

**An Investigative Study of Burnout among University Nurse  
Academics in Australia**

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## Declaration – Statement of Authorship

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signature:

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.

Date: 31<sup>st</sup> March 2021

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## Glossary of Terms

A glossary of terms (for example, Nurse Academic, stress, occupational stress, and burnout) that are relevant for the purposes of this study are defined before the actual content of the thesis is discussed. This glossary of terms will give a clearer definition, meaning and understanding of the terms used within the context of this study.

**Burnout** – Burnout is a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. It is a syndrome of emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment which can occur among individuals who work with people in some capacity (Maslach & Jackson, 1986).

**Compassion Fatigue** – Compassion fatigue, also known as secondary traumatic stress, is a condition characterised by a gradual lessening of compassion over time. Compassion fatigue has been defined as a combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress (Anewalt, 2009; Figley, 1995).

**Nurse Academic** – A member of the university academic staff employed on a contract or permanent basis who contributes and teaches in accredited nursing programs in accordance with the AHPRA requirements.

**Occupational Stress** – Occupational stress is stress related to one's job. Work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities, which challenge their ability to cope. Occupational stress can increase when workers do not feel supported by supervisors or colleagues or feel as if they have little control over work processes (Quick & Henderson 2016, WHO, 2020).

**Registered Nurse (Australia)** – registered with the Nursing and Midwifery Board of Australia to practice nursing in Australia (Australian Health Practitioner Regulation Agency, 2013).

**Stress** – a state of mental or emotional strain or tension resulting from adverse or demanding circumstances. Stress has a particular relationship between the person and the environment that is appraised by the person as being taxing or exceeding the persons resources and endangering their well-being (Lazarus & Folkman, 1984).

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## Peer Reviewed Publications and Conference Presentations

### Published Paper: -

- (1) Singh, C., Jackson, D., Munro, I., & Cross, W. (2020). Occupational stress facing nurse academics: a mixed-methods systematic review. *Journal of Clinical Nursing*. 29 (5-6): 720-735.DOI 10.1111/jocn.15150.

### Manuscripts in Review:

- (2) Singh, C., Jackson, D., Munro, I., Hunt, I., & Cross, W. Why do only some nurse academics experience Burnout? *Journal of Professional Nursing* **Manuscript I.D. JPN-D-20-588**
- (3) Singh, C., Jackson, D., Munro, I., & Cross, W. (2020). Walking the Tightrope: Narratives from Nurse Academics, *Journal of Clinical Nursing*, **Manuscript I.D. JCN-2020-1200.R1**
- (4) Singh, C., Jackson, D., Munro, I., & Cross, W. (2020). They Come We Exhaust Them and They Leave, *Nurse Education Today*, **Manuscript I.D. NET\_2019\_509R1**

## CONFERENCE PRESENTATIONS

**2017: Singh, C. Cross, W.M., Munro., I & Jackson, D.**

**Title of Paper:** Burnout among Nurse Academics in Australia. Preliminary findings – Part of Doctoral Research Study.

Paper presented at the 43<sup>rd</sup> International Mental Health Conference. Hobart, Australia (24<sup>th</sup> - 27<sup>th</sup> October 2017).

**2016: Singh, C. Cross, W.M., Jackson, D & Munro, I.M.**

**Poster Presentation:** An Investigation of Burnout among Nurse Academics in Australia.

Poster presented at the 42<sup>nd</sup> International Mental Health Conference. Adelaide, Australia (25<sup>th</sup> -28<sup>th</sup> October 2016).



**Abstract:** The overall aims of this study were to investigate the prevalence, extent and explore the experiences of Nurse Academics in Australia in relation to job satisfaction and burnout. Over the last three decades, university teaching has become increasingly challenging and stressful; this has affected the quality of life of academics. This is evidenced by the rapidly changing working conditions and stress experienced globally among university academics. Consequently, the relationship between academics and their workplace are very demanding, more stressed, followed by lack of resources and eventually leading to burnout. Burnout is defined as a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job.

Since, the move of nurse education into the university sector in Australia in the mid 1980's, the stress and demands placed upon Nursing Academics has risen and intensified dramatically. Although the literature is replete about the work experiences among university academics very little research has been carried out to investigate the prevalence and explore the experiences among nurse academics, particularly within Australia (Bittner, & Bechtel, 2017) in relation to occupational stress and burnout.

This research study utilized a mixed methods design, specifically, the sequential explanatory model A two phased approach was utilized. In phase one 234 nurse academics completed the survey comprised of the MBI, MSQ and demographics. In phase two, 19 participants were interviewed. The conceptual framework that underpins this study is influenced by the Job-Demands Resource Model (J-DR Model).

In phase one, participants were drawn from a cross section from novice to experienced academics. 50% of participants reported low levels of burnout, whilst the other 50% reported either moderate or high levels of burnout. Out of these 50% who experienced burnout about 20% of respondents experienced a high-level of burnout. Similarly, 50% of the participants experienced low levels of job satisfaction and this correlated significantly with high levels of

the total burnout scores ( $r = -0.56$ ). Within the qualitative component, the main themes included a lack of work life balance, incivility towards staff, increasing workloads, challenging students, lack of recognition, negative workplace culture, lack of awareness of the importance of political astuteness, and lack of leadership skills and difficulty with retention of newly appointed staff. Many participants also expressed being threatened, feeling intimidated, and unfairly treated coupled with facing personalities who were driven by power struggles. Overall, there appeared to be a sense of powerlessness, that participants were relatively powerless and unable to change their lot. Although personal resilience provided a buffering effect for some of the participants and acted as a protective factor against stress and burnout it is not well understood.

This research study contributes to the ongoing body of work on the experiences of nurse academics globally and gives a further insight and understanding of the personal experiences of occupational stress and burnout among Australian nurse academics. However, a few potential limitations to this study should be noted. The study sample was only selected from within Australian universities which may limit the global generalisation of the findings and it was undertaken at an only one time point.

Occupational stress leading to burnout is still considered an important factor and predictor of job satisfaction and intention to leave among Australian nurse academics. Effective mentoring and leadership styles that promote a nurturing work environment, a sense of belonging, being valued, heard, and recognised, are areas of priority. Strategies and policies should be revised for greater inclusiveness, academic freedom, institutional autonomy, and a better work-life balance. Further work is needed that examines the specific types of support systems that nurse leaders could initiate to reduce job stress leading to burnout. Ongoing evaluation is crucial to ensure the appropriateness, efficacy, and effectiveness of the support systems. The findings have important global implications in terms of recruitment and retention of nurse academic.

# CHAPTER ONE – RESEARCH PROBLEM

## 1.1 Introduction

Since Freudenberger (1974) and Maslach (1976) defined the term *burnout* in the mid-seventies, the notion of burnout among people-oriented professions such as healthcare, education and human services has been an area of great attention and focus of research. Much of the research work on burnout stems from the early work undertaken by Freudenberger (1974), Maslach (1976), Lewis, Cherniss (1980) including (Lewis, Packard & Lewis 2007). Maslach (1982) described burnout as a pattern of emotional overload and fatigue that occurs when people become emotionally exhausted and feel overwhelmed by emotional demands of working with individuals, resulting in the development of negative self-concept, negative job attitudes, and loss of concern and feelings for their clients. Burnout is a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that occurs among individuals who do people-work of some kind (Maslach & Jackson, 1986) as a specific response to prolonged exposure to work-related stressors (Maslach, 1982). In addition, burnout is considered a prolonged response to chronic emotional and interpersonal stressors on the job (Maslach, Schaufeli, & Leiter, 2001). Maslach's (1982) definition of burnout fits with the type of work that nurse academics carry out daily and is therefore very relevant for the purposes of this study. In view of this, there are numerous implications that arise from this definition that were explored and examined within this research study.

In the present academic climate, there is a great deal of anecdotal evidence that nurse academics and their colleagues, are under a great deal of 'stress and pressure' with increased workloads and research-related activities including the recent unprecedented

COVID 19 pandemic exacerbating stress at work (Dezabi., Motahar., Sarvghad., Fiterau., & Mahyar, 2020; Kinman & Johnson, 2019; Shaukat., Ali., & Razzak, 2020). In the ever-changing academic climate, with massive progress in knowledge, information technology, student and public demand for better teaching and learning quality, academics throughout the world experience tremendous pressure to equip themselves to live up to such demands. Recent demands on high quality research output, increased student numbers and increased teaching workloads, a perceived lack of autonomy and job security have led to increased job stress, with the potential of a negative impact upon the health and work-life balance of academics (Johnson, Willis, & Evans, 2019). This is well established and supported in the literature that several common stressors such as, heavy workloads, pressures to publish, large class sizes, increasing administrative work, time constraints, management role demands and expectations are the main issues of concern for nurse academics (Gardner, 2014; Roughton, 2013; Wilson., Sharrad., Rasmussen., & Kernick 2013; Yedida., Chow., Brownlee., Flynn., & Tanner 2014).

Likewise, the type of work-related interactions and stresses that take place between nurse academics and their students is distinct from the kind of interactions between providers in physical care, business, and healthcare. This includes guiding students to different learning opportunities and providing quality education for future generations (Kirby, 2006). However, very few empirical studies have been articulated regarding burnout among academics in general and a scarcity of studies that (Kizilci., Erdogan., & Sozen 2012; Saemiento, Laschinger, & Iwasiw, 2003; Yedidia et al., 2014), address the notion of burnout amongst nurse academics. A consideration of occupational stress and burnout among nurse academics within Australia is timely.

## 1.2 Defining Burnout

There is no single universal agreed definition of the term burnout. The term is used to describe a myriad of symptoms experienced by individuals who do not cope well with stressful situations when involved in human interaction and people-oriented occupations. Earlier definitions of burnout include a negative work experience that produces negative occupational and personal consequences (Bryne & Bryne, 1992). However, more recently, Maslach & Leiter (2016) defined burnout as a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job.

Other definitions describe burnout as a physical, emotional and mental exhaustion syndrome, which derives from chronic physical exhaustion, feelings of helplessness and hopelessness, and development of a negative self-concept as well as negative attitudes towards the profession, the life and other people (Jones, 1981; Maslach & Jackson, 1986). Burnout is best described as a syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that occur among individuals who interact with people on a regular basis (Maslach & Jackson, 1986). Three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment. The significance of this three-dimensional model is that it clearly places the individual stress experience within a social context and involves the person's conception of both self and others (Maslach & Leiter, 2016).

However, additional research (Barnett., Brennan., & Gareis, 1999; Kristensen., Borritz., Villadsen., & Christensen et al., 2005; Shirom & Melamed 2005) has indicated more clearly that emotional exhaustion is the core feature of burnout. Interestingly, even Maslach and Leiter (1996) noted that emotional exhaustion is the defining component of burnout rather

than the co-existing components of depersonalisation and reduced personal accomplishment (Barnett et al., 1999). Maslach, Jackson, and Leiter (1996) also noted that of the three dimensions of burnout, exhaustion usually has the strongest factor loadings. This claim is well debated by Schaufeli, Leiter, & Maslach (2008), and supported by other researchers who maintain that exhaustion is the one and only hallmark of burnout (Pines and Aronson, 1981; Kristensen., Borritz., Villadsen., & Christensen, 2005; Shirom and Melamed, 2005). Although, theoretically, exhaustion includes physical, emotional, mental and psychological aspects ( Kristensen et al., 2005; Pines & Aronson, 1981), and cognitive weariness (Shirom and Melamed, 2005), self-report measures inevitably produce one single overriding exhaustion factor (Schaufeli et al., 2008). A key aspect of the “burnout syndrome is increased feelings of emotional exhaustion” (Maslach & Jackson, 1981, p.99). In addition, the use of the *emotional exhaustion* dimension as a single item to measure burnout has been advocated and strongly supported by other researchers (Hansen & Pit (2016) as a psychometrically sound screening tool for measuring burnout. In view of this evidence, for the purposes of this study, burnout among nurse academics within Australia is measured using the emotional exhaustion dimension of the Maslach Burnout Inventory (MBI) (Maslach & Jackson (1981). The literature, as described in chapter two, expands upon the documented studies about occupational stress and burnout among nurse academics.

### 1.3 Why undertake this research study?

Although the literature is replete about the work experiences among university academics (Alves., Oliveira., & Paro, 2019; Bowen, Rose, & Pilkington, 2016; Kinman, 2014; Kinman & Johnson, 2019; Thabo, 2010), very little research has been carried out to examine and explore the experiences among nurse academics within Australia (Bittner & Bechtel, 2017). In addition, there is significant consensus in the literature over the

causative factors of burnout among university faculty members ( Blix., Cruise., Mitchell., & Blix, 1994; Gillespie., Walsh., Winefield., Dua & Stough, 2001; Gormley, 2003; Jaswanthal, Abdul Rahman., Sharar., Rampal., & Rampal 2014; Khan., Din., & Anwar, 2019; Lackritz, 2004; Roughton, 2013; Smeltzer., Harts-Hopko., Cantrell., Heverly., Jenkinson & Nthenge 2015; Tytherleigh., Webb., Cooper., & Ricketts, 2007; Waldrop & Chase, 2014; Wang & Liesveld, 2015; Wieland & Beitz, 2015; Winefield., Gillespie., Stough., Dua., Hapuarachchi., & Boyd 2003; Wyllie., DiGiacomo., Jackson., Davidson., & Phillips, 2016). However, globally, there is a paucity of literature on the prevalence and experience of burnout among nurse academic including the shortage and retention of nurse academics internationally (Barkhuizen., Rothmann., & van de Vijver, 2014; Mc Dermid, Peters, Jackson, & Daly, 2012). Likewise, very little is known about the prevalence, personal experience, and degree of burnout among nurse academics in Australia. Occupational stress and burnout, coupled with the problem of recruitment and retention rate among nurse academics, is a growing international issue (Nardi & Gyurko, 2013; Mc Dermid, Peters, Jackson, & Daly, 2012).

The interest in occupational stress and burnout in Australia has been steadily increasing over the last ten years (McDermid., Peters., Daly., & Jackson, 2013, 2016, Winefield., Boyd., Saebel., & Pignata 2008, Wyllie et al 2016). Nurse academics in Australia are expressing a similar interest in burnout. Such a concern was observed when personal contact was made with nurse academics from various states and territories throughout Australia at various annual national and international conferences organised by peak bodies such as the Australian College of Mental Health Nurses (ACMHN), the Australian Association of Cognitive Behavioural Therapists, the National Nursing Forum and at various other professional workshops. In view of the feedback received and strength of

the debate in relation to stress and burnout experienced among nurse academics globally, this study was undertaken to investigate the extent and experience of burnout among nurse academics in Australia.

This research study is needed because over the last ten years no research has been undertaken addressing the topic of burnout among nurse academics within Australia. There is a need to have a current picture for Australian nurse academics and explore their personal experiences. Hence, by investigating the prevalence of burnout among nurse academics and finding out about the relationship between job related stressors and burnout, this study attempted to fill these gaps.

#### 1.4 Background/Overview

Over recent years, globally, universities have undergone a great deal of organisational change, restructuring processes, downsizing and government funding cuts, leading to consequential job stress negatively impacting employees' work and personal lives (Bell, Rajendran, & Theiler, 2012; Dickson-Swift., James, Kippen., Talbot., Verrinder & Ward 2009; Gillespie et al., 2001, Shah, 2012). Stress among university staff is widespread (Tytherleigh et al., 2007) and has been growing significantly since the 2000's (Winefield et al., 2003; Kinman, 2014; Kinman & Wray, 2013, O'Connor & O'Hagan, 2016). A number of factors including work intensity, high levels of stress due to time pressure, increased workload demands and long working hours were identified as specific negative determinants for work-life balance among academic employees (Hogan., Hogan., & Hodgins, 2014, Tytherleigh et al., 2007). The results corroborate the findings of other researchers who found poor remuneration, feelings of job insecurity, and reduced clarity of role expectations (Adekola, 2012; Khan & Yousaf, 2016; Mark & Smith, 2012; Nazari., Jariani., Beiranvand.,



Saki., Aghajeri., & Ebrahimzadeh, 2016; Poalses & Bezuidenhout, 2018) as being contributory factors towards stress and burnout among academics.

Likewise, over the past three decades, higher education in many countries such as the United Kingdom (UK), United States of America (USA), and Australia has experienced changes that have increased the intellectual, technical, professional and emotional stress and strains placed on academic staff (Logan, Gallimore, & Jordan, 2016). National surveys and findings in the UK (Tytherleigh, Webb, Cooper, & Ricketts, 2005; Watts & Robertson, 2011), Australia (Gillespie et al., 2001; McAllister., Madsen., Godden., Greenhill., & Reed, 2010; Winefield et al., 2003) and the USA (Blix et al., 1994; Hogan & McKnight 2007, Lackritz, 2004), have reported a serious and growing problem of academic work stress with deleterious consequences including decreased job satisfaction, reduced morale and ill health for academic staff (Lockanadha, Reddy, & Poornima, 2012; Pocock, 2005). Accordingly, the consequences of occupational stress and burnout are accompanied by a decline in mental and physical health (Barkhuizen, Rothmann, & Tytherleigh, 2004) and causes illness and inadequacies in individuals, resulting in underperformance, psychological destruction, resignation and retardation (Hastings & Bham, 2003; Kacmaz, 2005).

Although burnout has some of the same deleterious effects as occupational stress responses, burnout is not well understood and is often equated with occupational stress. What is unique about burnout is that it typically manifests itself as a combination of physical, mental, and emotional exhaustion. Loss of commitment; disengagement from one's work and a general inefficiency in adapting to the unique demands of one's relationship with the environment that surrounds the delivery of human services must also be relevant phenomena to consider. Occupational stress is a prerequisite to burnout, and how this is manifested amongst nurse academics is an area important to explore.

However, little is understood about the true nature of the relationship between specific occupational stressors present in different occupational settings, and what may be empirically defined as occupational burnout. Despite this long-standing concern, it is surprising to note the paucity of literature on the prevalence and degree of burnout among nurse academics. No recent systematic review has been undertaken for nurse academics in relation to burnout. A comprehensive review of the evidence is required. Before this is explored further, it is important and necessary to highlight the role of the nurse academic.

### 1.5 Role of Nurse Academics and the relationship to Burnout

Since the 1980's, occupational stressors including burnout have been well documented and pose serious problems in various occupational settings including hospitals and universities (Bell, 2012; Blix, Cruise, Mitchell, & Blix, 2006; Chen et al., 2014; Gui, Barriball, & While, 2009a). Interestingly, in the nursing profession, only since 1978 has the nursing literature recognised burnout as a serious syndrome and the medical profession referred to it as part of the physician impairment syndrome.

Many writers including those in the United Kingdom (UK), United States of America (USA), Canada and Australia (Biron, Brun, & Ivers, 2008; Logan, Gallimore & Jordan, 2015) have raised the increasing stress experienced by academics. Globally, over the past two decades, higher education has experienced changes that have increased the intellectual, technical, professional, and emotional stress and strains placed on academic staff (Logan, Gallimore, & Jordan, 2016). National surveys in the United Kingdom (Tytherleigh, Webb, Cooper, & Ricketts, 2005; Watts & Robertson, 2011), Australia (Gillespie et al., 2001, McAllister et al., 2010; Winefield et al., 2003) and the United States (Blix et al., 2006; Hogan & McKnight, 2007; Lackritz, 2004), have reported a

serious and growing problem of academic work stress with deleterious consequences including decreased job satisfaction, reduced morale and ill health for academic staff (Lokanadha, Reddy, & Poornima, 2012; Pocock, 2005). In support of these global findings, the analysis of a systematic review undertaken by Watts & Robertson (2011), based on 12 peer-reviewed studies in the United States, Britain, Canada, South Africa, Spain, Turkey and The Netherlands, likens levels of burnout among those who teach in higher education as higher, compared to those of schoolteachers and health professionals, and comparable with those in other service sectors. The authors also reported that staff exposure to yearly increasing numbers of students, especially tuition of postgraduates, strongly predicts the experience of burnout (Watts & Robertson, 2011).

Over the last decade, university teaching has become increasingly challenging and stressful; this has affected the quality of life of academics (Persson, 2017). Identified stressors unique to academia include large class sizes, time constraints, increasingly heavy workloads with fewer resources, more teaching responsibilities, increasing administrative work, pressure to publish and obtain external competitive research grants coupled with keeping abreast of changing technology (Gardner, 2014; Roughton et al., 2013; Wilson et al., 2013; Yedida et al., 2014). In addition, the longer-term sustainability of the nurse academic workforce and issues in recruiting nursing academics, is an area of great concern (Mc Dermid, Peters, Jackson, & Daly, 2012).

Within the last ten years, interest in research on university academics and employees has steadily been increasing, including a few Australian studies, with significant contributions made by Bell et al. (2012) and Winefield et al. (2003). Likewise, one such group of people who engage daily with their recipients (students) are nurse academics. The type of work-

related interactions and stresses that take place between nursing academics and their undergraduate and post-graduate students and colleagues is distinct from the kind of interactions between providers in physical care and business. With nurse education in the university sector, the pressure on nurse academics to engage in high quality research, achieve further postgraduate education, and to attract external funding has intensified. Nurse academics carry multiple responsibilities including face to face and on line teaching, mentoring new academics counselling of students and advocacy, preparing manuscripts, attending conferences, undertaking research, working on committees and engaging in clinical practice in their organisations (Jackson., Peters., Andrew., Daly., Gray., & Halcomb, 2015). The inter-personal relationship between nurse academics and their students require a high level of ongoing commitment, dedication, and intense level of personal and emotional contact. Although such relationships can be rewarding and engaging, they can be equally overwhelming and stressful (Gardner, 2014; Roughton et al., 2013; Wilson et al., 2013; Yedida et al., 2014).

In recent times, nurse academics have been subject to considerable stress associated with pressures on the university sector, including downsizing, government-funding cuts, and more structured performance metric. The organisational and academic environments for nurse academics are shaped by various political, social, and economic factors (such as funding cutbacks or policy restrictions). This has resulted in work settings that are high in demands and low in resources and the phenomena of burnout has become more relevant for nurse academics. These and other factors mentioned earlier have been associated with occupational stress influencing the experiences of the academic workforce (Bell, Rajendran, & Theiler, 2012; Shah, 2012). This interpersonal context of the job meant that, from the beginning, burnout was studied not so much as an individual stress response, but

in terms of an individual's relational transactions in the workplace (Maslach & Leiter, 2016). Within the context of occupational stress and burnout, it is therefore reasonable to assume that nurse academics are a group that are at potential risk of experiencing stress and burnt out (Kizilci et al., 2012). The studies in relation to nurse academics throughout the world, and in Australia, are sparse and limited.

