CPTs' perceptions of their role satisfaction and levels of professional burnout

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Abstract
This paper reports on a multi-method research
project that explored perceived role satisfaction
and professional burnout among community
practice teachers (CPTs) while facilitating post-
registration education and caseload management.
A bespoke Satisfaction Questionnaire and the
Maslach Burnout Inventory (Educators) were
completed by 23 participants to elicit quantita-
tive and qualitative data. Findings are presented
in relation to three themes – aspects of the CPT
role leading to satisfaction, aspects leading to
dissatisfaction or burnout, and ways to enhance
satisfaction and reduce burnout.
The majority of CPTs were satisfied with their
current role. A number of factors were elicited
that affected participants' perceived satisfac-
tion. Respondents scored low levels of burnout
overall, with high levels of personal accomplish-
ment and low levels of depersonalisation. The
relationship between participants' satisfaction
and their levels of burnout was not found to be
statistically significant. However, mean scores
on the emotional exhaustion subscale indicate
moderate levels of emotional exhaustion.
The paper concludes with recommendations to
improve the support provided by employers
and partner universities for CPTs.

Key words
Abc

Declared potential competing interests.

Introduction

Making a difference and *Placements in focus*
(DH, 1999, 2001) emphasised the importance
of practice-based education for students.
Implementation of their recommendations is
dependent upon adequate numbers of
appropriately qualified community practice
teachers (CPTs) (Hudson and Forrester,
2001). However, it is suggested some trusts
and universities have failed to train and
support educators adequately in primary care
(Henderson et al, 2006), potentially making
practice teaching a negative experience.

The NMC (2008) sets minimum standards
for CPTs (sign-off practice teachers) to
support learning and assessment in practice,
but this document fails to acknowledge fully
the complex duality of the CPT role as
teacher and caseload manager. The draft
document stated that CPTs should spend
40% of their time with students and have a
reduced clinical caseload (Thurtle, 2006).
The recommendation in the final document
was for one hour reflective practice per week,
though Newland (2008) states learning in
practice is improved when students reflect
daily. Studies on mentorship within nursing
have consistently highlighted difficulties
relating to role conflict and lack of time to
optimise teaching opportunities (Moseley
and Davies, 2008), with additional academic
requirements increasing role dissatisfaction
and professional burnout (Renzi et al, 2005).

Literature review

Role satisfaction is pertinent to the NHS
because of its much purported relationship
with staff turnover (Larabee et al, 2003).
Hegney et al (2006) cite reasons for nurses
leaving, compounding pressures on those
remaining. However according to Kovner et
al (2006), high workloads do not necessarily
lead to dissatisfaction but inequality in
distribution of workload does. Best and
Thurston (2006) state that autonomy, recog-
nition and good communication with super-
visors and peers improve job satisfaction.
According to Espeland (2006), conflict
between an individual's expectations and

reality characterises professional burnout,
with change, work instability, job content,
poor resources and managerial support cited
as factors associated with stress (Edwards
et al, 2001).

Burnout is strongly related to job satisfac-
tion (Arikan et al, 2007). According to
Happell et al (2003), 'burnout' was originally
used to describe emotional exhaustion of
public sector workers, leading to decreased
productivity and negative emotions, and is of
growing concern for the nursing profession.
Maslach (1982) divides burnout into three
components – emotional exhaustion, deper-
sonalisation and personal accomplishment.
The Maslach Burnout Inventory (MBI)
(Maslach, 1996) measures the frequency of
each component and has been used exten-
sively in the field of satisfaction and burnout
research (Sarmiento et al, 2004). Sarmiento et
al (2004) found higher empowerment associ-
ated with lower burnout and greater work
satisfaction, and job satisfaction decreased as
burnout increased, with workload having the
greatest impact on stress levels.

