyn, M. (2006). Clinical educators' empowerment, job tension, and job satisfaction. Journal for Nurses in Staff Development, *22*(2), 78-86.

Derby-Davis, M. (2014). Predictors of nursing faculty's job satisfaction and intent to stay in academe. *Journal or Professional Nursing, 30*(1), 19-25.

Donner, G. J., & Wheeler, M. M. (2001). Discovery path: A retention strategy for mid-career nurses. *Canadian Journal of Nursing Leadership, 14*(1), 27-31.

Dyrbye, L. N., Varkey, P., Boone, S. L., Satele, D. V., Sloan, J. A., & Shanafelt, T. D. (2013). Physician satisfaction and burnout at different career stages. *Mayo Clinic Proceedings, 88*(12), 1358-1367.

Fong, C. (1990). Role overload, social support, and burnout among nurse educators. *Journal of Nursing Education, 29*(3), 102-108.

Garden, A. (1991). Relationship between burnout and performance. *Psychological Reports, 68*, 963-977.

Girot, E., & Albarran, J. (2012). Sustaining the education workforce in healthcare: Challenges for the future. *Nurse Education Today, 32*, 32-38.

Gold, Y. (1984). The factorial validity of the Maslach Burnout Inventory in a sample of California elementary and junior high school classroom teachers. *Educational and Psychological Measurement. 44*, 1009-1016.

Gray, J., Grove, S., & Sutherland, S. (2017). *The practice of nursing research*. St. Louis MO: Elsevier.

Hakanen, J., & Schaufeli, W. (2012). Do burnout and work engagement predict depressive symptoms and life satisfaction? A three-wave seven-year prospective study. *Journal of Affective Disorders, 141*, 415-424.

Hall, L. M., Lalonde, M., Dales, L., Peterson, J., & Cripps, L. (2011). Strategies for retaining midcareer nurses. *Journal of Nursing Administration, 41*(12), 531-537.

Hart, J. (2016). Dissecting a gendered organization: Implications for career trajectories for mid-career faculty women in STEM. *The Journal of Higher Education, 87*(5). 605-634.

Heinrich, K., & Oberleitner, M. (2012) How a faculty group's peer mentoring of each other's scholarship can enhance retention and recruitment. *Journal of Professional Nursing 28*(1), 5-12.

Helitzer, D., Newbill, S., Cardinali, G., Morahan, P., Chang, S., & Magrane, D. (2016). Narratives of participants in national career development programs for women in academic medicine: Identifying the opportunities for strategic investment. *Journal of Women's Health, 25*(4), 360-370.

Human Resources and Service Administration (HRSA). (2017). Supply and demand projections of the nursing workforce: 2014-2030. Retrieved from https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/NCHWA_HRSA_Nursing_Report.pdf

Iwanicki, E. F., & Schwab, R. L. (1981). A cross-validation study of the Maslach Burnout Inventory. *Educational and Psychological Measurement, 41*, 1167-1174.

Jackson, S. E., Schwab, R. L., & Schuler, R. S. (1986). Toward an understanding of the burnout phenomenon. *Journal of Applied Psychology, 71*, 630-640.

Kallberg, A., & Loscocco, K. (1983). *American Sociological Review, 48*, 78-90.

Kamel, N., & Hashish, E. (2015). The relationship between psychological need satisfaction, job affective wellbeing and work uncertainty among the academic nursing educators. *Journal of Nursing Education and Practice, 5*(8), 99-108.

Kelly, D. K. (1991). *Linking faculty development with adult development: An individualized approach to professional growth and renewal.* Retrieved from https://eric.ed.gov/contentdelivery/servlet/ERICServlet?accno=ED337103.

Kizilci, S., Erdogan, B., & Sozen, E. (2012). The influence of selected personality and workplace features on burnout among nurse academics. *The Turkish Online Journal of Educational Technology, 11*(4), 307-314.