Globally, limited research has been undertaken and few empirical studies have been articulated regarding burnout among academics and specifically nursing academics (Gillespie; Walsh; Winefield; Dua, & Stough, 2001; Lackritz, 2004; Roughton, 2013; Smeltzer et al., 2015; Tytherleigh, Webb, Cooper, & Ricketts, 2007; Wang & Liesveld, 2015; Watts & Robertson, 2011; Wieland & Beitz, 2015; Winefield et al., 2003; Wyllie et al., 2016; Yedida, 2014). Only a few recent studies were cited for nurse academics specifically in relation to burnout (Kizilci et al., 2012; Shirey, 2006; Yildirim & Cam, 2012). Little attention has been given to the question of what happens to nurse academics who work intimately with students on a daily basis who are in need of constant care, guidance emotional support which requires a great deal of understanding and patience on the part of nurse academics.

In view of this, this research study was undertaken to investigate and examine burnout among nursing academics. This current study will add to the continuous and existing knowledge of burnout among nursing academics. Burnout is an individual experience that is specific to the work context. Thus, the research over the past 25 years has maintained a consistent focus on the situational factors that are the prime correlates of this phenomenon. Despite this long-standing concern, there is a paucity of literature on the prevalence and degree of burnout, specifically among nurse academics. This study

aims to explore the prevalence and extent of burnout, and to identify potential factors that explain the distribution of burnout among this population.

## 1.6 Conceptual Framework

It is highly unlikely that a single theory can explain the complexity of a phenomenon such as burnout. For the purposes of this study, the Job-demands resource model which is better known as the 'JD-R model', was utilised (Demerouti, Bakker, Nachreinder, & Schaufeli's, 2001). The relevant theory related to stress and burnout will be examined and integrated to further enhance the understanding of burnout among nursing academics.

## 1.7 The JD-R (Job demands resources model)

Various researchers have attempted to explain the essential concepts, assumptions and interrelationships that underpin the process and phenomenon of burnout and to account for the process of its development (Freudenberger, 1974; Maslach, Schaufeli & Leiter 2001; Maslach & Leiter, 2008). Most of the frameworks theorise a cause-effect process from stressor to burnout. As mentioned earlier, the Job-Demands Resource Model, better known as the JD-R model was utilised (Demerouti et al., 2001). In addition, the 'Multidimensional Conceptual Model' (see Figure 8) based upon the Job-Resources Model (Demerouti et al., 2001) complements and further explains the relationship between job demands and resources and augurs well for the purposes of this study. The comprehensive model based upon the principles of the JD-R model predicts that high levels of job demands (for example, external pressures and poor work-life balance and workload), coupled with low levels of job control, and low levels of social support (from supervisors, colleagues, managers, feedback and personal coping skills), are associated with negative health outcomes and professional burnout. Perception of stress is also a

contributing factor. If you perceive you do not have the right resources and coping skills to cope with your workload, or perceive it to be more than you can cope with, you are much more likely to succumb to stress-related disorders leading to burnout. The model explains the process of how nursing academics might experience burnout in a way that makes it meaningful. The central assumption of the JD-R model is that job strain develops, irrespective of the type of job, when job demands are high and job resources are limited. This comprehensive model resonates with the JD-R model (Demerouti, Bakker, Nachreinder, & Schaufeli's, 2001) and fits well with the type of daily work undertaken by nurse academics. It is appropriate and applicable for the purposes of this study. A full explanation of the theoretical framework is provided in chapter three.

#### 1.8 Significance and Scope of the Study:

Presently, there is a paucity in the literature regarding the experiences of burnout in nursing academia. The studies in relation to nurse academics throughout the world and in Australia are sparse and limited. Only a few recent studies were cited for nurse academics, specifically in relation to burnout (Gardner, 2014; Kizilci et al., 2012; Shirey, 2006; Spurlock (Jr), 2008; Yildirim & Cam, 2012). This study was undertaken to narrow the gap in the literature concerning the prevalence, incidence, quality of life and impact of burnout upon nurse academics.

#### 1.9 Overall Aim of the Study:

The aim of this study was to investigate the prevalence and perception of burnout among Nursing Academics in Australia.

## 1.10 Research Questions

The five main research questions in this study were:

- (1) Do Australian nurse academics experience burnout?
- (2) To what extent do Australian nursing academics experience burnout?
- (3) What are the background variables in relation to burnout among Australian nurse academics?
- (4) What are the lived experiences and perceptions of stressors and burnout unique to Australian nurse academics?
- (5) How does burnout among Australian nurse academics relate to job satisfaction?

## 1.11 Thesis Structure

This thesis is presented in seven chapters.

Chapter one provided and presented the context for the study, with a definition of burnout and background discussion of the changing role of nurse academics globally and within Australia. The aim, and research questions of the research study were highlighted.

Chapter two presents the literature review. The chapter is presented as an introduction to the published mixed methods systematic review. Following this is an integrative review, which includes the aim, design, search method, search outcome, quality appraisal, data abstraction and synthesis. Finally, the results, discussion and conclusion are presented.



Chapter three discusses several time-tested theories from the findings of many researchers, which support the comprehensive conceptual framework based upon the Job-Demands Resource Model (J-D Model) utilised for this study (Demerouti et al., 2001).

Chapter four presents an overview of the thesis methods, including justification for using a mixed-methods exploratory sequential design. The selection and justification of methods is offered, along with the sample, setting, recruitment, data collection and data analysis. This chapter concludes with a discussion on the integration of the data, trustworthiness, and rigour. Ethical considerations and processes to gain ethics approval for this study are also discussed.

Chapters five and six present the findings and analysis of the data used to address the research questions, including narratives from the published manuscripts relating to the findings of the quantitative and qualitative data, including experiences of the nurse academics in relation to burnout.

The final chapter seven presents a discussion of the findings, including the methodological strengths and limitations of the research. Conclusions, recommendations and implications for practice, policy, education and for future research are also described.

## 1.12 Chapter summary

Chapter one introduced the specific aims of this research study, which is specifically to investigate the prevalence, incidence, and experiences of burnout among nursing academics in Australia. This was followed by a brief introduction and overview of the nature of burnout, and a definition of burnout that is most appropriate and resonates with the purposes of this study. This chapter also highlights the role of the nurse academic in relation to the changes that universities globally (including Australian universities), have undergone over the recent years and how this has impacted upon the technical, professional and emotional strains placed on academic staff leading to occupational stress and burnout. The final section of chapter one identified the significance of the study and posed the questions in relation to this research study.

## CHAPTER TWO – REVIEW OF THE LITERATURE

### 2.1 Introduction

This chapter presents a narrative review of literature relating to occupational stress and burnout relating to academics and, more specifically, nurse academics. To complement the narrative literature review, a published mixed method systematic review is also presented and incorporated within this chapter. Using a systematic approach following the Joanna Briggs Institute [JBI], (2014) process, studies were assessed for quality and risk of bias by using standardised critical appraisal instruments from the Joanna Briggs Institute. This mixed methods systematic review is based on the PRISMA reporting guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). In addition, processes and reporting were checked against the Equator guidelines. The aim of this systematic review was to determine and synthesise the best and most recent available evidence regarding occupational stress and burnout by nurse academics.

### 2.2 Sequence of Chapter Two

The sequence of chapter two is presented in the following format: first, the introduction background of the narrative literature review are presented, followed by the mixed methods systematic review. A conclusion to the chapter is provided.

### 2.3 Occupational stress and burnout among nurse academics

#### 2.3.1 Introduction

Occupational stress and burnout among Nurse Academics is a growing international issue. Although there is significant consensus in the literature over the causative factors

of burnout among university faculty members, very little is known about the prevalence, degree, and experience of burnout among nurse academics. Despite this long-standing concern, there is a paucity of literature on the prevalence and degree of burnout, specifically among nurse academics. Occupational stress and burnout are evident in the university academic workforce, adversely affecting the well-being of academic nurses, and the long-term sustainability of the academic nursing workforce. While there is considerable literature focusing on the novice academic nurse, particularly during the transition period, rather less is known about occupational stress and burnout among academic nurses across the career trajectory. Various strategies to deal with the negative consequences of occupational stress are identified, including: (a) quality mentors for novice and younger nursing academics, (b) training in resilience building for novice academics, (c) supporting collegial relationships and reducing bullying, (d) assistance for professional development and research, (e) better support and resources to overcome increasing workloads and, (f) greater work-related empowerment to enhance job satisfaction.

It is well recognised that stress levels in academic institutions are high compared to many other populations, and the stress has increased significantly over the last 15 years (Winefield & Jarret, 2001). This is equally true of Nurse Academics over the last 30 years as job stress and contributory factors to job satisfaction have changed during a time which has seen considerable developments and reorganisation of nurse education, as well as the role of Nurse Academics/Teachers (Gui et al., 2009 a, b).

The few studies, national surveys and literature reviews in the United Kingdom (Tytherleigh, Webb, Cooper, & Ricketts, 2005; Wyllie et al., 2016) and Australia (McAllister et al., 2010, Winefield et al., 2003), have reported a serious and growing

problem of academic work stress with deleterious consequences including, decreased job satisfaction, reduced morale and ill health for academic staff within universities, leading to burnout (Lokanadha, Reddy, & Poornima, 2012; Pocock, 2005). Presently, a gap exists in the literature regarding the experiences of burnout in nursing academia. In view of this, a systematic review of the literature has been undertaken, revealing a number of major issues and trends that are relevant to this study and are presented in this chapter.

### 2.3.2 Background

Until the mid-1980's, occupational stress within universities and amidst academic staff were not thought as areas of concern (Gunbayi, 2009). However, since then, due to changes within universities, sources of stress emerging from a wide variety of factors such as, increasing workload, lack of autonomy, poor educational policies, and decrease in the quality of academic standards (Fisher, 1994) are areas of great concern. Gunbayi (2009) found lack of administrative support, rising workloads and unpredictability as additional sources of occupational stress. Likewise, the findings by Catano., Francis., Haines., Kirpalani., Shannon., Stringer., & Lozanski (2010), about the lack of job security, coupled with work-life imbalance, strongly predicted job dissatisfaction, and increased psychological distress. This is well supported by the finding of Gillespie et al. (2001), that two-thirds of academic staff described feeling stressed and anxious about their job security, which further contributed to a climate of stress within the workplace (Gunbayi, 2014).

Historically, nursing education in Australia was hospital-based, with an apprenticeship-style system whereby the students were paid under conditions which included full board and lodging. In Australia, the transfer of nursing education from hospital-based training

into the higher education sector started in the mid-1980's. The legislation to enable the transfer was passed on August 24, 1984 (Dooley, 1990; Russell, 1990). Since then, the role of Nurse Academics within the Australian university sector has changed considerably and the stress and demands placed upon Nurse Academics has risen and intensified dramatically (Gormley, 2003; Gui, 2009b; McAllister et al., 2010; Roughton, 2013; Tourangeau et al 2014; Wang, & Liesveld, J. 2015; Wyllie et al 2016).

Nurse Academics, like their other university colleagues, are involved in a daily myriad of intense activities including face-to-face teaching, interacting with students, advocacy and pastoral work, counselling students, working on committees, engaging in clinical practice, supervision of higher degree students, grant writing, preparing manuscripts, attending conferences and undertaking research. Nurse Academics carry multiple responsibilities including teaching, counselling to students, working on committees and engaging in clinical practice in their organisations. Therefore, Nurse Academics are a group that has the risk of experiencing burnout (Kizilci et al., 2012). Within the context of occupational stress and burnout, it is therefore reasonable to assume that Nurse Academics are a group that are at potential risk of experiencing stress and burnout.

According to Maslach (1982 a, b), burnout is a physical, emotional, and mental exhaustion syndrome, which derives from chronic physical exhaustion, feelings of helplessness and hopelessness, and development of a negative self-concept, as well as negative attitudes towards the profession, and the life of other people in their care (Jones, 1981; Maslach & Jackson, 1986). In the caring professions there is an accepted assumption that people-centred occupations (like nursing) are endemically stressful (Ducharme, Knudsen, & Roman, 2008). Job stress has been linked with adverse effects on employees' psychological and physical well-being in many occupations, including

university academics (Idris, 2009; Kinman & Jones, 2003; Marann., Aamir., Barbara., Evelyn., & Pauline 2013; Lokanandha et al 2012).

Selye (1956) first defined stress as the interaction between a stimulus and a response. Since then, it has been defined using various terms and whilst the wording differs, the meaning is essentially the same, depending upon how individuals perceive stress. Dolan., Van Ameringen., Corbin., & Arsenault (1992) cited several factors that contributed to the experience of stress, including inadequate human resources, incompetent unprofessional or unmotivated co-workers, interpersonal relationships, and bureaucratic political constraints.

Since the 1980's, occupational stressors including burnout have been well documented and pose serious problems in various occupational settings including, hospitals and universities (Bell et al., 2012; Blix et al., 2006; Chen et al., 2014; Gui, Barriball, & While, 2009b). In recent years, the Australian university sector has undergone large-scale organisational change, including restructuring, downsizing and government funding cuts. At the same time, research from across the globe reports an alarming increase in the occupational stress experienced by university staff (Gillespie et al., 2001). Over the last decade, university teaching has become increasingly challenging and stressful; this has affected the quality of life of academics (Persson, 2017). Identified stressors unique to academia include large class sizes, time constraints, increasingly heavy workloads with fewer resources, more teaching responsibilities, increasing administrative work, pressure to publish and obtain external competitive research grants, coupled with keeping abreast of changing technology (Gardner, 2014; Roughton et al., 2013; Wilson et al., 2013; Yedida et al., 2014). The longer-term sustainability of the nurse academic workforce and

issues in recruiting them, is an area of great concern (Mc Dermid, Peters, Jackson, & Daly, 2012).

In a recent study, Aquino, Lee, Spawn, and Bishop-Royse (2018) explored the impact of burnout, specifically on doctorate-nursing faculty (Ph.D. or DNP) intending to leave their academic position. They found that to address the nursing faculty shortage issue, it is essential to create supportive and positive working environments, provide additional emotional support and promote well-being (Aquino et al., 2018). Lee, Miller, Kippenbrock, Rosen, and Emory (2017) explored job satisfaction and intent to stay in nursing academia. Their study highlights the importance of good leadership as the key to retaining nursing faculty members. In view of this, it could therefore be safely assumed that occupational stress is a prerequisite to burnout, and how this is manifested amongst nursing academics is important to explore. Importantly, the effects of occupational stress on Nurse Academics influences the student learning outcomes, and stress is a psychological factor that influences academic performance and welfare of nursing students (Sawatzky, 1998).

### 2.3.3 Narrative Literature Review

The literature review is a summary of the findings in relation to the systematic review process undertaken for this project. A number of pertinent themes in relation to burnout among academics will be discussed in this literature review. It is worth noting that research on burnout related to Nurse Academics and, within Australia, is sparse. In view of this, this literature review is complemented by studies about university academics in general.



There is significant consensus in the literature over the causative factors of burnout and it is generally viewed in relation to factors in the work environment that interact with an individual's personality in such a way as to disrupt the worker's psychological or physical functioning (Duquette et al., 1994; Harrington, Bean, Pintello, & Matthews, 2001; Leiter & Maslach, 2005; Maslach, Schaufli, & Leiter, 2001; Kilfedder et al., 2001).

Ironically, academics keenly research other groups of professionals, but rarely take the time to study their own group (Gmelch, Wilke, & Lovrich, 1986). The few studies investigating job stress in Australian academics showed that, on average, academics experience higher levels of stress than general university staff (Gillespie et al., 2001; Pocock, 2005; Winefield et al., 2003). Gillespie et al., 2001), and reported an alarming rate of health problems amongst academics due to work-related stressors. Among Australian academics, Dua (1994), found that high levels of demand-related job stress were linked to increased negative affect, psychological distress, and anxiety.

#### 2.3.4. Compassion fatigue, compassion satisfaction and burnout

A recent dissertation (Gardner, 2014), examines the phenomena of compassion fatigue, (type of burnout), compassion satisfaction and burnout in nursing faculty in the U.S. Despite the growing body of research describing the impact of compassion fatigue among bedside nurses (Anewalt, 2009; Figley, 1995; Lombado & Eyre, 2011; Sabo, 2006), existing studies are sparse when describing of the residual effects of compassion fatigue on nurse educators and the impact of compassion fatigue on the nurse educator's ability to care for students. Very little attention has been given to the phenomenon of compassion fatigue in nurses who no longer care for patients at the bedside but find themselves caring for students in academia. Stressors unique to academia present their own set of demands

on resilience and include activities common to the academy such as, scholarship, teaching excellence, university, and community service (Gardner, 2014).

Several common stressors like large class size, time constraints, heavy workload, and pressures to conduct scholarship along with teaching responsibilities were the main issues of concern for the Nurse Academics (Gardner, 2014, Gui, 2009ab; Kizilci et al., 2012; McAllister et al., 2010; Roughton et al., 2013). The expectation that academics publish and disseminate research findings, information, and knowledge is increasingly becoming a component of nursing and academic practice (Wilson et al., 2013).

In order to help overcome and cope with such presenting issues, it is recommended that nursing faculties should become an agent of change, practice assertiveness, consider transfer or change of teaching assignment, interrupt bullying and other uncivil behaviours, organise forums such as focus groups to discuss and plan strategies of change, engage in continuing education, and acknowledge that nurse academics are life-long learners (Gardner, 2014).

Identifying compassion fatigue in the nursing workplace environment may prove beneficial in the mitigation of the symptoms of burnout before it progresses to its more incapacitating form; secondary traumatic stress (STS), now known by its more modern term, compassion fatigue (Gardner, 2014). Compassion fatigue affects the nursing profession worldwide and the potential for burnout exists regardless of sub-specialty (Chen & McMurray, 2001; Jenkins & Elliot, 2004).

#### 2.3.5. Job satisfaction

A number of studies (Gormley, 2003; Gui et al., 2009a; Moody, 1996), identified that importance of job satisfaction among nurses is of concern throughout the world but the satisfaction of Nurse Academics has received little attention and no review of global research on this topic has been extensively published. Some of the influencing factors identified include professional autonomy, leader role expectations, organisational climate, perceived role conflict and role ambiguity, leadership behaviours, and organisational characteristics (Gormley, 2003; Gui et al., 2009b; Shah, 2012). An American study by Lee (2014), among Nurse Academics in Arkansas, indicated that autonomy and independence, balance with work and family life, teaching support, and administrative support, were key indicators of job satisfaction.

Hesli & Lee (2013) suggest that job satisfaction among university staff can make a difference in the overall workplace stress, thus impacting upon the onset of stress-related illness. Winefield & Jarret (2001) report that in a sample of over 2000 Australian university staff, 43.7% were classified as clinical cases on General Health Questionnaire (GHQ), suggesting high levels of anxiety and depression due to lack of job satisfaction.

#### 2.3.6 Student numbers

Watts and Robertson's (2011) review revealed that staff exposure to high numbers of students, especially tuition of postgraduates, strongly predicts the experience of burnout. Other issues and characteristics that universities must deal with on a regular basis, include pressures, conflicts, demands, and too few emotional rewards, accomplishments, and successes (Harrison, 1999). University academics are potential candidates for burnout syndrome due to their relationships with large numbers of students, personnel, and administrators.

### 2.3.7 Gender

Most nursing faculties are staffed by predominantly females; it is therefore understandable to note the findings in the literature indicate that most numbers affected are females. The study by Watts and Robertson (2011), undertaken in the UK among university staff, reported that predictive variables included gender, with higher depersonalisation scores found in male teachers, and female teachers typically scoring higher on the emotional exhaustion dimension. Females typically score higher on the emotional exhaustion dimension scales of the Maslach and Jackson (1986) Burnout Inventory. Another recent study observed that female academicians generally experience higher levels of Emotional Exhaustion (EE) and Depersonalisation (DP) compared to men, and their personal success perceptions are lower (Kizilci et al., 2012). In most studies, the Personal Accomplishment (PA) score was found similar for both women and men (Alpöz et al., 2008; Bilge, 2006; Budak & Sürgevil, 2005; Eker., Anbar & Karabiyik, 2007; Toker, 2011).

### 2.3.8 Age

Age was also associated with burnout with younger staff appearing more vulnerable to emotional exhaustion (Watts & Robertson, 2011). Burnout in university teachers was comparable with other service sector employees such as, schoolteachers and healthcare professionals. The current review reveals a scarcity of comparative studies across different university contexts, thus indicating a need to study burnout among nursing faculties (Watts & Robertson, 2011). This finding was well supported by Kizilci et al. (2012), who reported that female Nurse Academics in Turkey under 30 years reported lower levels of personal accomplishment than those 31 years and above.

### 2.3.9 Creating healthy work environments for nursing faculty

Creating a healthy workplace environment, to retain and recruit quality faculty staff is essential and critical to the functioning of any educational and Nursing Academic unit. Many new nursing leaders, including those who assume the role of Head of Departments/Deans and Supervisors, often do not have the skills, education, experience or backgrounds to lead a team and to deal with occupational stress (Gabbe., Webb., Moore., Harrell., Spickard., & Powell 2008, Kenner., & Pressler,2014; Mirvis., Marshall., Ingram., & Tang, 2006). Common issues that need to be addressed include time management, handling workplace bullying, negotiating deadlines and assignments, lack of clear direction and effective communication. It is strongly proposed that to reduce workplace stress and effectively handle these factors to enhance healthy workplace environments, preparatory training in this regard is essential and should be part of the senior staff transitional role. In the current global shortage of faculty staff it is vital to create a healthy work environment to enhance the recruitment and retention for nursing faculty staff (Brady, 2010; Heath., Johnson., & Blake, 2004; Kuehn, 2010; Kenner & Pressler, 2014). Brady (2010) states that for nursing faculty and senior administrators to work together in order to enhance healthy work environments, the following nine work-related areas that cause most concern should be seriously addressed. These include workload, salaries, benefits, collegial environment, role preparation and professional development, scholarship, institutional support, marketing, recognition, and good leadership.