Happell et al (2003) compared forensic and
mainstream psychiatric nurses, finding lower
burnout and higher job satisfaction in the
forensic nurse sample despite the dangerous
and unpredictable nature of their role. This
was attributed to better organisational
support. Spears et al (2004) found associa-
tion between work stress and heavy
workload, rapid change, inadequate leader-
ship and resources in elderly mental health
services. Team work, social support and role
clarity were found to have a positive associa-
tion with job satisfaction and a negative
association with burnout and stress. Despite
limited sample size, findings were consistent
with previous research (Thomsen et al, 1998)
showing a negative association between job
dissatisfaction and burnout. Similarly, Arikan
et al's (2007) descriptive cross-sectional study
of 180 intensive care unit and dialysis nurses
in Turkey found decreased stress and
burnout in the dialysis group, citing access to
education, good professional interactions
and decreased intention to leave.

Government reforms have affected clinical and educational practice (Gillespie and McFetridge, 2006), challenging credibility of nurse teachers with a clinical role. Inadequate resources, constant change and workload pressures are also highlighted in the research (Hutchings et al, 2005). However, intrinsic rewards from student contact and autonomy rank high on satisfaction scales for nurse educators (Usher et al, 1999). Satisfaction levels for CPTs may be affected by the type of education in which they are engaged. One-to-one teaching of specialist students is an intensive educational process concerned with development of cognitive skills relevant to graduate and postgraduate study (Canham and Bennett, 2002). Within a limited time frame, CPTs engage in a process of education concerned with development of essential specialist competencies and self-awareness. This type of learning is congruent with adult learning theory (Knowles, 1990) and post-technocratic education (Schon, 1987), which encourages the relationship between practice and theory. The CPT creates conceptual meaning through tailor-made education, relying on positive student-teacher relationships. This individual teaching has the potential to transform as opposed to transmit knowledge, bridging the theory-practice divide (Girot, 2000). However, this intensive relationship relies heavily on the individual skills of the CPT and may prove difficult for the CPT to sustain without risking professional burnout. Finally, it is the CPT who acts as gate-keeper to the NMC register, which can be a rewarding experience or a heavy responsibility, possibly increasing the risk of burnout and dissatisfaction.

The literature depicts practice education as problematic for students, teachers and health service providers. Onerous workloads, lack of time, limited human or financial resources, lack of support or acknowledgement, difficulties associated with balancing dual roles and the importance of recognition, autonomy and empowerment are all emergent themes in the literature. A paucity of research regarding community practice teaching was identified.

Research aim and questions

This research explores links between role satisfaction and burnout in the CPTs dual role of clinician and teacher. The research questions were:
- Are CPTs satisfied with their current role?
- What contributes to role satisfaction?
- Is there a relationship between CPTs' role satisfaction and professional burnout?

Methods

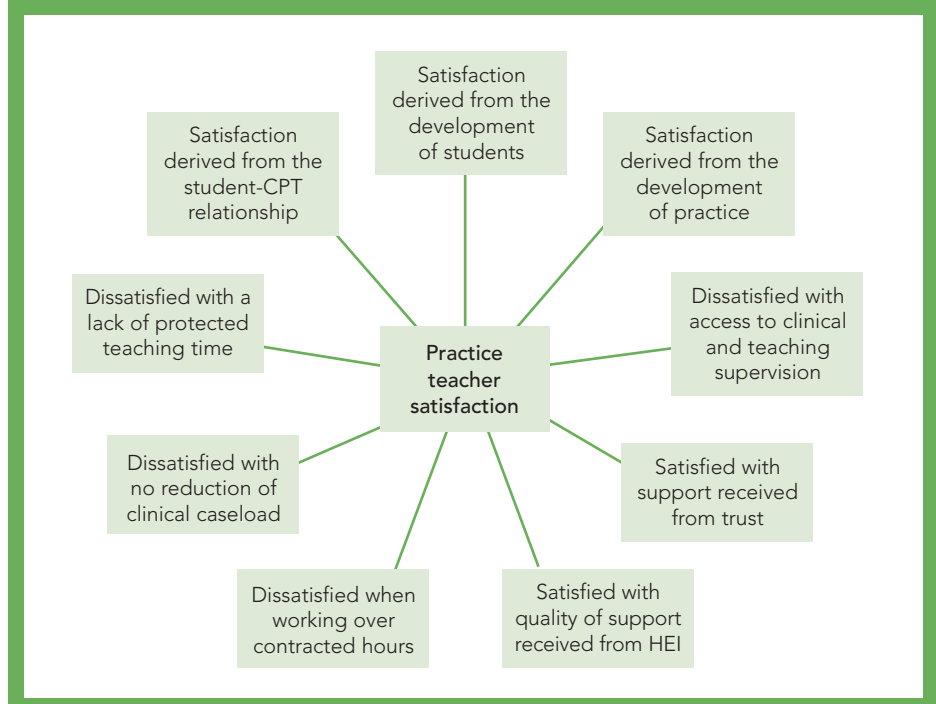Quantitative and qualitative research methodology was used as recommended for exploratory research questions (Robson, 2005). The total population sample consisted of 23 CPTs employed by five primary care trusts (PCTs). All were either currently teaching or had previously taught a specialist practice public health nurse or a specialist practice qualification student. They were approached at a university CPT update.