Klamann, S. (2017, August 5). Wyoming grapples with nursing shortage as boomers begin to retire. *Casper Star Tribune.* Retrieved from https://trib.com/news/state-and-regional/wyoming-grapples-with-nursing-shortage-as-boomers-begin-to-retire/article_2b047ba4-21fc-5b8a-882a-663bb173bc72.html

Kram, K. E., & Hall, D. T. (1989). Mentoring as an antidote to stress during corporate trauma. *Human Resource Management, 28*(4), 493-510.

Maslach, C., & Jackson, S. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior, 2*, 99-113.

Maslach, C., & Jackson, S. (1982). Burnout in health professions: A social psychological analysis. In G. Sanders & J. Suls (Eds.), *Social psychology of health and illness.* Hillsdale, NJ: Erlbaum.

Maslach, C., & Jackson, S. (1986). *Maslach Burnout Inventory Manual* (2nd Edition). Mountain View, CA: CPP, Inc.

Maslach, C., Jackson, S., & Leiter, M. (1996). *Maslach Burnout Inventory Manual* (3rd edition). CPP; Mountain View, CA.

Maslach, C., & Leiter, M. (2017). New insights into burnout and health care: Strategies for improving civility and alleviating burnout. *Medical Teacher, 39*(2), 160-163

Maslach, C., Scaufeli, W., & Leiter, M. (2001). Job burnout. Annual *Review of Psychology, 52*(1), 397-422.

Mennin, S., Kalishman, S., Eklund, M., Friedman, S., Morahan, P., & Burdick, W. (2013). Project-based faculty development by international health professions educators: Practical strategies. *Medical Teacher, 35*, 971-977.

Missouri Hospital Association. (2016). *Mapping Missouri's Health Care Workforce.* Retrieved from https://www.mhanet.com/mhaimages/workforce/annual%20workforce%.pdf

National Council of State Boards of Nursing. (2015). What you need to know about nursing licensure and boards of nursing. Retrieved from https://www.ncsbn.org/Nursing_

National Council of State Boards of Nursing. (2018). *The national nursing database.* Retrieved from https://www.ncsbn.org/national-nursing-database.htm.

Nebraska Center for Nursing. (2017). Nebraska's multi-regional workforce model. Retrieved from https://center4nursing.nebraska.gov/sites/center4nursing.nebraska.gov

Nottis, K. (2005). Supporting the Mid-Career Researcher. *Journal of Faculty Development, 20*(2), 95-98.

Owens, J. (2017). Life balance in nurse educators: A mixed-methods study. *Nursing Education Perspectives, 38*(4).

Pastore, D. (2013). Faculty perspectives on Baldwin and Chang's midcareer faculty development model. *Journal of Faculty Development, 27*(2), 25-32.

Ponjuan, L., Conley, V., & Trower, C. (2001). Career stage difference in pre-tenure track faculty perceptions of professional and personal relationships with colleague. *The Journal of Higher Education, 82*(3), 319-346.

Price, S., & Reichert, C. (2017). The importance of continuing professional development to career satisfaction and patient care: Meeting the needs of novice to mid-late-career nurses throughout their career span. *Administrative Sciences, 7*(17) 1-13.

Romano, J., Hoesing, R., O'Donovan, K., & Weinsheimer, J. (2004) Faculty at mid-career: A program to enhance teaching and learning. *Innovative Higher Education, 29*(1), 21-48.

Strage, A., Nelson, C., & Meyers, S. (2008). "Stayin' alive:" meeting faculty mid-career professional renewal needs. *Metropolitan Universities, 19*(1), 71-83.

Strage, A., & Merdinger, J. (2014). Professional growth and renewal for mid-career faculty. *Journal of Faculty Development, 28*(3), 41-50.

United States Census Bureau. (2017). 2017 population estimates. Retrieved from file:///C:/Users/mjb005/Downloads/Population%20Estimates%20by%20State.svg

Ward, K., & Wolf-Wendel, L. (2016). Academic motherhood: Mid-career perspectives and the ideal worker norm. *New Directions for Higher Education, 176*, 11-23.