### 2.3.10 Predictions of intentions to leave nursing faculties

In addition to satisfying their traditional roles of teaching, research and service, academics are frequently now expected to be entrepreneurs and marketers (Winter., Tony., & James, 2000). However, they may not have the skills required to fulfil such roles, which can prove to be disconcerting (Rothmann & Barkhuizen, 2008). All these changes in the nature and form of academic work are occurring in a climate where resources have reduced (Marann et al., 2013), and there is an inadequate supply of nursing faculty and intent to leave. In a recent study by Roughton (2013), survey data from 4,118 nurse-faculties, teaching in pre-licensure and graduate nursing education programs in the U.S., were analysed. The top five reasons for leaving chosen by respondents were: a) Retirement (56%), b) More Compensation (46%), c) More Flexibility to Balance Work and Life Issues (31%), d) More Career Development Opportunities (30%), and e) Decreased Workload (26%). The least likely reasons for leaving were a) Ability to work or live near my spouse or partner (9%), b) More variety of work (8%), and c) more opportunities to improve my clinical skills (8%).

Yedidia et al. (2014) states that the current and projected nurse faculty shortage threatens the capacity to educate enough nurses for meeting demands worldwide. Their study surveyed 3,120 full-time nurse faculty members in 269 schools and programs that offered a degree program. The findings reveal a disturbing concern in that nearly four of ten participants reported high levels of emotional exhaustion (EE), and one third expressed intent to leave academic nursing within five years. Contributors to burnout were dissatisfaction with workload, lack of flexibility to balance work and family life, salary, and availability of teaching support. In addition to this, university academicians with higher levels of burnout are more likely to consider job changes (Blix et al., 1994). This

process and phenomena could equally apply to Nurse Academics who face and undertake similar job responsibilities daily.

### 2.3.11 Intention to stay

However, it is not all doom and gloom for Nurse Academics. It is encouraging to note that on the other end of the spectrum, an interesting Canadian study by Tourangeau., Saari., Patterson., Thomson., Ferron., Widger., & MacMillan, (2014), reports that given the role nurse faculty have in educating nurses, little is known about what factors influence their intention to remain employed in an academic setting. In their findings from a survey of 650 nurse faculty members, they found that the positive factors that encouraged the Nurse Academics to stay for the next five years included: proximity to retirement, quality of relationships with colleagues, being employed full- time, having dependents, satisfaction with work-life balance, quality of education, satisfaction with job status, access to financial support for education from the organisation, access to required human resources and being unionised.

Nurse educators indicated that they are most likely to remain in academia if they have higher salaries, time off, and balance with work and family life. Additionally, nurse educators remarked that teaching, time off, and independence and autonomy are key indicators of recruitment to academia.

### 2.3.12 Impact on students and student empowerment

The issue of burnout among Nurse Academics is of concern because it has far-reaching negative consequences (Barkhuizen, Rothmann, & Tytherleigh, 2004), and reduces worker health, productivity, and outcomes. Moreover, it has an impact on students.

Students have become more empowered (Sarmiento, Laschinger, & Iwasiw, (2009), and see themselves as consumers who have rights regarding the service/education that they expect from academics (Luparell, 2005). Ironically, it is generally believed that students, staff and administrators are likely to contribute towards the academic developing burnout (Blix et al., 1994), with the added impact on students. According to Maslach and Leiter (2008), the burnt-out educator might have a negative effect on students' well-being and performance.

### 2.3.13 Other work factors and impact of stress

One of the few recent studies undertaken by Kizilci et al. (2012), specifically on Nurse Academics in Turkey, reported that the relationship between individual and situational factors are extensively examined and discussed. Frequently discussed in these studies are individual factors such as age, gender, marital status, childbearing, academic position, professional experience, and situational factors such as stress, workload, support, job satisfaction and agreement with decisions (Alpöz, Güneri, Sürgevil, & Çankaya, 2008; Budak & Sürgevil, 2005; Sarmiento et al., 2004; Toker, 2011). Working time was also determined to be one of the factors related to burnout. It is seen that as working time increases, the experience of Emotional Exhaustion and Depersonalisation (Maslach & Jackson, 1986), decreases and personal success perception increases (Eker, et al.,2007).

Stress has effects on a person's physical, emotional, and psychological well-being. Lackritz (2004) found the burnout correlated positively with productivity, occupational stress and health problems, but negatively with job satisfaction. Main stressors identified included heavy teaching loads, and numbers of students directly correlate with burnout.



Talbot (2000) found that 11-16% of nursing faculty exhibited high levels of stress and burnout due to high workloads (Rosser, 2004).

It is equally important to note that apart from the health and performance issues, it is crucial to study the predictors of burnout because these are well founded in developed countries like Australia. Accordingly, the consequences of stress and burnout are accompanied by a decline in mental and physical health (Barkhuizen, Rothmann, & Tytherleigh, 2004), low morale, drug, and alcohol abuse (Watts, 1991), weakening of interpersonal relationships (Brown, Daniels, & Sanchez, 1996), deterioration in teaching and research performance (Singh, Misra, & Kim, 1998), increased absenteeism and ultimately considerations of leaving the profession (Blix et al., 1994). In fact, most research suggests that work-related factors, such as the chronic stress of workload, are more strongly related to burnout than are personality (e.g., neuroticism) or demographic factors (e.g., age) (Karabiyik, Eker, & Anbar, 2008; Lee & Ashforth, 1996).

It has been well demonstrated in the literature that it is pertinent to study the notion of burnout among academics because it is quite prevalent in developed countries like Australia, and its chronic nature is probably due to work-related characteristics (Marann et al., 2013; Shirom & Melamed, 2005). An Australian study by Gillespie et al. (2001), found that as a group, academic staff reported higher levels of stress than general staff. Five major sources of stress identified included insufficient funding and resources; work overload; poor management practice; job insecurity; and insufficient recognition and reward. The majority of groups reported that job-related stress was having a deleterious impact on their professional work and personal welfare. Aspects of the work environment (support from co-workers and management, recognition and achievement, high morale, flexible working conditions), and personal coping strategies (stress management

techniques, work/ non-work balance, tight role boundaries and lowering standards), were reported to help staff cope with stress. The findings provide an important insight into the experience of occupational stress within universities.

The dearth of prior research within the higher education context is somewhat surprising as it seems that academics are likely candidates for burnout given the changing nature of higher education (Blix et al., 1994). Studies measuring burnout among academics typically report moderate levels of burnout on the Maslach Burnout Inventory (MBI) (1986) across all three dimensions of depersonalisation, emotional exhaustion and personal accomplishment (Blix et al., 1994; Brewer & McMahan-Landers, 2003; Lackritz, 2004; Talbot, 2000). University academicians are not exempt from problems associated with similar consequences in relation to burnout (Lackritz, 2004). However, in contrast, Hogan & McKnight (2007), who focused on university educators involved in online delivery, report high levels of burnout on the depersonalisation dimension and low levels of burnout on the personal accomplishment dimension.

Since that time, the move of nurse training into the university sector, the pressure on Nurse Academics to engage in high quality research, achieve further postgraduate education, and to attract external funding, has intensified (Winefield et al., 2003). Equally, there has also been a substantial increase in the workload of academics about administrative activities (Doyle & Hind, 1998), while advances in technology have often added to their workplace stress (Brewer & McMahan-Landers, 2003). Within the last 10 years, interest in research on university academics and employees has steadily been increasing, including a few Australian studies, with significant contributions made by Bell, Rajendran and Theiler (2012), Winfield et al. (2003), and Winefield and Jarrett (2001). Lackritz (2004) notes that there have been many studies of burnout in the

corporate and teaching sectors over the past decade, but academic burnout among university faculty is an area which still needs to be studied further.

In view of the findings in the literature it is safe to assume that university academicians are potential candidates for burnout syndrome due to their relationships with large numbers of students, personnel, and administrators. In addition to this, university academicians with higher levels of burnout are more likely to consider job changes and leave the profession (Blix et al., 1994). Few studies have investigated the emotional consequences of academic stress and even fewer have specifically focused on university nursing academics within Australia.

The initial search of the literature review on this topic revealed that there were both quantitative and qualitative studies that addressed occupational stress and burnout among academics (Gillespie et al., 2001; Lackritz 2004; Roughton 2013; Smeltzer et al., 2015; Wang & Liesveld, 2015; Watts & Robertson, 2011; Wieland & Beitz, 2015; Wyllie et al., 2016; Yedidia et al., 2014). No recent systematic review on the occupational stressors facing Nurse Academics could be found. In view of that, a mixed methods comprehensive review of the evidence was undertaken.

The next section of this chapter presents the mixed method systematic review and is presented verbatim from the manuscript published within the Journal of Clinical Nursing as part of this chapter.

#### [2.4 Mixed Methods Systematic Review-Occupational stress facing Nurse Academics: a mixed-methods systematic review.](#)

Since the pdf version of the manuscript (attached at the end of this section) is in small print, for easier reading it is presented in Word version below. The mixed methods systematic review is the accepted version of the manuscript by the Journal of Clinical Nursing. The full reference for the mixed method systematic review is:

**Singh, C., Jackson, D., Munro, I., Hunt, I., & Cross, W. (2020). Occupational stress facing nurse academics: a mixed-methods systematic review. *Journal of Clinical Nursing*. 29 (5-6): 720-735. <https://doi.org/10.1111/jocn.15150>.**

#### 2.4.1 Aims and methods

The aim of this systematic review was to determine and synthesise the best and most recent available evidence regarding occupational stress faced by nurse academics. This mixed methods systematic review is based on the PRISMA reporting guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). The design of the Joanna Briggs Institute (2014, 2017) approach for conducting systematic reviews of both quantitative and qualitative research was followed. The search methods, strategy, and outcomes are outlined in (Figure 1). Following consultation with a health librarian, the following databases were searched: CINAHL, Embase, Medline, Psych INFO and Scopus. Search terms were Stress, Burnout, Job Satisfaction, Resilience, Coping, Workload, Hardiness, and literature review; in combination using 'AND' and 'OR' Nursing Academic, Faculty Nursing, Nursing Lecturers, and University/Staff. To maintain currency concerning present and future nursing academics and to avoid repetition of findings, publications were limited to 2003 to 2018.

#### 2.4.2 Inclusion and exclusion criteria

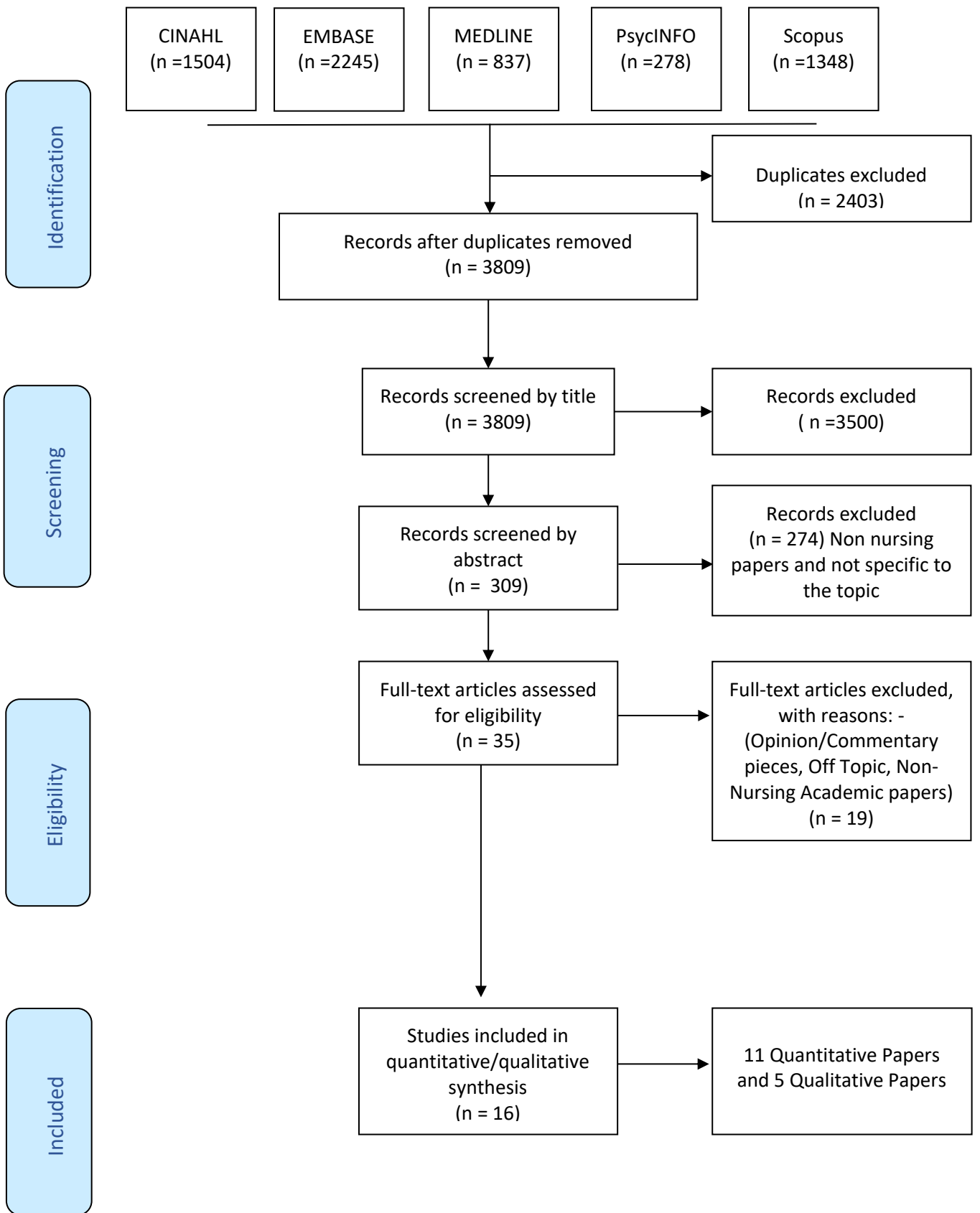
Papers were limited to English language peer-reviewed empirical investigations of occupational stress in full-time nursing university academic staff. Papers not adopting a clear relationship to occupational stress among nursing academia were rejected. Both quantitative and qualitative research methodologies were included. The content and the quality of the published works were appraised using the JBI Assessment of methodological quality process (JBI Levels of Evidence, 2014, 2017).

#### 2.4.3 Search outcome

A total of 6,212 papers were retrieved and after discarding 2,403 duplicate papers, the remaining 3,809 papers were screened for relevance based on title. After screening for

the relevant titles and abstracts, a further 3,774 studies were removed. From this, 35 full text articles were identified for eligibility and for further detailed examination. A further 19 papers were discarded because they focused upon non-nursing academics, were commentaries and opinion papers and were not specific to the context of occupational stress. A final 16 papers (5 studies for qualitative synthesis and 11 studies for quantitative synthesis) met the inclusion criteria and were retained for this systematic review. The 16 studies were selected according to the inclusion criteria. The included studies were critically appraised for methodological quality using tools from the Joanna Briggs Institute PRISMA flow chart for search and screening process. (Shown in Figure 2. 1) below.

**Figure 1: PRISMA Flow chart of search and screening process**



From: Moher D, Liberati A, Tetzlaff J, Altman DG, the PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and MetaAnalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

#### 2.4.4 Quality appraisal

The full text of papers identified were subjected to quality appraisal and were independently assessed for eligibility by the researcher and reviewed by two team members. Any disagreement between them over the eligibility of studies were resolved through discussion with a third reviewer. For the purposes of this systematic paper, there were no issues identified and there was no need for a third reviewer (Munn, Tufanaru, & Aromataris, 2014). Two members of the review team—to avoid selection bias by using the Joanna Briggs Institute (JBI) critical Appraisal Tools (2014)—assessed quality appraisal. The JBI QARI data extraction form for interpretive and critical research was used to appraise the methodological quality for the five qualitative papers. This involved the synthesis of findings to generate a set of statements representing that aggregation, through gathering the findings, rated according to their quality, and finally, categorising these qualitative findings using thematic analysis allowing for similarity of meaning and interpretation (Popay., Roberts., Sowden., Petticrew., Arai., Roberts., & Duffy, 2006). This process allowed for direct quotes and relevant data to be extracted from the findings of the five qualitative papers. The process involved coding the extracted data, categorising it, and then finally reducing the data into overarching themes. These narratives were then examined for ‘conceptual overlaps’ or subthemes (Popay et al., 2006). For the 11 quantitative papers included, the JBI Critical Appraisal Checklist (2017), for analytical cross-sectional studies data extraction form was used (as shown in Table 2). A total of 16 papers were selected for the mixed methods systematic review.



Given the methods, instruments and findings of the included studies were heterogeneous; a meta-analysis was not undertaken for the 11 quantitative studies. A narrative approach was used to illustrate the findings of both the quantitative and qualitative studies to determine how these findings inform this systematic review. (as shown in Table 4 and Table 5 provide an overview of the data extracted).

With regard to the 11 quantitative studies, multiple variations were identified, including multiple study designs and procedures (surveys and statistical analysis); and instruments, Maslach Burnout Inventory (M.B.I.), National Survey of Nurse Educators Instrument (NLN), Conditions of Work Effectiveness Questionnaire (CWEQ), which were used to measure levels of stress, and different types of data collected. Meta-analysis was not applicable due to the heterogeneity in the methods of synthesis. In view of this, the second-best approach, namely narrative synthesis, is considered (Popay et al; 2006).

For the five qualitative papers, the findings were pooled using the JBI-QARI tool (see Table 3). Data were aggregated in narrative form under the headings of the variables identified within the selected five studies in relation to the aims and context of the review (Popay et al., 2006). Conceptual overlaps were then combined from the identified sub-themes, such as attrition, retention, social bullying, empowerment, mentoring, explicating nursing academic experiences and factors responsible for occupational stress and burnout, to form eight main themes (as shown in Table 1). Nevertheless, narrative synthesis cannot provide a clear weight of evidence with the possible bias of the conclusions of each study, therefore, a table containing the characteristics of the 16 mixed methods selected studies, (11 quantitative and 5 qualitative papers) was undertaken, to provide the extracted data and details (Munn., Tufanaru, & Aromataris, 2014). Table 4 shows the critical appraisal

of the 11 quantitative studies and Table 5 highlights the critical appraisal of the 5 qualitative studies.

## 2.5 Results

A total of 16 studies were reviewed for the purposes of this mixed method systematic review, including 11 quantitative studies and 5 qualitative studies. There was a clear focus on novice academics with far less attention paid to occupational stress in Nurse Academics across the broader career trajectory. Notwithstanding this, the literature revealed Nurse Academics are facing a myriad of challenges in universities that could have an influence and impact upon the occupational stress experienced by nursing academic staff. In view of these reported experiences, eight themes (as shown in Table 1 below) were identified including, burnout, work-life balance, workload issues, resources and support, age, adapting to change and resilience.

**TABLE 1****Main Themes Identified from the 16 selected papers following the Prisma flow chart process.**

|                                       | Burnout | Work-Life Balance | Workload Issues | Resources & Support | Job satisfaction | Age | Adapting to change | Resilience |
|---------------------------------------|---------|-------------------|-----------------|---------------------|------------------|-----|--------------------|------------|
| Bittner & Connor (2012)               |         |                   | ✓               | ✓                   | ✓                |     |                    |            |
| Gwyn (2011)                           |         |                   |                 | ✓                   | ✓                |     |                    |            |
| Kizilci, Erdogan & Sozen (2012)       | ✓       |                   |                 |                     |                  | ✓   |                    |            |
| Roughton (2013)                       |         | ✓                 | ✓               | ✓                   | ✓                |     |                    |            |
| Smeltzer et al (2015)                 |         | ✓                 | ✓               |                     | ✓                |     |                    |            |
| Saemiento, Laschinger & Iwasiw (2003) | ✓       |                   | ✓               | ✓                   | ✓                |     |                    |            |
| Tourangeau et al (2013)               |         | ✓                 |                 | ✓                   | ✓                |     |                    |            |
| Yedida et al (2014)                   | ✓       | ✓                 | ✓               | ✓                   |                  | ✓   |                    |            |
| Yildirim & Cam (2011)                 |         |                   |                 |                     | ✓                |     |                    | ✓          |
| Wang & Liesveld (2015)                |         |                   |                 | ✓                   | ✓                |     |                    |            |
| Wetsphal et al (2016)                 |         | ✓                 |                 |                     | ✓                |     |                    |            |

|                         |  |  |   |   |   |  |   |   |
|-------------------------|--|--|---|---|---|--|---|---|
| Logan et al (2015)      |  |  |   | ✓ |   |  | ✓ |   |
| McAllister et al (2011) |  |  | ✓ | ✓ |   |  | ✓ |   |
| McDermid et al (2016)   |  |  |   | ✓ |   |  |   | ✓ |
| Peters et al (2014)     |  |  | ✓ | ✓ |   |  |   |   |
| Weiland & Beitz (2015)  |  |  | ✓ | ✓ | ✓ |  |   | ✓ |

**Table 2 Results of Assessment of Methodological Quality for Quantitative Research**

**(JBI Joanna Briggs Institute (2017) Critical Appraisal Checklist**

| Author & Year                         | Q1 | Q2 | Q3 | Q4 | Q5  | Q6  | Q7 | Q8 | Percentage of Y | Decision |
|---------------------------------------|----|----|----|----|-----|-----|----|----|-----------------|----------|
| Bittner & Connor (2012)               | Y  | Y  | Y  | U  | U   | U   | Y  | Y  | 62.5%           | Included |
| Gwyn (2011)                           | Y  | Y  | Y  | Y  | Y   | Y   | Y  | Y  | 100%            | Included |
| Kizilci, Erdogan & Sozen (2012)       | Y  | Y  | Y  | Y  | Y   | Y   | Y  | Y  | 83.3%           | Included |
| Roughton(2013)                        | N  | U  | Y  | Y  | U   | U   | Y  | Y  | 62.5%           | Included |
| Smeltzer et al (2015)                 | Y  | Y  | Y  | Y  | Y   | Y   | N  | Y  | 100%            | Included |
| Saemiento, Laschinger & Iwasiw (2003) | Y  | Y  | Y  | Y  | U   | U   | Y  | Y  | 62.5%           | Included |
| Torangeau et al(2013)                 | Y  | Y  | Y  | Y  | Y   | Y   | Y  | Y  | 100%            | Included |
| Yedida et al (2014)                   | Y  | Y  | Y  | Y  | Y   | U   | U  | Y  | 62.5%           | Included |
| Yildrim &Cam (2012)                   | N  | Y  | N  | Y  | N/A | N/A | N  | Y  | 57.1%           | Included |
| Wang&Liesveld(2015)                   | Y  | Y  | Y  | Y  | Y   | U   | Y  | Y  | 87.5%           | Included |
| Wetsphal et al (2016)                 | Y  | Y  | Y  | Y  | U   | U   | Y  | Y  | 75%             | Included |