A Satisfaction Questionnaire was developed following the literature review, incorporating open and closed questions. This was piloted with a group of CPTs from one PCT to ensure face validity, and was modified prior to use with the main sample. Analysis of the satisfaction survey included quantitative analysis of data, which was tabulated for prevalence, frequency and distribution. Qualitative data generated from the open-ended questions were examined for any emergent themes and coded to aid retrieval and organisation of the data (Miles and Huberman, 1984). All participant comments were analysed, including outliers, to ensure that the full picture was presented.

The MBI (Educators) (MBIE) (Maslach, 1996) was used to identify the CPTs' perceived levels of burnout and is a reliable, standardised and validated instrument based on extensive research (Pierce and Malloy, 1989). The respondents independently completed the questionnaire, which includes three measures of professional burnout.
- Emotional exhaustion (EE, eight items) – severe tiredness as emotions are depleted
- Depersonalisation (DP, five items) – a consequence of EE as the person finds themselves becoming indifferent to their work

Figure 1. Range of issues identified by participants

- Satisfaction derived from the student-CPT relationship
- Satisfaction derived from the development of students
- Satisfaction derived from the development of practice
- Dissatisfied with a lack of protected teaching time
- Dissatisfied with access to clinical and teaching supervision
- Practice teacher satisfaction
- Dissatisfied with no reduction of clinical caseload
- Satisfied with support received from trust
- Dissatisfied when working over contracted hours
- Satisfied with quality of support received from HEI

- Personal accomplishment (PA, eight items) – as the person feels detached and that they are no longer making a difference to their work, they experience a lack of personal accomplishment and satisfaction.

These are rated according to frequency, with high scores on the EE and DP scales and low scores on the PA scale representing burnout. Scores were categorised into low, average and high burnout according to available normative data for post-secondary educators (Maslach et al, 1996).

The four principles of ethical research – beneficence, non-maleficence, respect for autonomy and justice, and fairness in the distribution of benefits and risks – were applied (WMA, 2004). The university and local NHS research ethics committees granted approval and participation in the research was voluntary.

Findings

Respondents (n=23) comprised CPTs for health visiting (n=11), district nursing (n=7), community mental health nursing (n=3) and school nursing (n=2). Community mental health nurses were included as the local trusts also commission a practice teacher to support these students (NMC, 2008:7). Respondents ranged in specialist practice experience from 18 months to 30 years, and in practice teaching experience from six months to 21 years. Analysis of the data elicited the following three broad themes:
- Aspects of the practice teacher role leading to satisfaction
- Aspects of the practice teacher role leading to dissatisfaction or burnout
- Ways to enhance satisfaction and to reduce burnout.

Aspects leading to satisfaction

Data from the Satisfaction Questionnaire provided evidence that the majority of participants were satisfied with their role (n=16, 'agree' or 'strongly agree') and with the support they received from their employers (n =15, 'agree' or 'strongly agree'). Aspects of satisfaction included use of skills

(n=18), access to funding for training (n=17), study leave (n=16), clinical supervision (n=14), teaching supervision (n=9) and reduced caseload (n=1).

The majority of respondents were also satisfied with the support received from the higher education institution (HEI), which included access to CPT study days (n=22), placement visits by lecturer (n=19), good links with HEI staff (n=16) and access to academic modules (n=16).

In addition to the quantitative data, open response questions were included to enable participants to comment freely on issues affecting their role satisfaction (see Figure 1).