West, E. (2012) What are you doing the rest of your life? Strategies for fostering faculty vitality and development mid-career. *Journal of Learning in Higher Education, 8*(1), 59-66.

Wright, T., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of Applied Psychology*, *83*(3), 486-493.

Yedidia, M., Chou, J., Brownless, S., Flynn, L., & Tanner, C. (2014). Association of faculty work perceptions of work-life with emotional exhaustion and intent to leave academic nursing: Report on a National Survey of Nurse Faculty. *Journal of Nursing Education, 53*(10), 569-579.

APPENDIX A

Demographics

1. Gender
    1. Male
    2. Female
    3. Prefer not to answer
2. State your current age (provided as a whole number)
3. Ethnicity
    1. Caucasian
    2. Asian
    3. African-American/Black
    4. Hispanic/Latino
    5. American Indian/Alaska Native
    6. Other
4. Current marital status
    1. Single
    2. Married
    3. Divorced/separated
    4. Widowed
5. Children (select all that apply)
    1. Children <1 year of age
    2. Children 1-12
    3. Children 13-21
    4. Children 21 or older
6. Caregiver to Parent
    1. Yes
    2. No
7. State number of years as an educator as a whole number (provided as a whole number)
8. Do you work part time or full time?
    1. Part time
    2. Full time
9. Highest Degree Held
    1. Masters
    2. Doctorate
10. Academic Rank
    1. Instructor
    2. Assistant Professor
    3. Associate Professor
    4. Professor
11. Type of Institution
    1. Private
    2. Public
12. State number of credit hours taught in a usual semester (provided as a whole number)
13. State number of hours worked on clinical a week in a usual semester (provided as a whole number)

14. State number of hours spent on committee work a week (i.e. internal to organization such as shared governance, dissertation or research, operational; external related to the profession of education and nursing or dissertation) (provided as a whole number)
15. Are you employed outside of nursing education?
    1. Yes
    2. No
16. Do you have a mentor? (Check all that apply)
    1. Yes, within the institution
    2. Yes, outside the institution
    3. Formal
    4. Informal
    5. No, I do not have a mentor
17. Are you a mentor? (Check all that apply)
    1. Yes, within the institution
    2. Yes, outside the institution
    3. Formal
    4. Informal
    5. No, I am not a mentor
18. Do you have a hobby outside of work?
    1. Yes
    2. No
19. State number of hours in a usual week spent on your hobby (provided as a whole number)
20. State number of hours in a usual week on exercise (provided as a whole number)
21. Please include any comments or reflections you feel you have not addressed below.

APPENDIX B

MBI for Educators Survey

Christina Maslach, Susan E. Jackson & Richard L. Schwab

The purpose of this survey is to discover how educators view their job and the people with whom they work closely.

Instructions: On the following page are 22 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about *your* job. If you have *never* had this feeling, write the number "0" (zero) in the space before the statement. If you have had this feeling, indicate *how often* you feel it by writing the number (from 1 to 6) that best describes how frequently you feel that way. An example is shown below.

How often:	**0** Never	**1** A few times a year or less	**2** Once a month or less	**3** A few times a month	**4** Once a week	**5** A few times a week	**6** Every day

Example:

How often 0-6	**Statement:**
1. ____	I feel depressed at work.

If you never feel depressed at work, you would write the number "0" (zero) under the heading "How often." If you rarely feel depressed at work (a few times a year or less), you would write the number "1." If your feelings of depression are fairly frequent (a few times a week but not daily), you would write the number "5."

APPENDIX C

Approval for Remote Online Use of a Mind Garden Instrument

Effective date is July 31, 2018 for:
Melinda Bentjen

mind garden [v2]

You submitted your Application for Remote Online Use at 12:06 pm EDT on July 31, 2018

Remote online use of the Mind Garden instrument stated below is approved for the person on the title page of this document.