**Y –Yes, N-No, U-Unclear, N/A –Not Applicable**

**Table 3 Results of Assessment of Methodological Quality for Qualitative Research  
(JBI Joanna Briggs Instituted (2017))**

|                         |   |   |   |   |   |   |   |   |   |   |      |          |
|-------------------------|---|---|---|---|---|---|---|---|---|---|------|----------|
| Logan et al (2015)      | Y | Y | Y | Y | Y | Y | U | Y | Y | Y | 90%  | Included |
| McAllister et al (2011) | Y | Y | Y | Y | Y | U | U | Y | Y | Y | 80%  | Included |
| McDermid et al (2016)   | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | 100% | Included |
| Peters et al (2014)     | Y | Y | Y | Y | Y | Y | U | Y | Y | Y | 90%  | Included |
| Weiland & Beitz (2015)  | Y | Y | Y | Y | U | U | Y | Y | Y | Y | 80%  | Included |

**Y –Yes, N-No, U-Unclear, N/A –Not Applicable**

**TABLE 4 – Results - Critical appraisal of selected quantitative studies (2003-2018).**

| No | Study                     | Title   | Units of Study      | Methods   | Instruments   | Outcome Measure   | Results/discussion  |
|----|---------------------------|---|---------------------|---|---|---|---|
| 1  | Bittner & O'Connor (2012) | Focus on Retention: Identifying Barriers Nurse faculty satisfaction               | 226 faculty nurses  | Quantitative study<br>Survey method<br>Survey Monkey  | (NLN)National Survey of Nurse Educators Instrument<br>32 itemed<br>Ethics approved  | Workload<br>Identified Barriers to Satisfaction   | Barriers to job satisfaction<br>a) Sense of accomplishment -57% significant impact<br>b) Autonomy in role<br>50% significant impact<br>c) Relationship with Colleagues<br>49.3% significant impact<br>d) Feeling safe at work 38.5%<br>Factors to consider<br>Need to focus on workload issues, organised commitment<br>Student "incivility"  |
| 2  | Gwyn (2011)               | The Quality of Mentoring relationships occupational commitment of Nursing faculty | 133 nursing faculty | Internet Survey method<br>SPSS V.14.0<br>Frequencies<br>Descriptive<br>Statistics computed<br>T-test, non-parametric<br>Spearman's Correlation<br>ANOVA | 3 instruments used<br>demographic questionnaire<br>Occupational commitment Instrument<br>Quality of Mentoring Relationship Instrument | Whether having a mentor or not was related to Nursing Faculties occupational commitment<br>If no. of years employed had any influence on affective and normative dimensions of Occupational Commitment. | No significant correlation between no of years employment and outcome of affective occupation commitment.<br>The quality of mentorship had a significant relationship.<br>There is statistical support for the correlation between the sum score of the quality of mentoring relationship and the sum score of nursing faculties' affective occupational commitment<br>Quality Mentoring is important is decreasing attrition rates of nursing faculty. |

|   |                                 |  |                     |   |  |  |  |
|---|---------------------------------|--|---------------------|---|--|--|--|
| 3 | Kizilci, Erdogan & Sozen (2012) | The influence of selected personality and workplace features on BURNOUT among Nurse Academics<br>Female n=94 | 94 Nursing Faculty  | T test/retest<br>Cronbach alpha<br>Frequencies, Burnout levels<br>measured<br>Kruskal-Wallis test<br>SPSS version not mentioned   | Maslach Burnout Inventory<br>Demographic Questionnaire | Measuring the frequency of BURNOUT levels of academics                         | Academics 30 and below had lower Personal Accomplishment scores<br>No differences in age on the Emotional Exhaustion (EE) and Depersonalisation (DP) scores on the Maslach Burnout Inventory (MBI).<br>Singles had higher levels of Depersonalisation<br>Professors and research assistants reported lower levels of Personal Accomplishment than instructors.<br>No difference between EE and DP scores on academic positions<br>Weekly working hours had no correlation on the 3 dimensions of burnout scores.                             |
| 4 | Roughton (2013)                 | Nursing Faculty Characteristics and Perceptions Predicting Intent to Leave                                   | 4,118 Faculty Staff | Survey method<br>Cross sectional analysis<br>Chi-square<br>ANOVA<br>Non-parametric<br>Kruskal-Wallis test<br>Multivariate Factor Analysis<br>Multiple Regression<br>Logistic Regression | Author devised instrument by NLN                       | Measuring intention to leave Faculty based on the six domains model of factors | This study is a national survey, so the sample is representative of high numbers<br>Explored the reasons to leave faculty within a fiveyear period<br>Main factors include being non-tenured<br>Those with higher degrees and higher years of experience stayed longer.<br>Faculty valued clinical role more over simulation.<br>Top five reasons for leaving (a) Retirement (56%)<br>More compensation needed (46%), More work Life balance needed (31%)<br>More career development opportunities needed (30%) and decreased workload (26%) |



|   |   |  |                      |   |  |  |   |
|---|---|--|----------------------|---|--|--|---|
| 5 | Smeltzer, Hopko, Cantrell, Heverly Jenkinson and Nthenge (2015) | Work-life balance of Nursing Faculty in research- and practice focused doctoral programs       | 642 nursing subjects | Correlations of Descriptive Statistics Regression Analysis of Variance T-tests  | Work Life balance online survey High scores indicate worse work-life balance Scale validity was .86  | Work Life Balance related to workload  | That doctoral programs in Nursing Faculty views their work-life balance favourably in this study<br>There is however, a need to examine and consider the role of females more than males in due to the nature of their domestic roles in maintaining a work life balance.<br>Efforts by Faculty are needed to strengthen positive/work life balance in view of increasing workload of doctoral faculty members with the less experienced staff.<br>Tenured staff had better Work life balance compared to non-tenured staff.<br>Post Doc Fellows have better WLB than those who had non-clinical involvement.<br>Experienced writers had better Work Life Balance too.<br>Those with more higher qualifications and longer years of experience had better work life balance. No significant relationship with different sites.          |
| 6 | Saemiento, Laschinger Iwasiw (2003)                             | Nurse Educators' workplace empowerment, burnout, and job satisfaction: Testing Kanter's theory | N=89                 | SPSS Version 10 Multiple regression analysis Pearson product - moment correlation analysis used to test the study hypotheses. | Descriptive correlational Survey used to collect data Conditions of Work Effectiveness Questionnaire (CWEQ) of construct validity $r=0.73, p=0.01$ The MBI Educator Survey Job Activities Scale (JAS) Laschinger (1996) Global Job Satisfaction Quest. strong evidence | Testing Kanter's Theory and previous review of literature to Nurse Academic Burnout and the importance of Empowerment Testing that high levels of work empowerment in combination with low levels of burnout were significant predictors of college educators job satisfaction | The findings of this study support Kanter's theoretical contention that organisational factors within the workplace are important in shaping organisational behaviours and attitudes leading to low degrees of burnout and greater amounts of job satisfaction.<br>High levels of work-related empowerment in combination with low levels of burnout were strongly predictive of nurse job satisfaction.<br>It supports Kanter's (1993) argument that when empowerment structures are in place, employees experience less job stress and are more satisfied in their work.<br>Unreasonable workload and high student numbers coupled with insufficient support led to less job satisfaction.<br>Access to resources and support have the greatest influence on college educator's level of job satisfaction and low degrees of burnout. |

|   |   |   |        |  |  |  |  |
|---|---|---|--------|--|--|--|--|
| 7 | Tourangeau et al (2013).                      | Work, work environments and other factors influencing nurse faculty to remain employed:<br>A Cross-sectional study<br>Nurse faculty Ontario                                     | N=658  | SPSS VERSION 18<br>Cross-sectional Study<br>Confirmatory Factor Analysis<br>Stepwise Multiple Regression<br>Descriptive Statistics | Psychological Empowerment Scale.<br>Job satisfaction scale<br>Resonant Leadership Scale.<br>Perceived Org. Support Scale.<br>Global empowerment Scale and the Work Group and<br>McCloskey Mueller Satisfaction Scale | Examining factors that influence nurse faculty intention to remain employed. | The findings of this study identified strategies that facilitated nurse faculty retention with a focus on supporting collegial relationships to enhance work life balances, and greater engagement in assessing faculty quality of education and to ensure adequate human resources to each effectively.   |
| 8 | Yedidia, Chou, Brownlee Flynn & Tanner (2014) | Perceptions of Work-Life With Emotional Exhaustion and Intent to Leave Academic Nursing: Report on a National Survey of Nurse Faculty<br><br>USA National survey of 269 Schools | N=3120 | Logistic Regression<br>Stata Statistical Software<br><br>Bivariate analyses<br>Survey Method                                       | Maslach Burnout Inventory<br>Emotional Exhaustion Subscale (MBI).<br>Demographic Questionnaire   | Addressing faculty members intention leave the profession                    | The study found that the major contributors to burnout were dissatisfaction with workload and perceived inflexibility to balance work and family life.<br><br>Intention to leave was explained by factors such as Age, retirement, dissatisfaction with workload and perceived inflexibility to balance work salary, and availability of teaching support.<br><br>Preparing sufficient number of nurses to meet future needs will require addressing these important aspects of work-life balance that undermines faculty-reaching capacity. |

|    |  |  |          |   |   |   |   |
|----|--|--|----------|---|---|---|---|
| 9  | Yildirim & Cam (2012)<br><br>Turkish study<br><br>14 schools in Universities in Turkey | Nursing Academicians attitude towards work life and their personality traits.        | N=287    | Descriptive and relational study<br><br>Stepwise Multiple Regression was used to analyse the data                         | Job Organisation Related Scale<br>Descriptive Information Form<br>Temperament & Character Inventory | Aiming to investigate the relationship between personality characteristics, job-and organisation related attitudes.   | The study found that their temperament and character features affect the job and organisational related attitude of the nursing academicians. It is proposed to have candidates that display persistence, cooperativeness and self-directedness for becoming Academics.   |
| 10 | Wang & Liesveld (2015)   | "Exploring Job Satisfaction of Nursing Faculty: Theoretical Approaches.              | N=35.629 | Data analysis using Powerstats (NCES)<br>Descriptive Stats<br>Multiple Regression<br>Logistic Regression<br>Survey Method | Form developed by the National Centre for Education Statistics                                      | Measured Job satisfaction against four Theoretical Perspectives:<br>Human Capital Theory<br>Structured Theory<br>Self-determination Theory<br>Psychological Theory        | The study found that job satisfaction is multidimensional, and that Faculty turnover is faculty specific and not job specific. There were differences between general Job satisfaction and Nursing Faculty Job satisfaction.<br><br>That salaries play a big role in Job satisfaction<br>Staff desired more supportive institutional policies<br>Need support for Professional development opportunities and staff did not see much support for grants. |
| 11 | Westphal, Manorcha & Chapin (2016)   | A Pilot Study to Explore Nurse Educator Workload Issues<br><br>Midwest region in USA | N=32     | Descriptive Research Study<br>SPSS Version 21<br>Measured Issues  | Faculty Satisfaction Survey   | Measured workforce issues.<br>Meaningfulness of work<br>Autonomy/Independence<br>Salary rates<br>Compensation for Reduce/workload<br>Better medical benefits/tuition fees | The study found that 18 out of the 32 were very satisfied with their job (all part-timers) and 8 full timers. Main reasons to leave within 1-5 years included higher compensation elsewhere, nearing Retirement Age<br>More flexibility to work life balance issues.  |

**TABLE 5 – Results - Critical appraisal of selected qualitative studies (2003-2018).**

| No | Author  | Title  | Units of Study                                    | Methods/Analysis  | Outcome Measure   | Results/Other Issues   |
|----|---|--|---|---|---|--|
| 1  | Logan, Gallimore & Jordan (2015)<br><br>UK & Australia                | Transition from Clinician to Academia (2016)<br><br>UK & Australian study<br><br>7 from UK and & from Aust | 14 Nurse Educators<br>Ethics approved<br><br>N=14 | Qualitative Interview Method<br>Thematic Analysis<br>Triangulated with automated content and thematic analysis by Leximancer Software<br><br>The interviews were initially analysed as one group and then divided according to location to give a sense of the similarities and differences between the groups based on the narratives. | To explore and compare the experiences of nurses in Australia and UK as they moved from clinical practice to Academia | There were many similarities between the experiences of nurses in the UK and Australia as they moved from practice to an academic role.<br><br>Progression to postdoctoral research is a key challenge for nurses moving from practice into universities. In contrast, respondents were positive about their teaching roles<br><br>More support and resources needed to support the new Academics including mentorship for nurses to progress to postdoctoral research.<br><br>Funded doctoral and postdoctoral positions should be an integral part of undergraduate nursing programmes to help in this transition and future generations.<br>There are no conflicts of interest. |
| 2  | McAllister, Williams, Gamble, Malko-Nyhan & Jones (2011)<br>Australia | Steps towards Empowerment: An examination of Colleges, Health Services and Universities                    | n=18<br>14 nurse educators<br>4 key stakeholders  | Qualitative analysis<br>Purposive sampling<br>Semi-structured Interviews<br>Cross-sectional sampling technique<br>Content analysis<br>Thematic analysis   | To explore the needs of nurse educators in a variety of Australian contexts.  | Regardless of Context Nurse educators found their role rewarding but there are challenges including work role pressures, non-validating culture, pace of change. Isolation and a concern for the profession.<br>The stakeholders found the websites difficult to navigate and do not bring people together.<br>Competitive work environments that contribute to work related Stress and role overload.<br>Conflicts of interest not declared.  |

|   |  |   |   |  |   |   |
|---|--|---|---|--|---|---|
| 3 | McDermid, Peters, Daly & Jackson (2016)<br><br>Australia               | Developing Resilience: Stories from novice nurse academics  | n=14 new nurse academics<br>Two major nursing Schools | Qualitative Sampling<br>Storytelling<br>Semi-structured, conversational style interviews<br>Face to face interviews<br>Audio taped<br>Transcribed verbatim<br>Analysis was done by repeatedly listening to the recordings.<br>Texts were searched for meaning and shared pattern within the stories.<br>Stories based on common ideas were grouped and developed into themes.<br>Stories categorised, grouped and themes developed | To explore the notion of resilience building for Novice Nurse Academics             | The study found that despite experiencing substantial challenges and adversity in their new roles as Academics the participants found ways to enhance and develop their resilience and progress their careers.<br><br>That employing organisations need to embrace and support new employees and contribute to resilience building strategies especially for the novice nurses in education.<br><br>There are no conflicts of interest. |
| 4 | Peters, Jackson, Andrew, Halcomb & Salamonson (2014)<br><br>Australian | Burden versus benefit<br>Continuing nurse academics experiences of working with sessional teachers<br><br>Multiple campuses | n=12<br><br>Multiple campuses in Aust                 | Qualitative purposive sampling<br>Narrative data<br>Semi structured Interviews<br>Face to face interviews<br>Thematic Analysis   | To explore the experiences of continuing academics working with sessional teachers. | The findings of this study show that sessional teachers have credibility but have considerable workload implications for continuing academic staff.<br><br>Reasons for this are multifactorial and the development of standards for the recruitment and employment of sessional teachers would benefit them both in the delivery of quality education to nursing students.  |

|   |   |  |      |  |   |   |
|---|---|--|------|--|---|---|
| 5 | Wieland & Beitz (2015)<br><br>USA Study- Eastern States | Resilience to Social Bullying in Academia:<br><br>Phenomenological Study | n=17 | Phenomenological Study<br>Colaizzi's method of guided data analysis<br>Interviewed -Audiotaped via telephone | To explore the phenomenon of resilience to social bullying. | The findings of this study show that social bullying is a serious workplace hazard that does not belong in a caring profession like Nursing Academia.<br><br>There are serious implications for retention and well-being of staff.<br>Turnover is a warning sign but it can be offset by resilience strategies.<br>Long term deleterious bullying was perpetrated by Senior Faculty & Nursing Administrators. |
|---|---|--|------|--|---|---|

### 2.5.1 Results/continued

The evidence from the reviewed studies also identified several strategies to support academics including, resilience building, help for professional development, mentoring and better support and resources to overcome increasing workloads.

The notion of burnout was addressed by three studies: Kizilci, Erdogan and Sozen (2012), Sarmiento, Laschinger and Iwasiw (2004) and Yedidia, Chou, Brownlee, Flynn and Tanner (2014). The first study by Kizilci et al. (2012), demonstrated the relationship between nursing academic burnout and demographic data. They examined parameters such as age, marital status, and academic positions, and these had an effect on the Emotional Exhaustion (EE), (Depersonalisation (DP) and Personal Achievement (PA) scores using the Turkish version of the Maslach Burnout Inventory (MBI). The study found that Nurse Academics aged 30 and below had lower Personal Accomplishment (PA) scores. However, no differences in age were identified on the Emotional Exhaustion (EE) and Depersonalisation (DP) scores on the MBI (Maslach & Jackson, 1986). The findings infer that younger, less experienced and novice academics aged 30 and below probably felt less valued, thus reflecting in their lower PA scores. This is well supported by Toker (2011), who found that those aged 21-30 experienced higher levels of Depersonalisation (DP).

In addition, 'unpartnered' academics had higher Depersonalisation (DP) scores (Kizilci et al., 2012). This infers the importance of the role of significant others in one's life to support and be available to discuss and debrief about the stresses and strains of daily academic work. There were no differences between Emotional Exhaustion (EE) and the Depersonalisation (DP) scores on academic positions. Weekly working hours had no

correlation on the three dimensions of burnout scores. It is worth noting that all the participants were females and there could be a difference in gender scores comparing males to females. The study also shows the notion of occupational stress and burnout is rather complex and needs to be examined within each individual context and working environment (Kizilci et al., 2012).

Sarmiento, Laschinger and Iwasiw (2004) found that academics displayed a lower level of burnout when higher levels of empowerment and engagement were instilled by employers. The paper also highlighted important strategies that could be employed by nursing leaders and employers to enhance the level of personal job satisfaction. These could be achieved by education training, freeing lines of communication to develop collaborative and collegial relationships and instilling greater trust among colleagues. The findings demonstrated these strategies were associated with lower levels of burnout and greater work satisfaction (Sarmiento et al., 2004).

Yedidia et al. (2014) found that the major contributors to burnout were dissatisfaction with increasing workloads and perceived inflexibility with balancing work and family life. Their study surveyed n=3,120 full-time nurse faculty members from 269 schools offering a degree program. The findings reveal a disturbing concern in that nearly four out of ten participants reported high levels of emotional exhaustion (EE), one major factor of burnout, leading to one-third expressing intent to leave nursing academia within five years.

Likewise, material concerns played a prominent part, including salary and dissatisfaction with workloads and the lack of availability of teaching support, which led to emotional exhaustion (EE). The findings are well supported by other studies that highlight common



stressors such as large class sizes, time constraints and pressures to undertake scholarship along with teaching responsibilities (Gui, 2009b; Kizilci et al., 2012; McAllister et al., 2010; Roughton et al., 2013). The expectation of academics is to publish and disseminate research findings. This leads to added stress, which is a common phenomenon among nursing academics (Wilson et al., 2013). In addition, academics are frequently expected to be entrepreneurs and marketers. Regretfully, many novice academics may not have the skills required to fulfil such roles, which can prove to be disconcerting (Rothmann & Barkhuizen, 2008). All of these expectations are occurring within a climate where resources have been reduced and this could lead to a toxic competitive nature within novice academics, thus, leading to a potential inadequate supply of nursing faculty and where many intend to leave. In a more recent study by Flynn and Ironside (2018), the notion of burnout and its contributing factors among midlevel academic nurse leaders (such as assistant deans, associate deans) was explored. Their findings indicate that dissatisfaction with workload, work-life balance, and the long hours typically worked weekly increased the odds of burnout and was associated with the intention to leave.

Five studies addressed issues related to work-life balance. Roughton (2013) identified that there needs to be greater work-life balance, with 31% of respondents highlighting this need. Smeltzer et al. (2015) found that doctoral programs in nursing faculty view their work-life balance favourably. There is, however, a need to examine and consider the role of females due to the nature of their domestic roles in maintaining a work-life balance. Efforts by faculty needs to be reviewed in view of the increasing workload. They found that tenured staff and post-doctoral fellows had a better work-life balance compared to non-tenured staff. Experienced writers and those with higher qualifications and more years of experience identified a better work-life balance.

This could be attributed to their experience and academic skills attained over the years. Interestingly, there was no significant relationship found across different sites. Tourangeau et al. (2013) found that a more collegial relationship is needed to enhance work-life balances. Yedidia et al. (2014) clearly demonstrated that one of the biggest factors responsible for burnout was the perceived inflexibility in balancing work and family life and dissatisfaction with work-life balance. Westphal, Manorcha and Chapin's (2016) study, equally supported this important aspect.

Several studies identified various workload issues responsible for the level of dissatisfaction amongst Nurse Academics. Bittner and O'Connor (2012), and Roughton (2013), highlighted the importance of addressing workload issues in relation to enhancing greater job satisfaction. Smeltzer et al. (2015) argues the importance for greater involvement by faculty to carefully monitor the workload of less experienced faculty members. Perceived unreasonable workloads including high student numbers and insufficient support led to job dissatisfaction and greater chances of experiencing burnout (Sarmiento et al., 2004). This finding echoes Yedidia et al. (2014), who identified dissatisfaction with workload issues was a major factor that contributed to burnout. Within the Australian context, McAllister et al. (2010) identified role overload, isolation, a non-validating culture, change of pace, and work role pressures as challenges in meeting the needs of Nurse Academics. Various participants explained how the barriers and challenges act as impediments to the future workforce in nursing education (McAllister et al., 2010). Regarding workforce pressure, one of the participants from McAllister's study stated:

“It can be stressful for lots of reasons; workload can be a problem, dealing with the requirements of registration bodies, academic bodies, trying to

balance those for the benefit of students can be problematic” (Mc Allister et al., 2010. p. 10).

Whilst sessional teachers are needed to help continuing academic staff with teaching the academic programs, Peters., Jackson., Andrew., Halcomb., & Salamonson, (2011) found that sessional teachers created an additional burden for the continuing staff. In most schools of nursing throughout Australia and the UK, due to the lack of resources, sessional teachers form a substantial element of the workforce. This is a global issue as more sessional staff are employed due to a shortage of nurse academics (Halcomb., Andrews., Peters., Jackson., & Salamonson, 2010).