Factors that positively influenced satisfaction included support for the CPT role; opportunities to develop practice and student relationships.

'*The recognition I receive from my line manager or organisation that the learning environment is important is a source of satisfaction*' (school nurse).

'*The support received and the opportunity to feed back to the practice education facilitator contributes to my satisfaction*' (health visitor).

'*Good links with the HEI are a source of satisfaction*' (mental health nurse).

The opportunity to influence professional development was a source of satisfaction identified by all professional groups. This was in relation to both practice development and the development of students:

'*Opportunity to advance practice and to share knowledge*' (district nurse).

'*Students blossom as they develop*' (health visitor).

Satisfaction was also derived from the relationships which practice teachers had with their students:

'*The student relationship makes me more motivated*' (health visitor).

'*Structured quality time with the student makes me satisfied*' (district nurse).

Aspects leading to dissatisfaction/burnout

Analysis of the MBIE identified mean scores for participants in relation to its three measures of professional burnout were classified as low, moderate or high (see Table 1).

In order to undertake statistical analysis of the relationship between variables, the data were entered onto the Statistical Package for Social Sciences (Bryman and Cramer, 2005). Data suggested participants demonstrated moderate levels of emotional exhaustion (17.86), low levels of depersonalisation (2.39) and high levels of personal accomplishment (29.69). This indicated that participants were experiencing a low degree of burnout.

Bivariate analysis of the data from the satisfaction survey and burnout inventory was undertaken to identify relationships between variables. Scatter diagrams demonstrated weak positive relationships between participants' satisfaction with trust support and with their current roles. They also identified weak positive relationships between the length of time qualified (both as a specialist practitioner and as a CPT) with personal accomplishment, and between the length of time qualified as a practice teacher and emotional exhaustion. However, further analysis using the Pearson chi-square non-parametric test identified that none of these relationships were statistically significant. Pearson chi-square was selected as it is used to measure significance in sample sizes of 20 or more cases. The chi-square test entails a comparison of actual frequencies with those that would be expected to occur on the basis of chance alone.

Data from the Satisfaction Questionnaire provided evidence that participants were least satisfied with workload pressures and

Table 1. Respondents' MBIE subscale scores (Maslach, 1996)

MBIE subscale	Level score ranges			Respondents' mean?? score
	Low	Medium	High	
Emotial exhaustion	0 to 16	17 to 26	27 or over	17.86 (moderate)
Depersonalisation	0 to 8	9 to 13	14 or over	2.39 (low)
Personal accomplishment	37 or over	31 to 36	0 to 30	29.69 (high)

lack of appreciation, and expressed their dissatisfaction with organisational changes:

'*Juggling of student, safeguarding, NNEB supervision and newly qualified staff supervision, I may opt out of being a practice teacher*' (health visitor).

In contrast to those participants who answered that they were satisfied with the support they received from their employers, one participant reported that they were unhappy and three ambivalent:

'*Trust rush teaching, they don't listen to concerns in clinical practice*' (health visitor).

Some participants highlighted their dissatisfaction with changes to the length of the specialist practice public health course:

'*I'm concerned re the 52-week course as there will be even less time to catch up with caseload and own development*' (health visitor).

Ways to enhance satisfaction

The main suggestions to enhance satisfaction were protected time, reduced caseload and increased supervision and support. In response to the question asking what factors would further enhance satisfaction, several respondents (n=21) wrote:

'*Increasing staffing levels to allow more time to be spent with students*' (district nurse).

'*Protected time for reflection and portfolio preparation would enhance satisfaction*' (district nurse).

'*Protected time out of caseload to spend with students to look at their learning needs would enhance my satisfaction*' (health visitor).

Discussion

The majority of participants were satisfied with their roles identifying effective relationships with students and facilitating their learning and development as major sources of satisfaction. Participants reported recognition of their skills and support from employers improved their role satisfaction. This is important within the context of the range of responsibilities undertaken by CPTs (Newland, 2008) including the development of cognitive and clinical ability. The majority of participants were satisfied with support provided by employers and the HEI. This is not consistent with the literature, which suggests that HEIs have failed to provide adequate training and support for educators in primary care (Henderson et al, 2006). It also reinforces the importance of developing effective support mechanisms for CPTs, both within their employing organisations and with partner HEIs.