Question	Answer
Your name:	Melinda Bentjen
Email address:	_____
Company/institution:	Bryan College of Health Sciences
Mind Garden Sales Order or Invoice number for your license purchase:	ZEXKLRVHL
The name of the Mind Garden instrument you will be using:	MBI-ES
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:	Survey Monkey https://www.surveymonkey.com/dashb I will be using the MBI-ES on Survey Monkey. The 22 item MBI-ES statements will be measures using the likert scale like on the survey ranging from 0 (never) to 6 (every day). I will also be putting demographics along with this survey to understand the population and sample. I will be analyzing the data as encouraged by the scoring key and license agreement using means and standard deviations.
Please include any other comments or explanations you would like to provide about your remote online use of a Mind Garden instrument:	

Conditions of Use

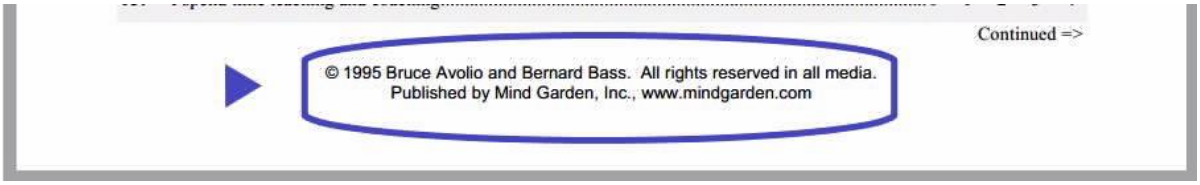
Question	Answer
I will administer this Mind Garden instrument for research purposes only. I agree to this condition.	
I will **not** send Mind Garden instruments in the text of an email or as a PDF file to survey participants.	I agree to this condition
I will put the instrument copyright statement (from the footer of my license document; includes the copyright date, copyright holder, and publisher details) on every page containing questions/items from this instrument.	I agree to this condition.
I will send screenshots of my online survey to info@mindgarden.com so that Mind Garden can verify that the copyright statement appears.	I agree to this condition.
I will compensate Mind Garden, Inc. for each license use; one license is used when a participant first accesses the online survey.	I agree to this condition
I will track my license use.	I agree to this condition.
Once the number of administrations reaches the number purchased, I will purchase additional licenses or the survey will be closed to use.	I agree to this condition.
I will remove this online survey at the conclusion of my data collection and I will personally confirm that it cannot be accessed.	I agree to this condition.

I agree to abide by each of the conditions stated above

Your name (as electronic signature): Melinda Bentjen
Date: 7/31/18

Conditions of Use

The copyright statement is in the footer of your license document. An example is shown below from the Multifactor Leadership Questionnaire (MLQ).



Each Mind Garden instrument has a different copyright statement. Each form of an instrument may have a different copyright statement. The research manual has its own copyright statement, which is often different from that of the instrument.

To ensure that you are using the correct statement, open your **Remote Online Survey License**, go to the page with the questions/items (the content you use to build your online survey), and copy the complete footer.

APPENDIX D

Melinda Bentjen
Bryan College of Health Sciences

IRB#: 1805-002

Title of Protocol: THE ASSESSMENT OF BURNOUT AND ASOCIATED CHARACTERISTICS AMONG MIDCAREER PRELICENSURE BSN FACULTY

RE: Request for review

Dear Ms. Bentjen,

As Chair of Bryan College of Health Science's IRB I have reviewed the submission for the above-titled
Request for Review and determined it to be exempt from IRB Committee review.

This letter constitutes official notification of exempt status from Bryan College of Health Science's IRB. Please inform the IRB of any changes to your plan or of any breach of confidentiality.