One participant from the study of Peters et al., (2011) explained:

“So the sessional staff, the problem that we’ve got in nursing, and I think that’s been a problem for a good while, is that we’ve got people who are very good clinically, but they don’t know how to teach –lacking skills and confidence” (Peters et al., 2011, p. 38).

Bullying was construed as a serious workplace hazard with grave implications for retention and well-being of staff (Wieland & Beitz, 2015). Many studies addressed the issues related to resources and support needed for nurse academics to progress in their roles and have greater work commitment. Factors included having good quality mentors (Gwyn, 2011), more carer development opportunities (Roughton, 2013), more supportive institutional policies and greater support for professional development (Wang & Liesveld, 2015). Greater support and empowerment (Sarmiento et al., 2004) from faculty and feedback could help overcome the lack of confidence and uncertainty experienced by

many newcomers in nursing academics (Wyllie et al., 2016), including providing more support for less experienced doctoral faculty members (Smeltzer et al., 2015).

Likewise, supporting collegial relationships, having proper support and resources necessary for their work (Sarmiento et al., 2004), are necessary to enhance positive effects on employees, maintain retention rates (Tourangeau et al., 2013) and increase the availability of teaching support (Yedidia et al., 2014). Logan, Gallimore and Jordan (2015) found that more resources were needed to support novice nursing academics in their transition period from clinicians to academics, including mentorship to progress to postdoctoral research. Other important factors include more support for new academics, where employing organisations need to embrace and support new employees and contribute to resilience-building strategies when social bullying occurs (McDermid et al., 2016; Wieland & Beitz, 2015) and the development of standards for newly appointed sessional teachers (Peters et al., 2011).

Several studies identified barriers to job satisfaction and examined factors responsible for the retention of nursing academics (Bittner & O'Connor, 2012; Tourangeau et al., 2014). In relation to the barriers to job satisfaction (Bittner & O'Connor 2012; Tourangeau et al., 2014), findings indicated that 57% of the participants (n = 226) felt that a sense of accomplishment, coupled with autonomy in the role (50%), having healthy relationships with colleagues (49.3%) and feeling safe at work (38.5%) did contribute to greater job satisfaction (Bittner & O'Connor, 2012), including quality mentoring (Gwyn, 2011). The need to have a better work-life balance (Roughton, 2013), secured tenure (Smeltzer, 2015), high levels of work-related empowerment (Sarmiento et al., 2004), greater engagement in assessing faculty quality of education and supporting collegial relationships (Tourangeau et al., 2013), greater teaching support and realistic workloads

(Yedidia et al., 2014), greater remuneration in salary (Westphal, Manorcha, & Chapin, 2016) and elimination of social bullying (Wieland & Beitz, 2015) were some of the major factors identified that contributed to greater job satisfaction in nursing academia. In turn, it is envisaged that by enhancing these factors it would reduce occupational stress and burnout.

Two studies (Kizilci et al., 2012; Yedidia et al., 2014) identified age as an influential factor and a predictor to burnout and intention to leave amongst nursing academics. Kizilci et al. (2012) found that younger academics aged 30 years and below reported a lower level of Personal Accomplishment (PA) on the MBI. Yedidia et al. (2014) identified that academics who were in the pre-retirement age group between 51-60 years had a higher intention to leave compared to their colleagues aged 50 years or younger. They found one fifth of those surveyed (n=3,120), aged 50 years or younger, intended to leave within five years of retirement age.

As previously stated, a number of papers focused on the transition into academic life and the issues around the changes needed to successfully negotiate this transition (Anderson 2009; Wyllie et al., 2016). There was evidence that newcomers to nursing academia were not sure what to expect (McDermid et al., 2013) and the lack of role clarity represented a source of additional stress. Logan, Gallimore and Jordan (2015) explored and compared the change of roles from a clinician to a nurse academic within the UK and Australia. The study highlighted the importance of support needed in postdoctoral study during this change of roles. Nurses moving from the clinical venue into academia often find this transition period a great challenge. One participant from Logan's study soon realised that there,

“Was no sense of belonging, the lack of support and that’ ongoing ... I felt in a way I was left to fend for myself a lot of the time and you do survive, and you get it done but it’s a very stressful journey” (Logan et al., 2015, p. 597).

The findings of Logan et al. (2015) are well supported by other studies including the study of Mc Dermid et al. (2016), which highlighted that many novice nurses struggle with role expectations, poor understanding of academic requirements leading to feelings of anxiety and isolation and with little understanding of the academic arena, thus, experiencing feelings of anxiety and isolation (McDermid et al., 2016). This point is well illustrated by a novice nurse from the study of McDermid et al. (2016), who started her academic journey and shared her initial feelings:

“When I started, I didn’t really know what I was supposed to be doing. There were so many different roles, not just teaching, but research and so many other things. It was daunting” (Mc Dermid et al., 2016, p. 31).

Unfortunately, for some, these novice academics were unable to make this shift and adjust. They found the stresses too overbearing and made the decision to leave and return to clinical nursing.

“back to nursing because I don’t care how hard I work at that bedside for that 12 hours when I go home it’s over” (Mc Dermid et al., 2013, p. 50).

Anderson (2009) presented a metaphor where novice nurse academics found themselves overwhelmed in their new academic role, which they identified as ‘drowning’, or ‘treading water’ (p. 204). For many clinicians moving into academia, they found the work environment less cohesive and lacking in teamwork but had more autonomy and

academic freedom. Some novice clinicians found it isolating, scary, yet others found it enabling (Logan et al., 2015). The added stress and pressure for the novice academics to publish and undertake research is well articulated (Coates & Goedegebuure, 2012; Wyllie, Di Giacomo, Jackson, & Davidson, 2016) and if these concerns are not addressed it means that capable and good quality novice academics could be lost along the transition to progression (Logan et al., 2015). These results support other studies that examine the challenges faced by novice nurse academics (Cleary, Hunt., & Horsfall, 2010; McDermid et al., 2016; Wyllie et al., 2016).

There were four studies that explored the importance of developing resilience in the workplace. McDermid et al. (2016) focused upon the importance of teaching appropriate resilience strategies to novice nursing academics to cope with the transition of their new role. Strategies and themes included being supportive, forming collegial relationships, embracing positivity, and utilising reflection and transformative growth to develop resilience.

Wieland and Beitz (2015) explored the notion of resilience-building in response to social bullying, and this has serious implications for retention and staff well-being. Wieland and Beitz's (2015) study reflected the concerns of previous research (Cleary et al., 2010; Goldberg., Beitz., Wieland., & Levine 2013), which found bullying within academic nurse professionals and the nursing profession (Cleary et al., 2010), leading to turnover as a warning sign, but could be offset by resilience strategies. This study identified resilience strategies including having protective factors like family and collegial support, being engaged in social activities, and educating and raising one's own level of self-awareness in relation to workplace bullying.

Given that most nursing academics are females, paradoxically, Wieland and Beitz (2015) found that gender did not play a role in the bullying process. Bullied staff considered planning a new job as a form of resilience-building. This clearly has serious implications for recruitment, retention, and well-being. Yildirim and Cam (2012) reflect the sentiments in their study and highlight the importance of the temperament feature of persistence for greater job involvement and motivation.

McDermid and colleagues (2016) argue that developing supportive relationships provides insight into the mentoring process. It embraces positivity, allowing them to face adversity and challenges within their new role. Additionally, McDermid et al. (2016) see reflection as an integral part of personal transformative growth. This is well confirmed by other writers. There were participants who were able to reflect and ‘bounce back’, and, learn from their experiences, an attribute considered as crucial and a key component in defining the concept of resilience (Hart., Brannan., & Chesnay, 2012).

The participant of McDermid et al. 2016) clearly demonstrates the notion of embracing resilience and is illustrated in the following quote:

“I look back and I remember being terrified. I got sent the class outline a couple of days before ... I stood in front of this classroom of students thinking “I can’t’ do this; I’m a nurse not a teacher! ... but you know as nurses we tend to just roll with the punches and we just sort of go in and do it ... and I did it” (McDermid et al., 2016. p. 33).

Despite the adversities, many novice nurses managed to develop strategies that build resilience. This instilled confidence, self-esteem, self-efficacy, trust and connectedness



including enhancing their quality of life which, in turn, could lead to retention (Hart et al., 2012).

In trying to cope with overwhelming demands and workload, many novice academics need to be career-resilient (Wyllie et al., 2016). This can be achieved by embodying resilience and a few suggested strategies include, being dedicated to the notion of continuous learning; keeping pace with the changes and taking responsibility by forming meaningful relationships and feeling supported by mentors (Wyllie et al., 2016). Building resilience enhances quality of life and assists in workforce retention (Hart et al., 2012).

Mentoring is an important aspect in developing resilience and helping novice nurse academics develop a career path (Mc Dermid et al., 2016). These findings are well supported in the literature and considered crucial as contributory factors in developing resilience (Mc Dermid et al., 2016; McDonald., Jackson., Wilkes., & Vickers, 2013).

Garcia-Dia., Di Napoli., Jakubowski., & Flaherty, (2013) add to the debate, claiming that a positive mentoring relationship fosters resilience and improved outcomes. The systematic review of Wyllie, Di Giacomo, Jackson, Davidson, and Phillips (2016) offers collective insight into novice academic nurses. They found three attributes, namely, a willingness to adapt to change, an intention to pursue support, and embodying resilience for novice Nurse Academics to be successful in their career paths. They also recommend novice Nurse Academics be aware of their own skills, strengths, and weaknesses. Likewise, management needs to work closely with the novice nurse academics by assisting them early, exposing them to appropriate situations that enhance career development (Wyllie et al., 2016). This partnership in resilience-building is crucial for the benefit of the novice Nurse Academic and faculty.

## 2.6 Discussion

The aim of this systematic review was to determine and synthesise the best and most recent available evidence regarding occupational stress faced by Nurse Academics. A range of occupational stressors including burnout are identified as problematic in nursing academia. There is considerable consensus in the literature pertaining to causative factors of occupational stress and burnout. Generally, it is linked to the work environment and the individual's personality impacting on their psychological or physical well-being (Khamisa, Peltzer, & Oldenburg, 2013). Occupational stress and burnout affect all professions that involve human interaction, including education. It can be best described as how the individual perceives and reacts to individual work-related demands and the ability to cope with these demands.

This systematic review collates views and develops insight into contributory factors leading to occupational stress and burnout. The findings uncovered the experiences of novice Nurse Academics facing a myriad of challenges that could contribute, influence and impact upon the occupational stress and burnout experienced by nursing academic staff. Some important factors contributing to burnout were issues including increasing workload, barriers to job satisfaction, a lack of sense of belonging, not being autonomous, and poor relationships with colleagues due to the competitive work environment. Dissatisfaction with workload, a non-caring culture, a rapid transformative environment, lack of teaching support, social bullying, isolation and an inflexible work-life balance are also noted factors. Younger novice and less experienced nurse academics were more vulnerable to occupational stress and burnout. Some of the identified factors were a lack of professional autonomy, high leader role expectations, toxic organisational climate, and role ambiguity leading to conflict (Gui et al (a), 2009; Shah, 2012).

In addition to traditional roles of teaching, research and service, academics are frequently expected to be entrepreneurial. However, Rothman and Barkhuizen (2008) argue they may not have the required skills to fulfil such roles, leading to distress. In an environment where resources are reducing, coupled with an inadequate supply of nursing faculty personnel leads to occupational stress, where individuals question their continuing role.

The review of the literature suggests that many Nurse Academics experience harmful work environments. To overcome this ‘toxicity’ and to minimise these attrition rates and, to maximise retention, a number of strategies have been suggested, such as, having quality experienced mentors, support for professional development, and inclusive friendly cultures. Employing organisations need to be less hierarchical in their approach, embrace and support new employees and contribute to resilience-building strategies, especially during the transitional phase for academic nurses. If the present situation is not addressed and changed, it is highly likely that the persistent daily demands experienced by nursing academics will affect the quality of their personal and work life and lead to adverse consequences, including burnout, and greater intention to quit. There were a few limitations in the preparation of this systematic review. Papers were limited to English language and full text. Only peer-reviewed empirical investigations of occupational stress in full-time nursing university academic staff were accepted. Generalisability of the findings to other academics within different university sectors and faculties might be limited, given that the only studies examined were concerning Nurse Academics.

## 2.7 Relevance to Clinical Practice

Nurse Academics carry multiple responsibilities including teaching, counselling to students, committee membership in their organisations (Jackson et al., 2015). In view of

these findings, this mixed method systematic review study has direct implications on how the well-being of Nurse Academics could influence and directly affect clinical practice and, in turn, the learning needs of nursing students of their faculty. It is, therefore, reasonable to assume that Nurse Academics who experience occupational stress may not be able to perform well in their daily roles, thus, affecting the learning needs and outcomes of their students.

The findings of this study identified several strategies that employing organisations should embrace and be proactive in, to deal with the negative consequences of occupational stress. These include (a) having experienced mentors, (b) promote resilience-building, (c) having supportive collegial relationships, (d) supporting professional development and research and, (e) resources for increasing workloads. This study has been able to integrate the data extracted from the quantitative and qualitative studies and the single systematic review to gain a collective insight and understanding of antecedents contributing to occupational stress among nursing academics.

## 2.8 Conclusion

The collective findings from this review offers valuable insight into the present daily challenges that Nurse Academics face to overcome the reported dissatisfaction and occupational stress leading to burnout. Despite being one of the youngest fraternities within the university environment, it is both alarming and surprising to note that nursing academia is a 'toxic' work environment with many organisational stressors. There are a number of important implications that need to be addressed by the employing organisations to change the environment, so that more nurses and clinicians thinking of a career in academia could be encouraged, with a clear direction and proper support in order

to overcome the risk of experiencing occupational stress and burnout. There needs to be a more open and candid dialogue between the employing organisations and Nurse Academics where they can express their daily frustrations and challenges. To date, there has been a focus on occupational stressors facing novice nurse academics during the transition to academic life. Further research taking a broader, whole-of- career approach is needed. These factors need to be considered by employing authorities when instituting any organisational changes to reduce the level of occupational stress amongst nursing academics. Kizicli et al. (2012) suggest that nurse academics be examined for other variants of occupational stress and burnout in view of the complex nature of the occupational stress and burnout.

#### [2.9 Published pdf version of manuscript -Occupational Stress facing nurse academics – A mixed methods systematic review.](#)

As a point of reference, the mixed method systematic review is also presented in pdf version below, being the accepted version of the manuscript by the Journal of Clinical Nursing.

## Occupational stress facing nurse academics—A mixed-methods systematic review

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### Abstract

**Aim:** To better understand occupational stress faced by nurse academics.

**Methods:** A mixed-methods systematic review, following the Joanna Briggs Institute [JBI], (Joanna Briggs Institute Reviewers' Manual: 2014 edition, 2014) process. Studies were assessed for quality and risk of bias by using standardised critical appraisal instruments from the Joanna Briggs Institute. In addition, processes and reporting were checked against the Equator guidelines. See Appendix S1.

**Results:** The review revealed that nursing academics do experience occupational stress, including burnout. Occupational stress for academic nurses is associated with various factors including work-life balance, workload issues, resources and support, and adapting to change. However, much of the literature focuses on nurses during the initial transition from clinical to academic environment, with rather less focus on established mid-to-late career nurse academics.

**Discussion:** Occupational stress and burnout are evident in the university academic workforce, adversely affecting the well-being of academic nurses, and the long-term sustainability of the academic nursing workforce. While there is considerable literature focusing on the novice academic nurse, particularly during the transition period, rather less is known about occupational stress among academic nurses across the career trajectory. Various strategies to deal with the negative consequences of occupational stress are identified, including (a) quality mentors for novice and younger nursing academics; (b) training in resilience building for novice academics; (c) supporting collegial relationships and reducing bullying; (d) assistance for professional development and research; (e) better support and resources to overcome increasing workloads; and (f) greater work-related empowerment to enhance job satisfaction.

**Conclusion:** There is a need for a broader whole-of-career research focus to more fully identify, explore and mitigate the occupational stressors that negatively affect the academic nurse workforce.

### Relevance to clinical practice:

- A strong and resilient academic nurse workforce is essential for the sustainability of the profession.
- Organisations should review their work practices and provide greater work-related empowerment to reduce occupational stressors among nursing academics.

## KEY WORDS

burnout, coping, job satisfaction, literature review, nursing academics, occupational stress, resilience, systematic review, work-life balance, workload

## 1 | INTRODUCTION

Internationally, the education of nurses is predominantly undertaken in the tertiary education sector. The nursing academic workforce is comprised of staff who perform a variety of roles including teaching, research and professional roles, some of which also have a base in clinical practice, such as with joint appointments between university and health facilities. In recent times, nursing academics have been subject to considerable stress associated with pressures on the university sector, including downsizing, government funding cuts, and more structured performance metrics. These and other factors have been associated with occupational stress influencing the experiences of the academic workforce (Bell, Rajendran, & Theiler, 2012; Shah, 2012).

Many writers including those in the United Kingdom (UK), United States of America (USA), Canada and Australia (Biron, Brun, & Ivers, 2008; Logan, Gallimore, & Jordan, 2015) have raised the increasing stress experienced by academics. Likewise, the consequences of occupational stress include decreased job satisfaction, mental ill health and low morale and have been well reported in various countries and national surveys (Shaw, 2014; Watts & Robertson, 2011; Winefield et al., 2003).

Selye (1956) first defined stress as the interaction between a stimulus and a response. Since then, it has been defined using various terms, and while the wording differs, the meaning is essentially the same, depending upon how individuals perceive stress. Dolan, Ameringen, Corbin, and Arseneault (1992) cited a number of factors that contributed to the experience of stress including inadequate human resources, incompetent unprofessional or unmotivated co-workers, interpersonal relationships and bureaucratic political constraints.

Since the 1980s, occupational stressors including burnout have been well documented and pose serious problems in various occupational settings including hospitals and universities (Bell et al., 2012; Blix, Cruise, Mitchell, & Blix, 2006; Chen et al., 2014; Gui, Barriball, & While, 2009). Nursing academics like their other university colleagues are involved in a daily myriad of intense activities including face-to-face teaching, committee participation, interacting with students, and advocacy. Other responsibilities include counselling students, engaging in clinical practice, supervision of higher degree students, grant writing, preparing manuscripts, attending conferences and undertaking research (Jackson et al., 2015).

It is well recognised that stress levels in academic institutions are high compared to many other populations, and stress has increased significantly over the last 15 years (Gui et al., 2009). In a

**What does this paper contribute to the wider global clinical community?**

- Changes to university work have been significant in the last 10 years. While there is a body of literature about the stresses of academic life and the resultant psychological consequences, there has been no mixed-methods systematic review undertaken that addresses the notion of occupational stress and burnout specifically among nursing academics. This systematic review adds to the existing knowledge of occupational stress among nursing academics.

recent study, Aquino, Lee, Spawn, and Bishop-Royse (2018) explored the impact of burnout, specifically on doctorate nursing faculty (PhD or DNP) intending to leave their academic position. They found that to address the nursing faculty shortage issue, it is essential to create supportive and positive working environments, provide additional emotional support and promote well-being (Aquino et al., 2018).

Lee, Miller, Kippenbrock, Rosen, and Emory (2017) explored job satisfaction and intent to stay in nursing academia. Their study highlights the importance of good leadership as the key to retaining nursing faculty members. In view of this, it could therefore be safely assumed that occupational stress is a prerequisite to burnout, and how this is manifested among nursing academics is important to explore. Importantly, the effects of occupational stress on nursing academic have an effect on the student learning outcomes and stress is a psychological factor that influences academic performance and welfare of nursing students (Sawatsky, 1998).

In view of the findings in the literature, it is clear that nursing university academics are potential candidates for experiencing occupational stress due to their relationships and human interaction with large numbers of students, personnel and administrators. A preliminary search of the literature review on this topic revealed that there were both quantitative and qualitative studies that addressed occupational stress and burnout among academics (Gillespie, Walsh, Winefield, Dua, & Stough, 2001; Lackritz, 2004; Roughton, 2013; Smeltzer et al., 2015; Wang & Liesveld, 2015; Watts & Robertson, 2011; Wieland & Beitz, 2015; Wyllie, DiGiacomo, Jackson, Davidson, & Phillips, 2016; Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014). No recent systematic review on the occupational stressors facing nurse academics could be found. A comprehensive review of the evidence is required.

## 2 | AIMS AND METHODS

The aim of this systematic review was to determine and synthesise the best and most recent available evidence regarding occupational stress faced by nurse academics.

This mixed-methods systematic review is based on the PRISMA reporting guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). The design of the Joanna Briggs Institute (2014) approach for conducting systematic reviews of both quantitative and qualitative research was followed. The search methods, strategy and outcomes are outlined in Figure 1. In addition, the Equator processes and reporting guidelines were checked (Moher et al., 2009). (See Appendix S1). Following consultation with a health librarian, the following databases were searched: CINAHL, Embase, Medline, PsychINFO and Scopus. Search terms were Stress, Burnout, Job Satisfaction, Resilience, Coping, Workload, Hardiness and literature review; in combination using "AND" and "OR" Nursing Academic, Faculty Nursing, Nursing Lectures, and University/Staff. In order to maintain currency concerning present and future nursing academics and to avoid repetition of findings, publications were limited to 2003 to 2018.

Papers were limited to English language peer-reviewed empirical investigations of occupational stress in full-time nursing university academic staff. Papers not adopting a clear relationship to occupational stress among nursing academia were rejected. Both quantitative and qualitative research methodologies were included. The content and the quality of the published works were appraised using the JBI Assessment of methodological quality process (JBI Levels of Evidence, 2014).

A total of 6,212 papers were retrieved, and after discarding 2,403 duplicate papers, the remaining 3,809 papers were screened for relevance based on title. After screening for the relevant titles and abstracts, a further 3,774 studies were removed. From this, 35 full-text articles were identified for eligibility and for further detailed examination. A further 19 papers were discarded because they focused upon non-nursing academics, were commentaries and opinion papers and were not specific to the context of occupational stress. A final 16 papers (five studies for qualitative synthesis and 11 studies for quantitative synthesis) met the inclusion criteria and were retained for this systematic review. The 16 studies were selected according to the inclusion criteria. The included studies were critically appraised for methodological quality using tools from the Joanna Briggs Institute (PRISMA flow chart for search and screening process, Figure 1).

The full text of papers identified was subjected to quality appraisal and was independently assessed for eligibility by the researcher and reviewed by two team members. Any disagreement between them over the eligibility of particular studies was resolved through discussion with a third reviewer. For the purposes of this paper, there were no issues identified and there was no need for a third reviewer (Munn, Tufanaru, & Aromataris, 2014).