Participant's highlighted dissatisfaction with their trust's lack of support for their dual role. According to Renzi et al (2005), the main factors influencing role satisfaction are perceptions of being well managed. Fostering of relationships and recognition of practitioners accomplishments is therefore key to enhancing role satisfaction and protecting employees from stress and burnout (Espeland, 2006). As previous studies have demonstrated, access to support is strongly associated with job satisfaction (Sarmiento et al, 2004) this lack of supervisory support could have implications for the CPTs satisfaction levels and subsequently their effectiveness as educators. Participants cited a more supportive framework as important to decrease stress, as all trusts in the study had practice education facilitators and link lecturers, these would seem well placed to identify suitable supervisory systems and enhance the satisfaction levels of CPTs.

Emotional exhaustion is a clear signal of distress in emotionally demanding work (Maslach et al, 1996). Arguably, CPTs are at increased risk of distress due to their emotionally demanding work with both clients/patients and students. The implication of this apparent lack of power on the teaching environment is that it can contribute to stress and is linked to increased levels of professional burnout, whereas an empowering work environment is associated with lower burnout levels (Espeland, 2006). The implication is that CPTs should be offered both clinical supervision and supervision for their teaching role. This would enhance satisfaction by alleviating stress and offset CPTs' dual role demands, thereby reducing the risk of emotional exhaustion.

Participants identified managers failing to support the CPT by not authorising a reduced clinical caseload, directly affecting teaching time and role satisfaction. Such a reduction in clinical activity was highlighted as necessary to release the CPT in order to plan, supervise and assess student practice in accordance with NMC guidelines (NMC, 2008). Essentially a reduced caseload was seen as management recognition of the time and skills needed to undertake the dual role. According to Lu et al (2007), organisational commitment has the strongest impact on job satisfaction. This is confirmed in this study.

Conclusion and recommendations

Satisfaction Questionnaire data analysis demonstrated that the majority of CPTs were satisfied with their role and the support they received from their employing trust and HEI. Factors identified that positively affected CPT role satisfaction were student-teacher relationships, the time and opportunity to develop students and clinical practice, and the support received from colleagues, employers and the HEI. The vast majority of the CPTs identified that heavy clinical caseloads and a lack of protected teaching time were the factors causing most dissatisfaction, along with working over contracted hours to ensure all duties were fulfilled. The findings from the MBI demonstrate that respondents scored low levels of burnout overall, with high levels for personal accomplishment and low levels of depersonalisation. The relationship between participants' satisfaction and their levels of burnout was not found to be statistically significant. However, the mean scores on the emotional exhaustion subscale indicate moderate levels of emotional exhaustion.

Increasing demands on community nursing and relentless government reforms make the dual clinical and educational role increasingly more complex, causing challenges to facilitation and assessment of students in practice (Gillespie and McFetridge, 2006). This study has highlighted the relationship between role satisfaction, organisational support and professional burnout. The inverse relationship between job satisfaction and burnout means it is in the interests of employers to keep CPTs supported and satisfied in their role. CPTs are at risk of emotional exhaustion due to their dual teaching and clinical role, both of which require high levels of emotional input. It is therefore essential that employers provide a culture of support and communication to help protect CPTs from professional burnout and ensure that practice placements remain of the highest quality.

Although this is a small-scale study, the rich data obtained will be used to develop strategies locally, to improve support for CPTs in their dual roles as teachers and caseload managers. It is hoped this improves role satisfaction and reduces burnout potential.

Recommendations from this study

- Placement providers need to introduce supervision specific to practice teaching. Group supervision in particular facilitates experiential learning and reflection
- Employers authorise reduced CPT caseloads and protected time for planning, supervising and assessing student practice in line with NMC guidelines (NMC, 2008)
- Employers and practice education facilitators should familiarize themselves with the causes and signs of burnout to prevent burnout phenomena.

Recommendations for future research

- Wider research on CPTs satisfaction with HEI support is conducted

- Future research is conducted on CPTs from the differing professional groups.

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