Respectfully submitted on behalf of the IRB,

Shannon Pecka, PhD, CRNA IRB Chair

APPENDIX E

Dear

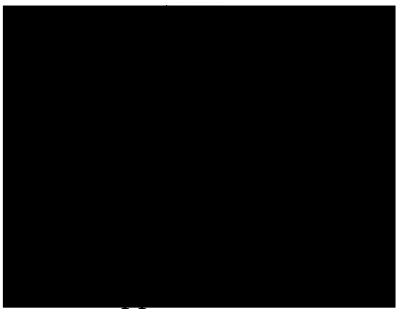
I am writing this letter of inquiry to seek permission to conduct a research study at your institution in the Fall of 2018. I am currently enrolled in an education doctorate accredited program having emphasis in nursing education at Bryan College of Health Sciences in Lincoln, Nebraska and am in the process of writing my dissertation. The study is entitled "An assessment of burnout and associated characteristics among midcareer prelicensure BSN faculty." The purpose of this descriptive research study is to understand more about the pragmatic issues of education by investigating the prevalence of midcareer prelicensure BSN faculty experience of burnout.

A national survey by the American Association of Colleges of Nursing (AACN, 2016) found 1,567 faculty vacancies in 821 nursing schools with baccalaureate and/or graduate degrees. These unfilled positions affect the number of students accepted to nursing schools thus affecting the number of nurses in the profession. The lack of nursing faculty impacts the supply and demand of nurses. Factors that affect nursing faculty numbers are age of faculty, retirement, noncompetitive salaries, insufficient funds to hire, role expectations, and limited doctoral prepared nursing faculty (Owens, 2017, Kuehn, 2010, and Candela, Gutierrez & Keating, 2012).

Baldwin, Lunceford, and Vanderlinden (2005) describe midcareer as the longest and most productive stage. Midcareer faculty are described as those who have taught for ten to twenty years. Midcareers have become competent in academia snf holf responsibilities to include teaching, scholarship, and service. In addition, midcareer faculty have many personal and professional roles. Personal roles include being a parent, spouse, sibling, and child caring for a parent on top of their professional roles (Kalleberg & Loscocco, 1983). Workload and life balance can cause stress and emotional exhaustion. An exhaustive literature search demonstrates that there is a gap in knowledge about work attitudes in mid-career nursing faculty. Assessing if midcareer nursing faculty's job related attitudes could potentially help with retaining this career stage.

At the current time, I am seeking accessible populations for my dissertation study and would like to understand the potential for faculty at your institution participating. I have received expedited IRB approval from Bryan College of Health Sciences (IRB # 1805-002) and you can find IRB approval letter attached to this email. If you are willing to participate in this important research, you can expect an email on August 15th that holds a participation letter and link to a survey monkey link to forward to your nursing faculty who fit the inclusion criteria of nursing faculty who have taught in a prelicensure BSN program between10-20 years, Master or Doctorate prepared, full or part time who teach in didactic and/or clinical, hold an unencumbered RN license, and have access to email. It would also be very helpful to understand if IRB approval would be necessary at your institution. Feel free to email me at Melinda.bentjen@bryanhealth.org with any questions. I truly appreciate your time in the recruitment process and would be happy to share the results of my study after completion in Spring 2019. I will look forward to your response by July 31st. Thank you for your consideration.

APPENDIX F



Approval date: September 20, 2018

Director and Associate Professor Department of Nursing

IRB project# 18-

Dear ,

The Institutional Review Board (IRB) has reviewed the research application "The Assessment of Burnout and Associated Characteristics Among Midcareer Prelicensure BSN Faculty" and found that it complies with policies established by the College for protection of human subjects in research. Unless renewed, approval lapses one year after approval date.

1 . You must provide the IRB with an annual status report to maintain approval.
2. Any significant change in the experimental procedure as described must be reviewed by the IRB prior to altering the research.
3. Notify the IRB about any new investigators not named in the original application.
4. Any injury to a subject because of the research procedure must be reported to the IRB immediately.
5. When signed consent documents are required, the Principal Investigator must retain the signed consent documents for at least three years past completion of the research activity. If you use a signed Informed Consent form, provide a copy to subjects at the time of consent.
6. IRB approval and expiration dates must be included on all Informed Consent forms.
7. If this is funded research, keep a copy of this approval letter with your proposal/grant file.