Quality appraisal was assessed by two members of the review team to avoid selection bias by using the Joanna Briggs Institute

(JBI) critical Appraisal Tools (2014). The JBI-QARI data extraction form for interpretive and critical research was used to appraise the methodological quality for the five qualitative papers. This involved the synthesis of findings to generate a set of statements representing that aggregation, through gathering the findings rated according to their quality, and finally categorising these qualitative findings using thematic analysis allowing for similarity of meaning and interpretation (Popay et al., 2006). This process allowed for direct quotes and relevant data to be extracted from the findings of the five qualitative papers. The process involved coding the extracted data categorising it and then finally reducing into overarching themes (Table 1). These narratives were then examined for "conceptual overlaps" or subthemes (Popay et al., 2006). For the 11 quantitative papers included, the JBI Critical Appraisal Checklist for analytical cross-sectional studies data extraction form was used.

Given the methods, instruments and findings of the included studies were heterogeneous, a meta-analysis was not undertaken for the 11 quantitative studies. A narrative approach was used to illustrate the findings of both the quantitative and qualitative studies to determine how these findings inform this systematic review (Tables 2 and 3 provide an overview of the data extracted).

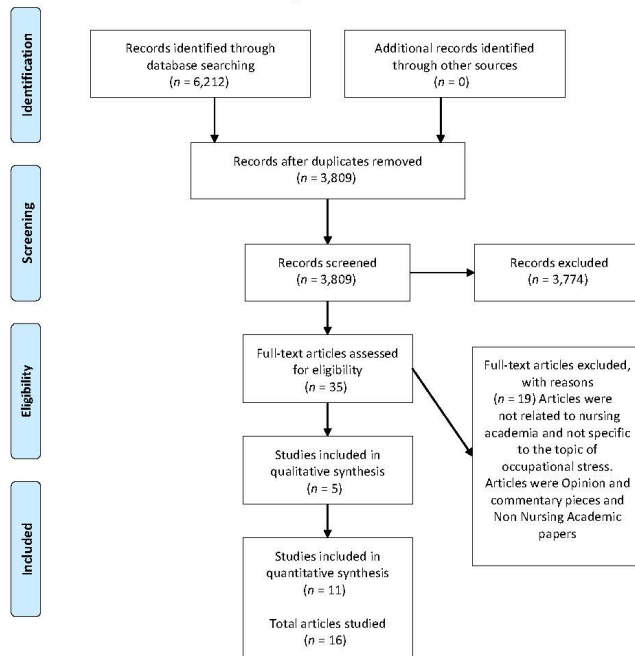
With regard to the 11 quantitative studies, multiple variations were identified, including multiple study designs and procedures (surveys and statistical analysis), and instruments, (Maslach Burnout Inventory [MBI] National Survey of Nurse Educators Instrument, Conditions of Work Effectiveness Questionnaire), used to measure levels of stress, and different types of data collected. Meta-analysis was not applicable due to the heterogeneity in the methods of synthesis. In view of this, the second best approach, namely narrative synthesis, is considered (Popay et al., 2006).

For the qualitative papers, the findings were pooled using the JBI-QARI tool. Data were aggregated in narrative form under the headings of the variables identified within the selected 16 studies in relation to the aims and context of the review (Popay et al., 2006). Conceptual overlaps were then combined from the identified subthemes, such as attrition, retention, social bullying, empowerment, mentoring, explicating nursing academic experiences and factors responsible for occupational stress and burnout to form eight main themes (Table 1). Nevertheless, narrative synthesis cannot provide a clear weight of evidence with the possible bias of the conclusions of each study; therefore, a table containing the characteristics of the studies is recommended to provide the extracted data and details (Munn et al., 2014) (Tables 2 and 3).

## 3 | RESULTS

A total of 16 studies were reviewed for the purposes of this mixed-methods systematic review, including 11 quantitative studies and five qualitative studies. There was a clear focus on novice academics with far less attention paid to occupational stress in nurse academics



**FIGURE 1** PRISMA Flow Diagram of Selection of Studies

across the broader career trajectory. Notwithstanding this, the literature revealed nurse academics are facing a myriad of challenges in universities that could have an influence and impact upon the occupational stress experienced by nursing academic staff. In view of these reported experiences, eight themes were identified including burnout, work-life balance, workload issues, resources and support, age, adapting to change and resilience.

The evidence from the reviewed studies also identified several strategies to support academics including resilience building, help for professional development, mentoring and better support and resources to overcome increasing workloads.

The notion of burnout was addressed by three studies Kizilci, Erdogan, and Emie Sozen (2012); Sarmiento, Laschinger, and Iwasiw (2004); and Yedidia et al. (2014). The first study by Kizilci et al. (2012) demonstrated the relationship between nursing academic burnout and demographic data. They examined parameters such as age, marital status and academic positions, and these had an effect on the Emotional Exhaustion (EE), Depersonalisation (DP) and Personal Achievement (PA) scores using the Turkish version of the MBI. The study found that nursing academics aged 30 and below had lower Personal Accomplishment (PA) scores. However, no differences in age were identified on the EE and DP scores on the MBI (Maslach & Jackson, 1986). The findings infer that younger, less experienced and novice academics aged 30 and below probably felt less valued thus reflecting in their lower PA scores. This is well supported by

Toker, (2011) who found that those aged 21–30 experienced higher levels of DP. In addition, “unpartnered” academics had higher DP scores (Kizilci et al., 2012). This infers the importance of the role of significant others in one’s life to support and be available to discuss and debrief about the stresses and strains of daily academic work. There was no difference between EE and the DP scores on academic positions. Weekly working hours had no correlation on the three dimensions of burnout scores. It is worth noting that all the participants were females and there could be a difference in gender scores comparing males to females. The study also shows the notion of occupational stress and burnout is rather complex and needs to be examined within each individual context and working environment (Kizilci et al., 2012).

Sarmiento et al. (2004) found that academics displayed a lower level of burnout when higher levels of empowerment and engagement were instilled by employers. The paper also highlighted important strategies that could be employed by nursing leaders and employers to enhance the level of personal job satisfaction. These could be achieved by education training, freeing lines of communication to develop collaborative and collegial relationships and instilling greater trust among colleagues. The findings demonstrated these strategies were associated with lower levels of burnout and greater work satisfaction (Sarmiento et al., 2004).

Yedidia et al. (2014) found that the major contributors to burnout were dissatisfaction with increasing workloads and perceived

**TABLE 1** Main themes identified from the 17 selected papers following the Prisma flow chart process

|                             | Burnout | Work-life balance | Workload issues | Resources & support | Job satisfaction | Age | Adapting to change | Resilience |
|-----------------------------|---------|-------------------|-----------------|---------------------|------------------|-----|--------------------|------------|
| Bittner and O'Connor (2012) |         |                   | ✓               | ✓                   | ✓                |     |                    |            |
| Gwyn (2011)                 |         |                   |                 | ✓                   | ✓                |     |                    |            |
| Kizilci et al. (2012)       | ✓       |                   |                 |                     |                  | ✓   |                    |            |
| Roughton (2013)             |         | ✓                 | ✓               | ✓                   | ✓                |     |                    |            |
| Smeltzer et al. (2015)      |         | ✓                 | ✓               |                     | ✓                |     |                    |            |
| Sarmiento et al. (2004)     | ✓       |                   | ✓               | ✓                   | ✓                |     |                    |            |
| Tourangeau et al. (2013)    |         | ✓                 |                 | ✓                   | ✓                |     |                    |            |
| Yedidia et al. (2014)       | ✓       | ✓                 | ✓               | ✓                   |                  | ✓   |                    |            |
| Yildirim and Cam (2012)     |         |                   |                 |                     | ✓                |     |                    | ✓          |
| Wang and Liesveld (2015)    |         |                   |                 | ✓                   | ✓                |     |                    |            |
| Westphal et al. (2016)      |         | ✓                 |                 |                     | ✓                |     |                    |            |
| Logan et al. (2015)         |         |                   |                 | ✓                   |                  |     | ✓                  |            |
| McAllister et al. (2010)    |         |                   | ✓               | ✓                   |                  |     | ✓                  |            |
| McDermid et al. (2016)      |         |                   |                 | ✓                   |                  |     |                    | ✓          |
| Peters et al. (2014)        |         |                   | ✓               | ✓                   |                  |     |                    |            |
| Wieland and Beitz (2015)    |         |                   | ✓               | ✓                   | ✓                |     |                    | ✓          |
| Wylie et al. (2016)         |         |                   |                 | ✓                   |                  |     | ✓                  | ✓          |

inflexibility with balancing work and family life. Their study surveyed  $n = 3,120$  full-time nurse faculty members from 269 schools offering a degree programme. The findings reveal a disturbing concern in that nearly 4 out of 10 participants reported high levels of EE, one major factor of burnout, leading to one-third expressing intent to leave nursing academia within 5 years.

Likewise, material concerns played a prominent part, including salary and dissatisfaction with workloads and the lack of availability of teaching support, which led to EE. The findings are well supported by other studies that highlight common stressors such as large class sizes, time constraints and pressures to undertake scholarship along with teaching responsibilities (Gui et al., 2009; Kizilci et al., 2012; McAllister, Madsen, Godden, Greenhil, & Reed, 2010; Roughton, 2013). The expectation of academics is to publish and disseminate research findings. This leads to added stress, which is a common phenomenon among nursing academics (Wilson, Sharrad, Rasmussen, & Kernick, 2013). In addition, academics are frequently expected to be entrepreneurs and marketers. Regrettably, many novice academics may not have the skills required to fulfil such roles, which can prove to be disconcerting (Rothmann & Barkhuizen, 2008). All of these expectations are occurring within a climate where resources have been reduced, and this could lead to a toxic competitive nature within novice

academics thus leading to a potential inadequate supply of nursing faculty and where many intend to leave. In a more recent study by Flynn and Ironside (2018), the notion of burnout and its contributing factors among midlevel academic nurse leaders (such as assistant deans, associate deans) was explored. Their findings indicate that dissatisfaction with workload, work-life balance and the long hours typically worked weekly increased the odds of burnout and was associated with the intention to leave.

Five studies addressed issues related to work-life balance. Roughton (2013) identified that there needs to be greater work-life balance with 31% of respondents highlighting this need. Smeltzer et al. (2015) found that doctoral programmes in nursing faculty view their work-life balance favourably. There is, however, a need to examine and consider the role of females due to the nature of their domestic roles in maintaining a work-life balance. Efforts by faculty need to be reviewed in view of the increasing workload. They found that tenured staff and postdoctoral fellows had a better work-life balance compared to nontenured staff. Experienced writers and those with higher qualifications and more years of experience identified a better work-life balance. This could be attributed to their experience and academic skills attained over the years. Interestingly, there was no significant relationship found across different sites. Tourangeau et al. (2013) found that more collegial relationship is

needed to enhance work–life balances. Yedidia et al. (2014) clearly demonstrated that one of the biggest factors responsible for burnout was the perceived inflexibility in balancing work and family life and dissatisfaction with work–life balance. Westphal, Manorcha, and Chapin's (2016) study equally supported this important aspect.

A number of studies identified various work load issues responsible for the level of dissatisfaction among nurse academics. Bittner and O'Connor (2012) and Roughton (2013) highlighted the importance of addressing workload issues in relation to enhancing greater job satisfaction. Smeltzer et al. (2015) argues the importance for greater involvement by faculty to carefully monitor the workload of less experienced faculty members. Perceived unreasonable workloads including high student numbers and insufficient support led to job dissatisfaction and greater chances of experiencing burnout (Sarmiento et al., 2004). This finding echoes Yedidia et al. (2014) who identified dissatisfaction with workload issues was a major factor that contributed to burnout. Within the Australian context, McAllister et al. (2010) identified role overload, isolation, a nonvalidating culture, pace of change, and work role pressures as a challenge in meeting the needs of nursing academics. Various participants explained how the barriers and challenges act as impediments to the future workforce in nursing education (McAllister et al., 2010). Regarding workforce pressure, one of the participants from McAllister's study stated,

*It can be stressful for lots of reasons; workload can be a problem, dealing with the requirements of registration bodies, academic bodies, trying to balance those for the benefit of students can be problematic.*

(McAllister et al., 2010, p10)

While sessional teachers are needed to help continuing academic staff with teaching the academic programmes, Peters, Jackson, Andrew, Halcomb, and Salamonson (2011) found that sessional teachers created an additional burden for the continuing staff. In most schools of nursing throughout Australia and the UK, due to the lack of resources, sessional teachers form a substantial element of the workforce. This is a global issue as more sessional staff are employed due to a shortage of nurse academics (Halcomb, Andrews, Peters, Jackson, & Salamonson, 2010).

One participant from Peter's et al. (2011) study explained,

*so the sessional staff, the problem that we've got in nursing, and I think that's been a problem for a good while, is that we've got people who are very good clinically, but they don't know how to teach -lacking skills and confidence.*

(Peters et al., 2011, p. 38)

Bullying was construed as a serious workplace hazard with grave implications for retention and well-being of staff (Wieland & Beitz, 2015). Many studies addressed the issues related to resources and support needed for nursing academics to progress in their roles and have greater work commitment. Factors included having good

quality mentors (Gwyn, (2011), more carer development opportunities (Roughton, (2013), more supportive institutional policies and greater support for professional development (Wang & Liesveld, 2015). Greater support and empowerment (Sarmiento et al., 2004) from faculty and feedback could help overcome the lack of confidence and uncertainty experienced by many newcomers in nursing academics (Wyllie et al., 2016) including providing more support for less experienced doctoral faculty members (Smeltzer et al., 2015).

Likewise, supporting collegial relationships, having proper support and resources necessary for their work (Sarmiento et al., 2004), are necessary to enhance positive effects on employees, maintain retention rates (Tourangeau et al., 2013) and increase the availability of teaching support (Yedidia et al., 2014). Logan et al. (2015) found that more resources were needed to support novice nursing academics in their transition period from clinicians to academics, including mentorship to progress to postdoctoral research. Other important factors include more support for new academics where employing organisations need to embrace and support new employees and contribute to resilience-building strategies when social bullying occurs (McDermid, Peters, Daly, & Jackson, 2016; Wieland & Beitz, 2015) and the development of standards for newly appointed sessional teachers (Peters et al., 2011).

Several studies identified barriers to job satisfaction and examined factors responsible for the retention of nursing academics (Bittner & O'Connor, 2012; Tourangeau et al., 2013). In relation to the barriers to job satisfaction, findings (Bittner & O'Connor, 2012; Tourangeau et al., 2013) indicated that 57% of the participants ( $n = 226$ ) felt that a sense of accomplishment, coupled with autonomy in the role (50%), having healthy relationships with colleagues (49.3%) and feeling safe at work (38.5%), did contribute to greater job satisfaction (Bittner & O'Connor, 2012) including quality mentoring (Gwyn, 2011). Some of the factors identified that contributed to greater job satisfaction in nursing academia included the need to have a better work–life balance (Roughton, 2013), secured tenureship (Smeltzer et al., 2015), have high levels of work-related empowerment (Sarmiento et al., 2004), greater engagement in assessing faculty quality of education and supporting collegial relationships (Tourangeau et al., 2013), have better teaching support and realistic workloads (Yedidia et al., 2014), more rewarding remuneration in salary (Westphal et al., 2016) and elimination of social bullying (Wieland & Beitz, 2015). In turn, it is envisaged that by enhancing these factors it would reduce occupational stress and burnout.

Two studies (Kizilci et al., 2012; Yedidia et al., 2014) identified age as an influential factor and a predictor to burnout and intention to leave among nursing academics. Kizilci et al. (2012) found that younger academics aged 30 years and below reported a lower level of Personal Accomplishment (PA) on the MBI. Yedidia et al. (2014) identified that academics who were in the preretirement age group between 51–60 years had a higher intention to leave compared to their colleagues aged 50 years or younger. They found one fifth of those surveyed ( $n = 3,120$ ), aged 50 years or younger intended to leave within 5 years of retirement age.

As previously stated, a number of papers focused on the transition into academic life and the issues around the changes needed to successfully negotiate this transition (Anderson, 2009; Wyllie et al., 2016). There was evidence that newcomers to nursing academia were not sure what to expect (McDermid, Peters, Daly, & Jackson, 2013), and the lack of role clarity represented a source of additional stress. Logan et al. (2015) explored and compared the change of roles from a clinician to a nurse academic within the UK and Australia. The study highlighted the importance of support needed in postdoctoral study during this change of roles. Nurses moving from the clinical venue into academia often find this transition period a great challenge. One participant from Logan's study soon realised that there...

*was no sense of belonging, the lack of support and that' ongoing...I felt in a way I was left to fend for myself a lot of the time and you do survive and you get it done but it's a very stressful journey.*

(Logan et al., 2015, p. 597)

Logan's et al. (2015) findings are well supported by other studies including McDermid's et al. (2016) study which highlighted that many novice nurses struggle with role expectations, poor understanding of academic requirements leading to feelings of anxiety and isolation and with little understanding of the academic arena thus experiencing feelings of anxiety and isolation (McDermid et al., 2016). This point is well illustrated by a novice nurse from McDermid's et al. (2016) study who started her academic journey and shared her initial feelings...

*when I started, I didn't really know what I was supposed to be doing. There were so many different roles, not just teaching, but research and so many other things. It was daunting.*

(Mc Dermid et al., 2016, p. 31)

For some unfortunately, these novice academics were unable to make this shift and adjustments. They found the stresses too overbearing and made the decision to leave and return to clinical nursing.

*back to nursing because I don't care how hard I work at that bedside for that 12 hours when I go home it's over.*

(Mc Dermid et al., 2013, p. 50)

Anderson (2009) presented a metaphor where novice nurse academics found themselves overwhelmed in their new academic role, which they identified as "drowning," or "treading water" (p. 204). For many clinicians, moving into academia found the work environment less cohesive and lacking in teamwork, but had more autonomy and academic freedom. Some novice clinicians found it isolating, scary, and others found it enabling (Logan et al., 2015). The added stress and pressure for the novice academics to publish and undertake research is well articulated (Coates & Goedegebuure, 2012; Wyllie

et al., 2016), and if these concerns are not addressed, it means that capable and good quality novice academics could be lost along the transition to progression (Logan et al., 2015). These results support other studies that examine the challenges faced by novice nurse academics (Cleary, Hunt, & Horsfall, 2010; McDermid et al., 2016; Wyllie et al., 2016).

Four studies explored the importance of developing resilience in the workplace. McDermid et al. (2016) focused upon the importance of teaching appropriate resilience strategies to novice nursing academics to cope with the transition of their new role. Strategies and themes included being supportive, forming collegial relationships, embracing positivity, and utilising reflection and transformative growth to develop resilience.

Wieland and Beitz (2015) explored the notion of resilience building in response to social bullying, and this has serious implications for retention and staff well-being. Wieland and Beitz's (2015) study reflected the concerns of previous research (Cleary et al., 2010; Goldberg, Beitz, Wieland, & Levine, 2013), which found bullying within academic nurse professionals and nursing profession (Cleary et al., 2010) leading to turnover as a warning sign, but can be offset by resilience strategies. This study identified resilience strategies including having protective factors like family and collegial support, being engaged in social activities, educating and raising one's own level of self-awareness in relation to workplace bullying.

Given that most nursing academics are females, paradoxically, Wieland and Beitz (2015) found that gender did not play a role in the bullying process. Bullied staff considered planning a new job as a form of resilience building. This clearly has serious implications for recruitment, retention and well-being. Yildirim and Cam (2012) reflect the sentiments in their study and highlighted the importance of the temperament feature of persistence for greater job involvement and motivation.

McDermid et al. (2016) argue that developing supportive relationships provides insight into the mentoring process. Second, it embraces positivity allowing them to face adversity and challenges within their new role. Lastly, McDermid et al. (2016) see reflection as an integral part of personal transformative growth. This is well confirmed by other writers. There were participants who were able to reflect and "bounce back" and learn from their experiences, an attribute considered as crucial and a key component in defining the concept of resilience (Hart, Brannan, & Chesnay, 2014).