Please inform the IRB when this project is terminated. Unless renewed, approval lapses one year after the approval date. If you have any questions, please contact me.

Sincerely,

Chair,

APPENDIX G

[redacted]

July 3, 2018

Melinda Bentjen, MSN,

This letter is to formally notify you that your research study, "*The Assessment of Burnout and Associated Characteristics among Midcareer Preliscensure BSN Faculty*" **IRB # NMC1718_34 EXTERNAL** has been secondarily approved (Primary Approval granted by Bryan College of Health Sciences on May 31, 2018) and given Exempt status authorized by 45 CFR §46.

You are authorized to begin this study on July 3 , 2018. You will need to notify the IRB in writing when the project is completed or discontinued. You can use Bryan's Final Report Form for this purpose. If any unanticipated risks to the participants occur, these should be reported to IRB. Any changes in protocol will require that you submit a new IRB document.

If you have any questions, please contact, IRB chair at_____, or e-mail at IRB@.

Sincerely,

IRB Chairperson

Institutional Review Board

APPENDIX H

[redacted]

Human Research Protection Committee

[redacted]

Notification of New Human Research Proposal Approval

July 5, 2018

Melinda Bentjen, MSN, RN

Proposal title: An Assessment of burnout and associated characteristics among midcareer prelicensure BSN faculty
Approved Proposal #: 0021-2018
Funding Source: Bryan College of Health Sciences
IRB review date: 07/04/20
Effective date: 07/05/20
Expiration date: 07/04/20
IRB review type: Expedited
IRB review Action: Approved

Dear Ms. Melinda Bentjen,

On behalf of the Human Research Protection Committee, I have reviewed your project proposal titled: "An Assessment of burnout and associated characteristics among midcareer prelicensure BSN faculty" dated 07/02/2018 and have concluded that the project poses no more than minimal risk to participants and therefore is approved. **Please note that the approval for this proposal will lapse on 07/04/2019.**

The IRB reviewed and approved the following:

- PHRP training certificates
- Approval letter from Bryan College of Health Sciences
- Sampling methods and consent form
- Survey method

Please contact me at _____ or IRB@ if you have any questions. Sincerely,

Chair of Human Research Protection
Committee Assistant Professor of Biology

Institutional Review Board

Checklist for expedited initial review
This checklist must be completed and kept on file with the protocol.

Proposal number	0021-2018	Principal Investigator	Melinda Bentjen
Title	An assessment of burnout and associated characteristics among midcareer prelicensure BSN faculty.		
45 CFR 46.110 and 21 CFR 56.110			
Applicability criteria- ALL of the following must be satisfied			
1) The research activity presents no more than minimal risk to the human participants			(X)Yes ( )No
2) Identification of the participants and/or their responses does not reasonably place them at risk of criminal or civil liability or be damaging to the subjects = financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than minimal			(X)Yes ( )No
3) The research is NOT classified			(X)Yes ( )No
Category of Research – NO others are permitted (Please mark "X" on appropriate category)			
1. Clinical studies of drugs and medical devices only when condition (a) or (b) is met. . (a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.) . Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.			
. **Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:** . (a) from healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or . from other adults and children [2], considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be			

collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.	
3. Prospective collection of biological specimens for research purposes by noninvasive means. Examples: (a) hair and nail clippings in a nondisfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.	
4. Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.) Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject=s privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.	
5. Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt.)	
6. Collection of data from voice, video, digital, or image recordings made for research purposes.	

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)	X
Informed Consent: (X) Required ( ) Waived (Must be explained; attach sheets as necessary)	
Chair of Human Research Protection Committee:	
Signature	Date 07/05/2018

APPENDIX I

3 August 2018
Dear Melinda Bentjen:

It is my pleasure to inform you that your proposed research project:

Title: An assessment of burnout and associated characteristics among midcareer BSN faculty

Principle Investigator: Melinda Bentjen

Co-Investigators & Consultants: Lina Bostwick

is granted IRB approval. If any aspect of this project changes, this IRB approval is void. In such a case, please reapply for IRB approval.