McDermid et al.'s (2016) participant clearly demonstrates the notion of embracing resilience and is illustrated in the following quote,

*I look back and I remember being terrified. I got sent the class outline a couple of days before...I stood in front of this classroom of students thinking 'I can't' do this; I'm a nurse not a teacher! ...but you know as nurses we tend to just roll with the punches and we just sort of go in and do it...and I did it.*

(McDermid et al., 2016, p. 33)

TABLE 2 Results—Critical appraisal of selected quantitative studies (2003–2018)

| No | Study                       | Title  | Units of Study       | Methods   |
|----|-----------------------------|--|----------------------|---|
| 1  | Bittner and O'Connor (2012) | Focus on Retention: Identifying barriers to nurse faculty satisfaction   | 226 faculty nurses   | Quantitative study<br>Survey method<br>Survey Monkey  |
| 2  | Gwyn (2011)                 | The Quality of Mentoring relationships' impact on occupational commitment of Nursing faculty                   | 133 nursing faculty  | Internet Survey method SPSS V.14.0<br>Frequencies Descriptive<br>Statistics computed<br>T test, nonparametric Spearman's<br>correlation ANOVA                                       |
| 3  | Kizilci et al. (2012)       | The influence of selected personality and workplace features on BURNOUT among Nurse Academics<br>Female n = 94 | 94 nursing faculty   | T test/retest<br>Cronbach's alpha<br>Frequencies, burnout levels<br>measured<br>Kruskal-Wallis test<br>SPSS version not mentioned   |
| 4  | Roughton (2013)             | Nursing Faculty Characteristics and Perceptions Predicting Intent to Leave                                     | 4,118 faculty Staff  | Survey method<br>Cross-sectional analysis<br>Chi-square ANOVA<br>Nonparametric<br>Kruskal-Wallis test<br>Multivariate Factor Analysis Multiple<br>Regression<br>Logistic Regression |
| 5  | Smeltzer et al. (2015)      | Work-life balance of nursing faculty in research and practice- focused doctoral programs                       | 642 nursing subjects | Correlations of descriptive statistics<br>Regression analysis of variance<br>T tests  |

| Instruments   | Outcome Measure   | Results/discussion  |
|---|---|---|
| (NLN) National Survey of Nurse Educators Instrument<br>32 itemed<br>Ethics approved   | Work Load<br>Identified Barriers to Satisfaction  | Barriers to job satisfaction<br>a) Sense of accomplishment, 57% significant impact<br>b) Autonomy in role.50% significant impact<br>c) Relationship with Colleagues<br>49.3% significant impact<br>d) Feeling safe at work 38.5%<br>Factors to consider<br>Need to focus on workload issues, organised commitment<br>Student "incivility"   |
| 3 instruments used<br>demographic questionnaire<br>Occupational commitment instrument<br>Quality of Mentoring Relationship Instrument | Whether having a mentor or not was related to nursing faculties occupational commitment<br>If no of years employed had any influence on affective and normative dimensions of occupational commitment | No significant correlation between no of years of employment and outcome of affective occupation commitment<br>The quality of mentorship had a significant correlation<br>There is statistical support for the correlation between the sum score of the quality of mentoring relationship and the sum score of nursing faculties' affective occupational commitment<br>Quality Mentoring is important is decreasing attrition rates of nursing faculty  |
| Maslach Burnout Inventory<br>Demographic Questionnaire  | Measuring the frequency of BURNOUT levels of academics  | Academics 30 and below had lower Personal Accomplishment scores<br>No differences in age on the Emotional Exhaustion (EE) and Depersonalisation (DP) scores on the Maslach Burnout Inventory (MBI)<br>Singles had higher levels of Depersonalisation<br>Professors and research assistants reported lower levels of Personal Accomplishment than instructors<br>No difference between EE and DP scores on academic positions<br>Weekly working hours had no correlation on the 3 dimensions of burnout scores   |
| Author devised instrument by NLN  | Measuring intention to leave faculty based on the six-domain model of factors   | This study is a national survey, so the sample is representative of high numbers<br>Explored the reasons to leave faculty within a five year period<br>Main factors include being nontenured<br>Those with higher degrees and higher years of experience stayed longer<br>Faculty valued clinical role more over simulation<br>Top five reasons for leaving (a) Retirement (56%)<br>More compensation needed (46%), More work-life balance needed (31%)<br>More career development opportunities needed (30%) and decreased workload (26%)  |
| Work-life balance on line survey<br>High scores indicate worse work-life balance<br>Scale validity was 0.86                           | Work-life Balance related to workload   | That doctoral programs in nursing faculty views their work-life balance favourably in this study<br>There is, however, a need to examine and consider the role of females more than males in due to the nature of their domestic roles in maintaining a work-life balance<br>Efforts by faculty are needed to strengthen positive/work-life balance in view of increasing workload of doctoral faculty members with the less experienced staff<br>Tenured staff had better work-life balance compared to nontenured staff<br>Post Doc Fellows have better WLB than those who had nonclinical involvement<br>Experienced writers had better work-life Balance too<br>Those with more higher qualifications and longer years of experience had better work-life balance. No significant relationship with different sites |

TABLE 2 (Continued)

| No | Study  | Title  | Units of Study | Methods  |
|----|--|--|----------------|--|
| 6  | Sarmiento et al. (2004)  | Nurse Educators' workplace empowerment, burnout, and job satisfaction: Testing Kanter's theory   | N = 89         | SPSS Version 10<br>Multiple regression analysis<br>Pearson product -moment correlation analysis<br>used to test the study hypotheses |
| 7  | Tourangeau et al. (2013)   | Work, work environments and other factors influencing nurse faculty to remain employed: A Cross-sectional study Nurse faculty Ontario                                    | N = 658        | SPSS VERSION 18<br>Cross-sectional study<br>Confirmatory factor analysis<br>Stepwise multiple regression<br>descriptive statistics   |
| 8  | Yedidia et al. (2014)  | Perceptions of Work-Life With Emotional Exhaustion and Intent to Leave Academic Nursing: Report on a National Survey of Nurse Faculty USA National survey of 269 Schools | N = 3,120      | Logistic Regression<br>Stata Statistical Software<br>Bivariate analyses<br>Survey method   |
| 9  | Yildirim and Cam (2012)<br>Turkish study<br>14 schools in Universities in Turkey | Nursing Academicians attitude towards work-life and their personality traits   | N = 287        | Descriptive and relational study<br>Stepwise multiple regression was used t  |
| 10 | Wang and Liesveld (2015)   | "Exploring Job Satisfaction of Nursing Faculty: Theoretical Approaches"  | N = 35,629     | Data analysis using Powerstats (NCES)<br>Descriptive Stats<br>Multiple regression<br>Logistic regression<br>Survey method            |
| 11 | Westphal et al. (2016)   | A Pilot Study to Explore Nurse Educator Workload Issues Midwest region in USA  | N = 32         | Descriptive research study SPSS Version<br>Measured issues   |

In spite of the adversities, many novice nurses managed to develop strategies that build resilience. This instilled confidence, self-esteem self-efficacy, trust and connectedness including enhancing their quality of life which in turn could lead to retention (Hart et al., 2014).

In trying to cope with overwhelming demands and workload, many novice academics need to be career-resilient (Wyllie et al., 2016). This can be achieved by embodying resilience, and a few strategies suggested include being dedicated to the notion of continuous learning, keeping pace with the changes, and taking responsibility by forming meaningful relationships and feeling

| Instruments   | Outcome Measure  | Results/discussion   |
|---|--|--|
| Descriptive correlational Survey used to collect data<br>Conditions of Work Effectiveness Questionnaire (CWEQ) of construct validity $r = .73, p = .01$<br>The MBI Educator Survey<br>Job Activities Scale (JAS)<br>Laschinger (1996)<br>Global Job Satisfaction Quest<br>Strong evidence | Testing Kanter's Theory and previous review of literature to Nurse Academic Burnout and the importance of Empowerment<br>Testing that high levels of work empowerment in combination with low levels of burnout were significant predictors of college educators' job satisfaction | The findings of this study support Kanter's theoretical contention that organisational factors within the workplace are important in shaping organisational behaviours and attitudes leading to low degrees of burnout and greater amounts of job satisfaction<br>High levels of work-related empowerment in combination with low levels of burnout were strongly predictive of nurses job satisfaction<br>It supports Kanter's (1993) argument that when empowerment structures are in place, employees experience less job stress and are more satisfied in their work<br>Unreasonable workload and high student numbers coupled with insufficient support led to less job satisfaction<br>Access to resources and support have the greatest influence on college educators level of job satisfaction and low degrees of burnout |
| Psychological Empowerment Scale<br>Job Satisfaction Scale<br>Resonant Leadership Scale<br>Perceived Org. Support Scale<br>Global Empowerment Scale and the Work Group and McCloskey Mueller Satisfaction Scale  | Examining factors that influence nurse faculty intention to remain employed  | The findings of this study identified strategies that facilitated nurse faculty retention with a focus on supporting collegial relationships to enhance work-life balances, and greater engagement in assessing faculty quality of education and to ensure adequate human resources to each effectively  |
| Maslach Burnout Inventory<br>Emotional Exhaustion Subscale (MBI)<br>Demographic Questionnaire   | Addressing faculty members intention leave the profession  | The study found that the major contributors to burnout were dissatisfaction with workload and perceived inflexibility to balance work and family life<br>Intention to leave was explained by factors such as age retirement, dissatisfaction with workload and perceived inflexibility to balance work salary, and availability of teaching support<br>Preparing sufficient number of nurses to meet future needs will require addressing these important aspects of work-life balance that undermines faculty-reaching capacity   |
| Job Organisation-Related Scale<br>Descriptive Information Form<br>Temperament & Character Inventory   | Aiming to investigate the relationship between personality characteristics, job-and organisation-related attitudes.  | The study found that their temperament and character features affect the job- and organisational-related attitude of the nursing academicians. It is proposed to have candidates that display persistence, cooperativeness and self-directedness for becoming academics  |
| Form developed by the National Centre for Education Statistics  | Measured job satisfaction against four theoretical perspectives: Human Capital Theory, Structured Theory, Self-determination Theory and Psychological Theory   | The study found that job satisfaction is multidimensional and that faculty turnover is faculty specific and not job specific<br>There were differences between general job satisfaction and nursing faculty job satisfaction<br>That salaries play a big role in job satisfaction<br>Staff desired more supportive institutional policies<br>Need support for professional development opportunities, and staff did not see much support for grants  |
| Faculty Satisfaction Survey   | Measured workforce issues<br>Meaningfulness of work<br>Autonomy/Independence<br>Salary rates<br>Compensation for Reduce/workload<br>Better medical benefits/tuition fees   | The study found that 18 out of the 32 were very satisfied with their job (all part-timers) and 8 full timers<br>Main reasons to leave within 1-5 years included higher compensation elsewhere, nearing retirement age<br>More flexibility to work-life balance issues  |

supported by mentors (Wyllie et al., 2016). Building resilience enhances quality of life and assists in workforce retention (Hart et al., 2014).

Mentoring is an important aspect in developing resilience and helping novice nurse academics develop a career path (McDermid et al., 2016). These findings are well supported in the literature and

considered crucial as contributory factors in developing resilience (McDermid et al., 2016; McDonald, Jackson, Vickers, & Wilkes, 2015).

Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, and O'Flaherty (2013) add to the debate claiming that a positive mentoring relationship fosters resilience and improved outcomes. Wyllie et al. (2016)



TABLE 3 Results—Critical appraisal of selected qualitative studies (2003–2018)

| No | Author                                | Title   | Units of study  | Methods/analysis  | Outcome measure   | Results/other issues   |
|----|---------------------------------------|---|---|---|---|--|
| 1  | Logan et al. (2015)<br>UK & Australia | Transition from Clinician to Academia (2016)<br>UK & Australian study<br>7 from UK and 6 from Australia | 14 nurse educators<br>Ethics approved<br>N = 14         | Qualitative Interview Method<br>Thematic analysis triangulated with automated content and thematic analysis by Leximancer Software<br>The interviews were initially analysed as one group and then divided according to location to give a sense of the similarities and differences between the groups based on the narratives.  | To explore and compare the experiences of nurses in Australia and UK as they moved from clinical practice to academia | There were many similarities between the experiences of nurses in the UK and Australia as they moved from practice to an academic role<br>Progression to postdoctoral research is a key challenge for nurses moving from practice into universities. In contrast, respondents were positive about their teaching roles<br>More support and resources needed to support the new academics including mentorship for nurses to progress to postdoctoral research<br>Funded doctoral and postdoctoral positions should be an integral part of undergraduate nursing programmes to help in this transition and future generations<br>There are no conflicts of interest |
| 2  | McAllister et al. (2010)<br>Australia | Steps towards Empowerment: An examination of Colleges, Health Services and Universities                 | n = 18<br>14 nurse educators<br>4 key stakeholders      | Qualitative analysis<br>Purposive sampling<br>Semi-structured Interviews<br>Cross-sectional sampling technique<br>Content analysis<br>Thematic analysis   | To explore the needs of nurse educators in a variety of Australian contexts   | Regardless of context nurse educators found their role rewarding but there are challenges including work role pressures, nonvalidating culture, and pace of change. Isolation and a concern for the profession<br>The stakeholders found the websites difficult to navigate and do not bring people together<br>Competitive work environments that contribute to work-related stress and role overload<br>Conflicts of interest not declared   |
| 3  | McDermid et al. (2016)<br>Australia   | Developing Resilience: Stories from novice nurse academics  | n = 14 new nurse academics<br>Two major nursing schools | Qualitative Sampling<br>Storytelling<br>Semi-structured, conversational style interviews<br>Face-to-face interviews<br>Audio taped<br>Transcribed verbatim<br>Analysis was done by repeatedly listening to the recordings<br>Texts were searched for meaning and shared pattern within the stories<br>Stories based on common ideas were grouped and developed into themes<br>Stories categorised, grouped and themes developed | To explore the notion of resilience building for novice nurse academics   | The study found that despite experiencing substantial challenges and adversity in their new roles as academics, the participants found ways to enhance and develop their resilience and progress their careers<br>That employing organisations need to embrace and support new employees and contribute to resilience-building strategies especially for the novice nurses in education<br>There are no conflicts of interest  |

(Continues)

TABLE 3 (Continued)

| No | Author  | Title  | Units of study                              | Methods/analysis   | Outcome measure   | Results/other issues  |
|----|---|--|---|--|---|---|
| 4  | Peters et al. (2011)<br>Australian                          | Burden versus benefit<br>Continuing nurse<br>academics experiences<br>of working with<br>sessional teachers<br>Multiple campuses | n = 12<br>Multiple campuses in<br>Australia | Qualitative purposive sampling<br>Narrative data<br>Semi-structured interviews<br>Face-to-face interviews<br>Thematic Analysis | To explore the<br>experiences<br>of continuing<br>academics<br>working with<br>sessional teachers | The findings of this study show that sessional<br>teachers have credibility but have considerable<br>workload implications for continuing academic staff<br>Reasons for this are multifactorial and the<br>development of standards for the recruitment and<br>employment of sessional teachers would benefit<br>them both in the delivery of quality education to<br>nursing students                                  |
| 5  | Wieland and<br>Beltz (2015)<br>USA Study-<br>Eastern States | Resilience to Social<br>Bullying in Academia:<br>Phenomenological<br>Study   | n = 17                                      | Phenomenological Study<br>Colaizzi's method of guided data<br>analysis<br>Interviewed-Audiotaped via<br>telephone              | To explore the<br>phenomenon of<br>resilience to social<br>bullying                               | The findings of this study show that social bullying is<br>a serious workplace hazard that does not belong in<br>a caring profession like nursing academia<br>There are serious implications for retention and well-<br>being of staff<br>Turnover is a warning sign but it can be offset by<br>resilience strategies<br>Long-term deleterious bullying was perpetrated by<br>senior faculty and nursing administrators |

review offers collective insight into novice academic nurses. They found three attributes namely, a willingness to adapt to change, an intention to pursue support and embodying resilience for novice nurse academics to be successful in their career paths. They also recommend novice nurse academics be aware of their own skills, strengths and weakness. Likewise, management needs to work closely with the novice nurses and get them exposed early to appropriate careers developing situations (Wyllie et al., 2016). This partnership in resilience building is crucial for the benefit of the novice nurse academic and faculty.

## 4 | DISCUSSION

The aim of this systematic review was to determine and synthesise the best and most recent available evidence regarding occupational stress faced by nurse academics. A range of occupational stressors including burnout is identified as problematic in nursing academia. There is considerable consensus in the literature pertaining to causative factors of occupational stress and burnout. Generally, it is linked to the work environment and the individual's personality impacting on their psychological or physical well-being (Khamisa, Peltzer, & Oldenburg, 2013). Occupational stress and burnout affect all professions that involve human interaction, including education. It can be best described as how the individual perceives and reacts to individual work-related demands and the ability to cope with these demands.

This systematic review collates views and develops insight into contributory factors leading to occupational stress and burnout. The findings uncovered the experiences of novice and nurse academics facing a myriad of challenges that could contribute, influence and impact upon the occupational stress and burnout experienced by nursing academic staff. Some important factors contributing to burnout were issues including increasing workload, barriers to job satisfaction, a lack of sense of belonging, not being autonomous, and poor relationships with colleagues due to the competitive work environment. Dissatisfaction with workload, a noncaring culture, a rapid transformative environment, lack of teaching support, social bullying, isolation and an inflexible work-life balance are noted factors. Younger novice and less experienced nurse academics were more vulnerable to occupational stress and burnout. Some of the identified factors were a lack of professional autonomy, high leader role expectations, toxic organisational climate, and role ambiguity leading to conflict (Gui et al., 2009; Shah, 2012).

In addition to traditional roles of teaching, research and service, academics are frequently expected to be entrepreneurial. In view of this, many individuals question their role within an environment where resources are reducing coupled with an inadequate supply of nursing faculty personal. However, Rothmann and Barkhuizen (2008) argue they may not have the required skills to fulfil such roles leading to distress.

Our review of the literature suggests that many nursing academics experience harmful work environments. To overcome this

"toxicity" and to minimise these attrition rates and to maximise retention, a number of strategies have been suggested, such as having quality experienced mentors, support for professional development, and inclusive friendly cultures. Employing organisations need to be less hierarchical in their approach, embrace and support new employees and contribute to resilience-building strategies especially during the transitional phase for academic nurses. If the present situation is not addressed and changed, it is highly likely that the persistent daily demands experienced by nursing academics will affect the quality of their personal and work life and lead to adverse consequences, including burnout and greater intention to quit. There were a number of limitations in the preparation of this systematic review. Papers were limited to English language and full text. Only peer-reviewed empirical investigations of occupational stress in full-time nursing university academic staff were accepted. Generalisability of the findings to other academics within university different sectors and faculties might be limited given that only studies examined were concerning nurse academics.

## 5 | CONCLUSION

The collective findings from this review offer valuable insight into the present daily challenges that nursing academics face to overcome the reported dissatisfaction and occupational stress leading to burnout. In spite of being one of the youngest fraternities within the university environment, it is both alarming and surprising to note that nursing academia is a "toxic" work environment with many organisational stressors. There are a number of important implications that need to be addressed by the employing organisations to change the environment so that more nurses and clinicians thinking of a career in academia could be encouraged with a clear direction and proper support in order to overcome the risk of experiencing occupational stress and burnout. There needs to be a more open and candid dialogue between the employing organisation and nursing academics that express their daily frustrations and challenges. To date, there has been a focus on occupational stressors facing novice nurse academics during the transition to academic life. Further research taking a broader, whole-of-career approach is needed. These factors need to be considered by employing authorities when instituting any organisational changes to reduce the level of occupational stress among nursing academics. Kizilci et al. (2012) suggests that nurse academics be examined for other variants of occupational stress and burnout in view of the complex nature of the occupational stress and burnout.

## 6 | RELEVANCE TO CLINICAL PRACTICE

Academic nurses carry multiple responsibilities including teaching, counselling to students, and committee membership in their organisations (Jackson et al., 2015). In view of these findings, this

mixed-methods systematic review study has direct implications upon how the well-being of nursing academics could influence and directly affect clinical practice and in turn the learning needs of nursing students of their faculty. It is therefore reasonable to assume that nursing academics who experience occupational stress may not be able to perform well in their daily roles, thus affecting the learning needs and outcomes of their students.

The findings of this study identified several strategies that employing organisations should embrace and be proactive to deal with the negative consequences of occupational stress. These include (a) having experienced mentors; (b) promote resilience building; (c) having supportive collegial relationships; (d) supporting professional development and research; and (e) resources for increasing workloads. This study has been able to integrate the data extracted from the quantitative and qualitative studies and the single systematic review to gain a collective insight and understanding of antecedents contributing to occupational stress among nursing academics.

## CONFLICT OF INTEREST

No conflict of interest has been declared by the author(s).

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#### SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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## 2.10 Chapter summary

This chapter presented the literature that is considered imperative for the purposes of this study and is used as a ‘theoretical lens’ to provide an overview and understanding of the research findings in relation to occupational stress and burnout among Nurse Academics. The publication, included in this chapter, adds to the knowledge drawn from the empirical literature and synthesis the best and most recent available evidence regarding occupational stress faced by Nurse Academics. It focuses upon the specific aspects of the literature that relates to the aims and purposes of this study.

Chapter three discusses several conceptual theories from the findings of various researchers, which support the comprehensive conceptual framework, the Job-Demands Resource Model (J-D Model) utilised for this study (Demerouti et al., 2001). Chapter three will also discuss the conceptual framework for this study.

## CHAPTER THREE – CONCEPTUAL FRAMEWORK.

### 3. Conceptual Theories and Frameworks of Burnout

This chapter will discuss several time-tested theories from the findings of many researchers, which will support the conceptual framework for this study, and explain how the phenomena of burnout occurs. It is highly unlikely that a single theory can explain the complexity and the antecedents of a phenomenon such as burnout.

#### 3.1 Definitions

Before discussing the theories and conceptual framework that guide this research study, it is worth defining these two different and yet interrelated concepts.

#### 3.2 Theoretical framework

A theoretical framework is the ‘theory’ used to guide the study. It is “the philosophical stance informing the methodology and thus providing a context for the process and grounding its logic and criteria” (Crotty, 1998, p. 3). The theory details the relationship between the related constructs of the study. It may also provide an explanation of the identified problem(s). The theoretical framework dwells on time-tested theories that embody the findings of numerous investigations on how phenomena occur (for this study the phenomena of burnout). The proper selection and presence of a theoretical framework eludes the reader that the study is not based on the personal instincts of the researcher but based upon an established theory selected with credible studies (Akintoye, 2015). A number of existing theoretical frameworks that are relevant for this topic are discussed in formulating the specific conceptual framework for this study. Imenda (2014) posits that a research without the theoretical framework lacks accurate direction to the search of

appropriate literature and scholarly discussions of the findings from the research. The theoretical framework provides a common worldview from which to support the researcher's thinking about the problem and analysis of data (Grant & Osanloo, 2014).

### 3.3 Conceptual Framework

A conceptual framework is defined as a structure, in what the researcher believes, can best explain the natural progression of the phenomenon to be studied (Camp, 2001), that is, the specific perspective which a given researcher uses to explore, interpret or explain events or behaviour of the subjects or events being studied (Imenda, 2014). It is the researcher's explanation of how the research problem would be explored (Adom et al., 2018). A conceptual framework represents the researcher's synthesis of literature on how to explain a phenomenon. The conceptual framework 'sets the stage' for the presentation of the particular research question that drives the investigation being reported, based on the problem statement (McGaghie et al., 2001).

It is "an argument about why the topic one wishes to study matters, and why the means proposed to study it are appropriate and rigorous" (Ravitch & Riggan, 2012, p. 7).

In their comprehensive article explaining the importance of both the theoretical and conceptual frameworks, Adom et al. (2018) discusses how conceptual frameworks explain the specific perspective used by the researcher to explore, explain and interpret the behaviour of the participants and/or events studied. The series of actions that the researcher intends to carry out in the research study are part of a conceptual framework (Dixon, Gulliver, Gibbon, & Hall 2001). Conceptual frameworks are linked with the concepts, empirical research and important theories used in promoting and systemising



the knowledge espoused by the researcher (Peshkin, 1993). They show, in a logical structure or visual display, how ideas in a study relate to each other (Grant & Onsaloo, 2014). Mostly, diagrams are created to clearly define the constructs or variables of the research topic and their relationships are shown using arrows (Adom et al., 2018). As such, conceptual frameworks help and enhances to demonstrate “intellectual and methodological rigor” (Ravitch & Riggan, 2012, p. 14).