Best wishes on your

research project. Sincerely,

Assistant Professor
Division of Science & Mathematics

APPENDIX J

July 31, 2018

RE: An assessment of burnout and associated characteristics among midcareer BSN faculty. - Expedited Approval of Facilitated Review
Study ID#: MMC2018-35

Dear Ms. Bentjen,

On July 31, 2018, as Vice Chair, I reviewed your submission for facilitated review of the following study:

An assessment of burnout and associated characteristics among midcareer BSN faculty.

This study has been reviewed and is approved to take place at_____, with Bryan College of Health Sciences acting as the IRB of record. This submission will be included on the Agenda for the September 21, 2018 IRB meeting for notification to the full board.

Brief description of study: The purpose of this descriptive research study is to understand more about the pragmatic issues of education by investigating the prevalence of midcareer prelicensure BSN faculty experience of burnout..

The IRB of record is responsible for all subsequent reviews; however, the following must be submitted to the _____ IRB for board notification:

- Annual progress report;
- Local protocol deviations;
- Local unanticipated problems/serious adverse events;
- Approval documentation for amendments approved by the IRB of record and any revised documents (e.g. Informed Consent, Protocols); and/or
- Study closure documentation.

Should you have any questions regarding this letter approving facilitated review of your study, please feel free to contact our offices at _____.

This IRB operates in accordance with all local and federal applicable laws, regulations, and guidelines for research. Compliance is maintained with the FDA Code of Federal Regulations, Office for Human Rights Protections (OHRP), Good Clinical Practice (GCP) guidelines, and International Conference of Harmonization (ICH). All documentation is maintained in the study file per FDA/DHHS Regulations and IRB Guidelines.

Sincerely,

IRB Interim Vice Chair

APPENDIX K

7/25/2018

Melinda Bentjen, MSN, RN
Bryan College of Health Sciences
Lincoln, NE

Dear Melinda,

The Institutional Review Board has met and discussed your project titled, “An assessment of burnout and associated characteristics among midcareer BSN faculty.” Your proposal has been approved.

We wish you the best on your research project. Your approval is for one year period of time. If your data collection goes longer than that, please submit a Research Continuation Form.

Best wishes,

Associate Provost

APPENDIX L

Melinda Bentjen MSN, RN
Bryan College of Health Sciences Graduate Nursing Program

April 2, 2018

Dear Ms. Bentjen:

Based on my review of the overview of your research proposal, I give permission for you to recruit participants to conduct the study entitled An Assessment of Burnout and Associated Risk Factors among Midcareer Prelicensure BSN Faculty within the Nursing Program. As part of this study, I authorize you to invite traditional (pre-licensure) BSN faculty to participate in the study as research subjects/participants. Their participation will be voluntary and at their own discretion. We reserve the right to withdraw from the study at any time if our circumstances change. Of note, I am the Interim Director of Nursing Programs; I encourage you to be in touch with the Director of Nursing Programs four to six weeks before you intend to recruit participants to confirm his/her awareness of your research.

Once you have received approval from your IRB, please be prepared to provide a copy to _____ IRB if requested.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team and Bryan College of Health Sciences without permission from IRB. If the study is submitted for journal publication, the participants' identity as well as the identity of _____ will be kept confidential and/or reported as aggregate data.

Best wishes as you undertake this important project.

Sincerely,

Associate Professor and Interim Director of Nursing Programs

APPENDIX M

August 15, 2018

Dear sir or madam,

Thank you for your continuing support of this vital research on midcareer nursing faculty and agreeing to use your institution's nursing faculty. The purpose of this descriptive research study is to understand more about the pragmatic issues of education by investigating the prevalence of midcareer BSN faculty experience. This research will help understand what is going on with midcareer nursing faculty in order to support and validate professional development and mentoring.

I have received approval from Bryan College of Health Science's Institutional Review Board (IRB# 1805-002) (please see attached) on May 31, 2018 and would appreciate your assistance to recruit participants. Please forward the attached letter with the survey link included to participants who meet the following criteria: (1) nursing faculty who have taught in prelicensure BSN programs between 10-20 years ; (2) Master or Doctorate prepared; (3) full time or part time faculty who teach didactic and/or clinical in a prelicensure BSN school of nursing in Nebraska, Iowa, Kansas, South Dakota, Colorado, Wyoming, Missouri; (4) hold an unencumbered RN license in the state they teach in; (5) able to read, speak, and understand English; (6) have access to a computer with internet capabilities and an electronic mail (email) address.

I look forward to learning more about midcareer nursing faculty. Thank you in advance for your continuing support and attention.

Regards,

Melinda Bentjen
Confirmed Doctoral Candidate
Bryan College of Health Sciences

APPENDIX N

Dear Nursing Faculty,

You are invited to take part in an important research study for nursing education. You have been identified by your Dean, Leader, and/or Director as nursing faculty being at midcareer. Your expertise is key to this research.

The purpose of this research study is to understand the pragmatic issues of education by investigating the prevalence of midcareer BSN faculty experiences with job related attitudes. A secondary purpose of this study is to identify the type of characteristics, if any, that correlate with job related attitudes for midcareer prelicensure BSN faculty. This research study is being conducted as part of scholarly doctoral work at Bryan College of Health Sciences in Lincoln, Nebraska.

Below are the criteria listed for participation in this study:

1. You are currently teaching in a 4 year, prelicensure BSN program.
2. You have 10-20 years of teaching experience.
3. You are master or doctorate prepared.
4. You are full time or part time faculty who teach didactic and/or clinical setting.
5. You hold unencumbered RN license in the state you teach in.
6. You have access to a computer with internet capabilities and an electronic mail (email address)

Your responses for this research study are online, therefore a link toward the end of this letter is provided. The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person or agency required by law. The information from this study may be published in scientific journals or presented at scientific meetings, but your identity will be kept strictly confidential. Your responses will never be associated with a name for privacy purposes.

The design of this study requires that you respond to a 22 item survey, ranking the statements that are quantified from 0-6 (0-never to 6-every day) along with a series of demographic questions. This survey will take you no longer than 15 minutes to complete. You are an expert on your work/life balance and job related attitudes, so there is no need to overthink the questions asked.

You will not receive direct benefit from participating in this study, but it is possible you gain insight as you reflect on your answers. The information gained from the study will enhance knowledge about midcareer faculty, which can lead to professional development and support for mentoring.

Your wellbeing is a major focus. If you have a concern as a direct result of being in this study you should immediately contact the persons listed at the end of this letter. Furthermore, your response or decision not to respond will not affect your relationship with Bryan College of Health Sciences or any other entity. Please note that your responses will be used for research

purposes and will be kept confidential. Your completion of your responses indicates your consent to participate in this study. You may withdraw at any time by exiting the questionnaire.

This study does not cost the participant in any way, except time spent completing the questions. There is no compensation or known risk associated with participation.

Thank you for your consideration to participate in this important research study. If you have comments or questions about the research study, please contact the researcher at _____ or _____.

If you meet all inclusion criteria below and agree with the above please proceed to https://www.surveymonkey.com/r/KPKG5NF and begin survey.

1. You are currently teaching in a 4 year, prelicensure BSN program.
2. You have 10-20 years of teaching experience.
3. You are master or doctorate prepared.
4. You are full time or part time faculty who teach didactic and/or clinical setting.
5. You hold unencumbered RN license in the state you teach in.
6. You have access to a computer with internet capabilities and an electronic mail (email address)

Sincerely,

Melinda Bentjen MSN, RN
Confirmed Doctoral Candidate
Bryan College of Health Sciences