Thus, a conceptual framework may be defined as an end result of bringing together a number of related concepts or theories to explain or predict a given event, or give a broader understanding of the phenomenon of interest (*burnout*, in this study) – or simply, of a research problem (Imenda, 2014). The conceptual framework is much more specific in defining this relationship. The conceptual framework specifies the variables that are explored in the investigation. In this study, for example, burnout (the dependent variable) represents the response, whilst the various mitigating factors, variables and antecedents investigated including; age, gender, qualification, workload, hours of work, work-life balance and others (independent variables), represent the stimulus. The independent variables make clear the kind of statistical analysis that will have to be used to analyse the relationship.

Statistically speaking, the conceptual framework describes the relationship between the specific variables identified in the study (Ravitch & Riggan, 2012). It frames how the researcher will use the instruments, (in this study, the Maslach & Jackson Burnout Inventory, referred to as the M.B.I., the Minnesota Job Satisfaction Survey – short version, and a demographic questionnaire to collect the data, analyse, and discuss the findings, in addition to the related literature). However, the terms ‘theoretical’ and ‘conceptual’ are often confused or used interchangeably to designate all ideas used to

define and shape a study and often a theoretical framework informs the conceptual framework (Zamboni, 2018).

### 3.4 Conceptual framework for this study

For the purposes of this study, the Job-Demands Resource Model, better known as the JD-R model was utilised (Demerouti et al., 2001). This conceptual framework was based upon the findings in the literature review in chapter two and influenced by various other influential theories of occupational stress and burnout. The other six theoretical models discussed in this chapter include that of Mackinick and Mackinick (1990), McAbee (1991), the transactional model of stress and coping theory (Lazarus & Folkman's model, 1984), Green's model (1983), Lyall's model (1989), and Duquette, Ke'rouac, Sandhu and Beaudet's Model (1994). Drawing upon the findings in the literature and these seven theoretical concepts and frameworks, the 'Multidimensional Conceptual Model' (see Figure 8) based upon the Job-Resources Model (Demerouti et al., 2001) complements and further explains the relationship between job demands and resources and augurs well for the purposes of this study.

### 3.5 Phenomena examined within the context of the theoretical and conceptual framework

The phenomena examined in this study is the notion of 'burnout' experienced by Australian Nurse Academics. The study aims to examine the prevalence, extent, and experiences of burnout with nurse academics within Australia. The research questions of the study and the purpose of the study must entail noticeable aspects of the theoretical framework and should reflect the assertions promulgated by the theories and within the conceptual framework (Maxwell, 2013; LoBiondo-Wood, 2010). In view of this assertion, it might be worth revisiting the problem statement and research questions of

the study before discussing in depth, the theoretical models that have influenced the chosen conceptual framework for this study. The research questions of the study will present the ‘context’ and the issues that motivated the researcher to conduct the study (McGaghie., Bordage., & Shea, 2001).

### 3.6 Problem statement and research questions.

The literature shows that within the context of occupational stress and burnout (Gillespie et al., 2001; Pocock, 2005; Winefield et al., 2003), the role of academics within the Australian university sector has changed considerably and the demands and stressors placed upon nursing academics has risen and intensified dramatically. The variables appear to have remained constant including; increased heavy workloads, undertaking research activities, pressure to publish and attract external grants, an increase in teaching commitments and a lack of work-life balance (Gormley, 2003; Gui, 2009b; Kuehn, 2010; McAllister et al., 2010; Roughton, 2013 Wang, Y., & Liesveld, J. (2015). It is therefore reasonable to assume that within the context of this stressful and demanding working environment, Nurse Academics are a group that are at potential risk of experiencing stress and burnout (Kizilci et al., 2012).

The following research questions posed for the purposes of this study include:

- (1) Do Australian nurse academics experience burnout?
- (2) To what extent do Australian nursing academics experience burnout?
- (3) What are the background variables in relation to burnout among Australian nurse academics?
- (4) What are the lived experiences and perceptions of stressors and burnout unique to Australian nurse academics?

(5) How does burnout among Australian nurse academics relate to job satisfaction?

Maslach and Jackson (1984) defined burnout as a syndrome characterised by emotional exhaustion, depersonalisation, and lack of personal accomplishment. Emotional exhaustion refers to feelings of being emotionally drained by one's contact with other people and work demands being the central strain dimension of burnout. Depersonalisation refers to a negative or excessively detached response toward these people, who are the recipients of one's service or care. Finally, reduced personal accomplishment refers to a decline in one's feelings of competence and successful achievement at work (Maslach & Jackson, 1984; Maslach & Leiter, 2008). The burnout syndrome is characterised by chronic exhaustion, cynicism, and a lack of personal accomplishment. Thus, burnout is defined as a work-related phenomenon (Schaufeli & Taris, 2014), caused by continuous stress and mismatch between a person and his/her environment. Burnout is thought to develop in an interaction between the individual and their job. The root causes of burnout are interpersonal, social, and organisational factors (Schaufeli, 2006).

### 3.7 Causes and Outcomes

Most of the burnout frameworks theorise a cause-effect process from stressor to burnout. The theoretical models make it explicit that a combination of situational and personal factors cause people to experience stress and burnout and, as a consequence, burnout causes certain negative consequences and outcomes. In terms of outcomes, burnout has been frequently associated with various forms of negative reactions and job withdrawal, including job dissatisfaction, low organisational commitment, absenteeism, intention to leave the job, and turnover (Schaufeli & Enzmann, 1998). Various researchers

(Freudenberger, 1974; Maslach, Leiter, & Schaufeli, 2008; Maslach & Leiter, 2008) have attempted to explain the essential cause-effect process, concepts, assumptions and interrelationships that underpin the process of stress and phenomenon of burnout and to account for the process of its development.

### 3.8 Theoretical Frameworks and Conceptual Models

Over the last decade, a number of theoretical frameworks and conceptual models discussed below, may be grouped according to whether they portray the development of stress and burnout in degrees, types or stages. Various theoretical models of burnout based on theories about job stress, and the notion of imbalances, lead to occupational strain. Lazarus and Folkman (1984), who defined stress as resulting from an imbalance between perceived external or internal demands and the perceived personal and social resources to deal with them, developed the most influential theory of stress and coping. The earlier models proposed by Mitchell (1977), Maslach (1976) and Pines & Maslach (1978) represent several types of fatigue. The model propounded by Cherniss (1980), which includes the work of Veringa & Spradley (1981) is characterised by a series of stages. Cherniss (1980) suggested that burnout consists of the development and interaction of job stress and worker strain, which then leads to a state of psychological accommodation and defensive coping. Rice (1984) has developed a conceptual model, which postulates that working conditions have an impact on overall life satisfaction through perceptions of the quality of working life and non-working life. In essence, the model proposes that working conditions influence life satisfaction. In view of these findings, the Job-Demands Resource model presented in the literature (Karasek, 1979) assumes that workload and time pressures are, in general, the most important work-related stressors.

The transactional model by Cherniss (1980) was the first such model to show the relationship between the sequential stages of burnout. This model involved three stages including; (a) job stressors leading to an imbalance between work demands and individual resources, (b) individual strain with consequences upon emotional responses of exhaustion and anxiety, and (c) individuals' displaying changes in attitudes and behavior, such as greater cynicism (Cherniss, 1980). Since then, other theoretical models of burnout have been developed over the years, examining its impact upon people and their interactions. The burnout syndrome as defined by Maslach and Jackson (1986) is explained as a set of three symptoms: *emotional exhaustion*, *depersonalisation*, *cynicism* and feelings of *inefficiency or lack of accomplishment*. This three-dimensional model has been widely accepted as a conceptual framework for the burnout syndrome (Maslach & Leiter, 1986). In this three-dimensional model, in response to high pressing work demands, exhaustion was assumed to develop first, followed by displaying a negative attitude and detachment to work and finally, leading to a feeling and sense of failure and inadequacy (Maslach & Leiter, 1986). It is worth noting that the data of this research study on burnout was collected by using the Maslach Burnout Inventory (MBI) – General Survey (MBI-GS) (Maslach & Jackson, 1981; Maslach et al., 1996). The burnout theory, as explained by Maslach & Jackson (1986) is therefore important as it relied on obtaining research results using this measure and makes it more relevant for this study. An interesting point made by Ahola et al., (2014) is that the phenomena of burnout has a complex pattern of relationships with health, in that poor health contributes to burnout and burnout contributes to poor health. The World Health Organization (WHO) has also used it in its definition of burnout in the latest version of the International Classification of Diseases (2018), as a syndrome conceptualised as resulting from chronic workplace

stress that has not been successfully managed and the phenomena of 'burnout' refers specifically to the work context.

Another interesting dimension and different variation of an imbalanced theoretical model of burnout is the Areas of Work-life (AW) model (Leiter & Maslach, 1999), which frames job stressors in terms of person-job imbalances, or mismatches, but identifies six key areas in which these imbalances take place: workload, control, reward, community, fairness, and values (Leiter & Maslach, 1999). Mismatches in these areas affect an individual's level of experienced burnout, which in turn determines various outcomes, such as job performance, social behaviors, and personal wellbeing (Leiter & Maslach, 1999). The greater the mismatch between the person and the job, the greater the likelihood of burnout; conversely, the greater the match, the greater the likelihood of engagement. Initial empirical support for the AW model has been provided by both cross-sectional and longitudinal studies (Leiter & Maslach, 1999).

Additionally, in the following section, the other theoretical models that had an influence in determining the conceptual framework for this study are discussed in greater depth below.

### [3.9 First Model – Transactional Theory of Stress \(Lazarus & Folkman, 1984\)](#)

The Lazarus (1966) comprehensive stress theory that was first presented in 1966 has undergone several revisions. Later, Lazarus and Folkman (1984), who defined stress as resulting from an imbalance between perceived external or internal demands and the perceived personal and social resources to deal with them, developed the most influential theory of stress and coping. This transactional theory of stress (Lazarus, 1999; Lazarus & Folkman, 1984), is a framework that integrates stress, appraisal, and coping theories as

they relate to how individuals react to psychologically stressful situations and/or environments. This theoretical framework can be effectively utilised in the assessment, intervention, and evaluation of an individual's psychological stress and coping responses and is applicable to most disciplines (including nurse education), reflecting the many dimensions of stress-related problems and their situation within a complex social context. According to Lazarus and Folkman (1984), ...“psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being”. (p.19).

As suggested by Lazarus and Folkman (1984), two cognitive appraisal processes can be distinguished. The initial appraisal, defined as ‘*primary appraisal*’, involves the analysis of whether an event is personally relevant. Events perceived as personally relevant can be appraised as either positive or stressful (the latter including possible harm, threat, or challenge), (Weber & Weber, 2001). If individuals perceive events as stressful, they evaluate their own resources to deal with the demands. This constitutes the process of ‘*secondary appraisal*’ (Lazarus & Folkman, 1984). Stress occurs when the demands are perceived as either exceeding or straining the resources and coping responses become activated. Lazarus and Folkman (1984) defined ‘coping’ as cognitive and behavioral efforts to deal with situations appraised as stressful. Generally, cognitive appraisal and coping processes are influenced by personality factors, personal and social resources, characteristics of the situation, and other variables (Weber & Weber, 2001). The influence of Lazarus and Folkman's (1984) transactional theory of stress remains the cornerstone of psychological stress and coping research across multiple fields.



The flow chart below explains how perception is the hallmark of this stress transactional theory.

### Transactional Stress Model (Lazarus & Folkman, 1984)

#### Model One

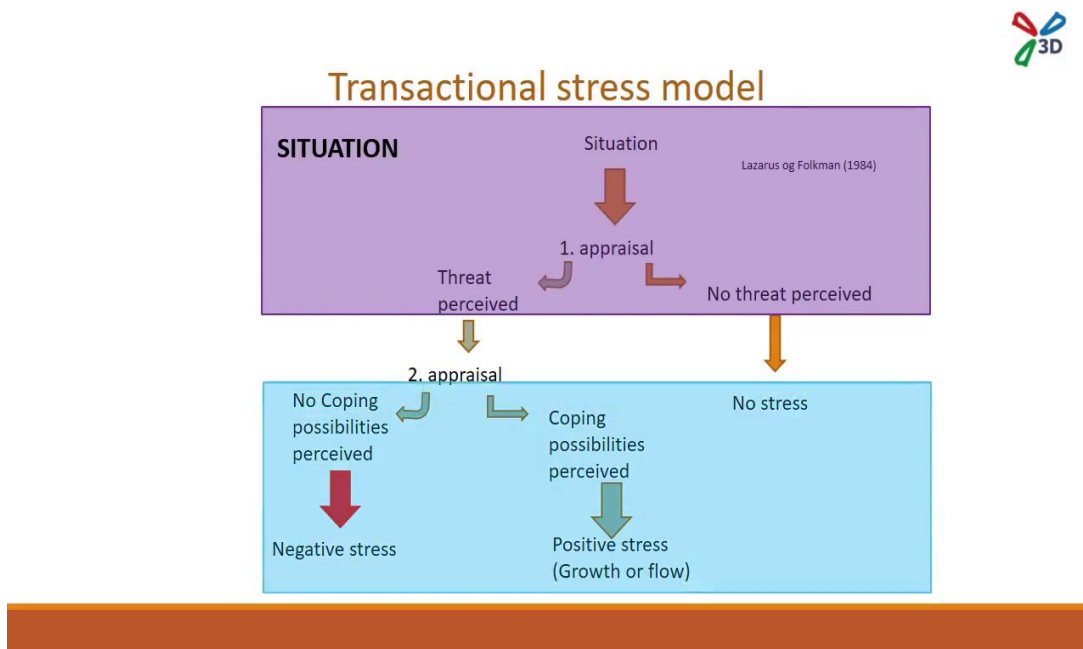
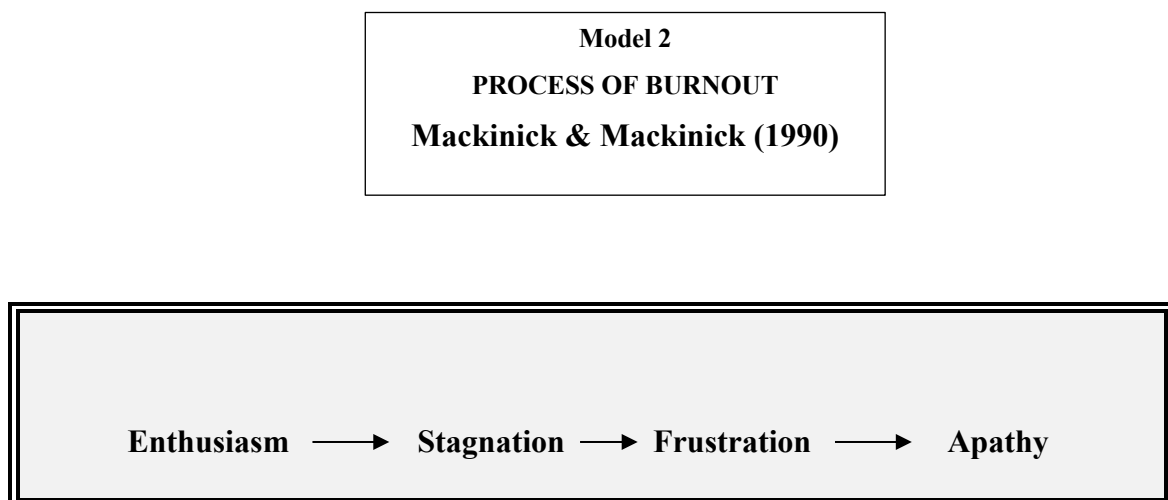


Figure 3.1

### 3.10 Model Two - Mackinick and Mackinick (1990)

The second theoretical model by Mackinick and Mackinick (1990), views burnout as occurring in the four definite stages of *enthusiasm*, *stagnation*, *frustration* and *apathy*:

1. ***Enthusiasm*** occurs in the initial period when hopes are high, when the worker is energetic, and when work proves satisfying and is ‘everything’. Over identification with clients and excessive inefficient expenditure of energy are the major hazards at the first stage.
2. In ***stagnation***, the job no longer seems as important and the emphasis shifts to meeting one’s own personal needs outside of the work situation itself.
3. ***Frustration*** is a period when one begins to question one’s worth and the value of the job itself. The limits of the job seem threatening to the purpose of what one is doing and, consequently, emotional, physical and behavioural problems occur at this stage.
4. ***Apathy*** characterises the fourth stage when the attitude is mundane with minimal time and effort put into the job. Avoiding challenges and clients, and just ‘getting by’ to keep job security are part of this stage. The process of burnout in the framework below can be construed as a gradual continuum from enthusiasm to apathy.



**Figure 3.2**

### 3.11 Model Three – McAbee (1991)

The third is a model developed by McAbee (1991), who explained the relationship among occupational stress, burnout, and potential buffering factors to personal coping strategies and organisational social support. Burnout is considered an outcome of occupational stress. A number of other studies have examined the process of burnout and concur with this proposal that occupational stress is associated with burnout (Beaver et al., 1986; Constable & Russell, 1986; Cronin-Stubbs, 1985; Firth et al., 1987). The model according to McAbee (1991) may guide occupational health professionals to investigate stress and burnout in their organisations.

The third model by McAbee (1991) which relates specifically, proposes five hypotheses:

1. Occupational stress has a direct positive influence on burnout
2. Personal coping strategies have a negative influence on occupational stress
3. Personal coping have a negative influence on burnout
4. Lack of organisational social support has a negative influence on occupational stress
5. Lack of organisational social support has a negative influence on burnout

**Model 3**  
**Mc Abee's Model (1991)**

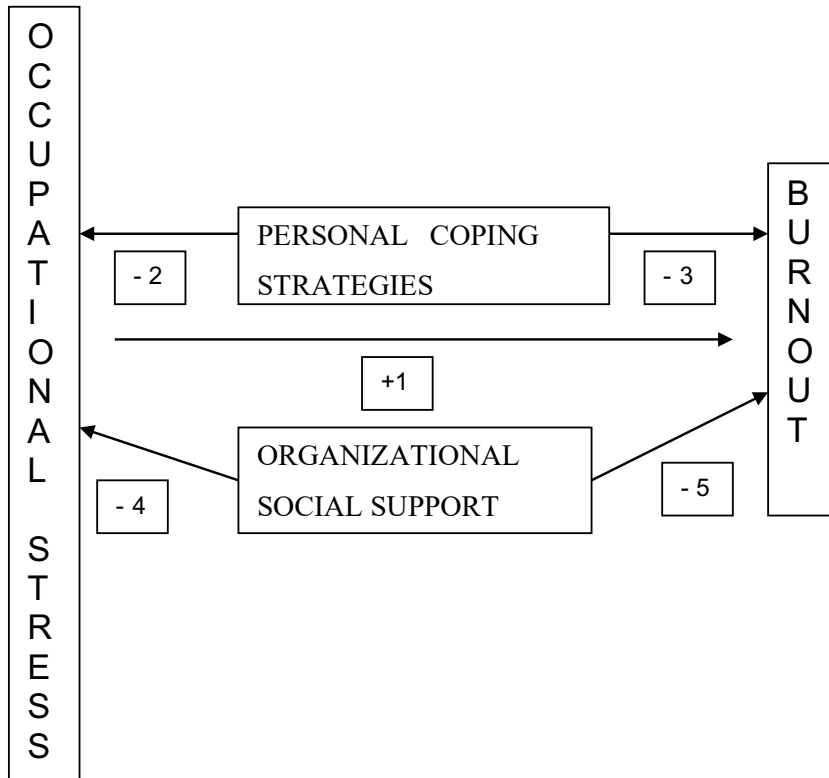


Figure 3.3

This conceptual framework explains the path for the Model of Occupational Stress and Burnout with potential buffering factors of personal coping strategies and organisational social support (McAbee 1991).

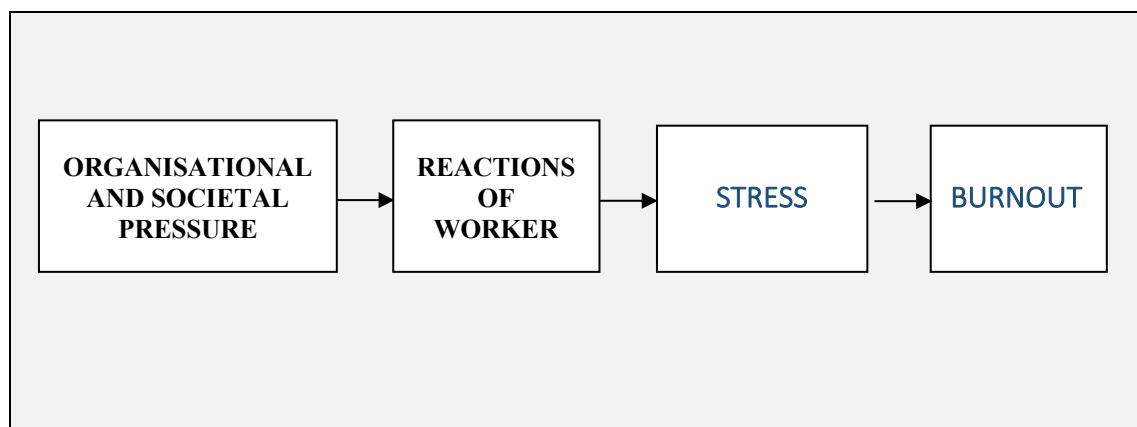
### 3.12 Model Four – Green’ Model (1983)

A fourth framework for considering the burnout syndrome is postulated by Green (1983) who emphasised the importance of placing the burnout phenomena in a societal and an organizational context. Green (1983) suggests that, although there are workers who would experience stress and burnout solely at the personal level, there are those who are working within highly stressed organisations and those who are facing questions in relation to societal conflict and division. The reactions of the worker to the impact of stress deriving from organizational and societal factors provide an interesting framework to consider.

This conceptual framework could be highlighted in the following sequence:

#### **Model 4**

#### **Green’s Model (1983)**



**Figure 3.4**

### 3.13 Model Five - Lyall (1989)

The fifth model postulated by Lyall (1989) highlights the notion that stress and burnout is experienced because professionals do not train themselves to slow down their pace once symptoms of stress begin to show but rather, ‘carry on regardless’ in trying to accomplish too much and having unrealistic expectations. Lyall (1989, pp. 27) drew an interesting parallel from Shakespeare’s words, ‘The fault, dear Brutus, is in ourselves’ (Julius Caesar) - that we are burned out. This is based on our experiences that the harder we try, the better we do a notion that is usually reinforced throughout our lives. Lyall (1989) suggests that the implicit assumption is that such a curve extrapolates ever upward, and yet it is absurd in practical terms. The model by Lyall (1989) is best illustrated in the following three diagrams.

#### Model 5

#### Lyall’s Model (1989)

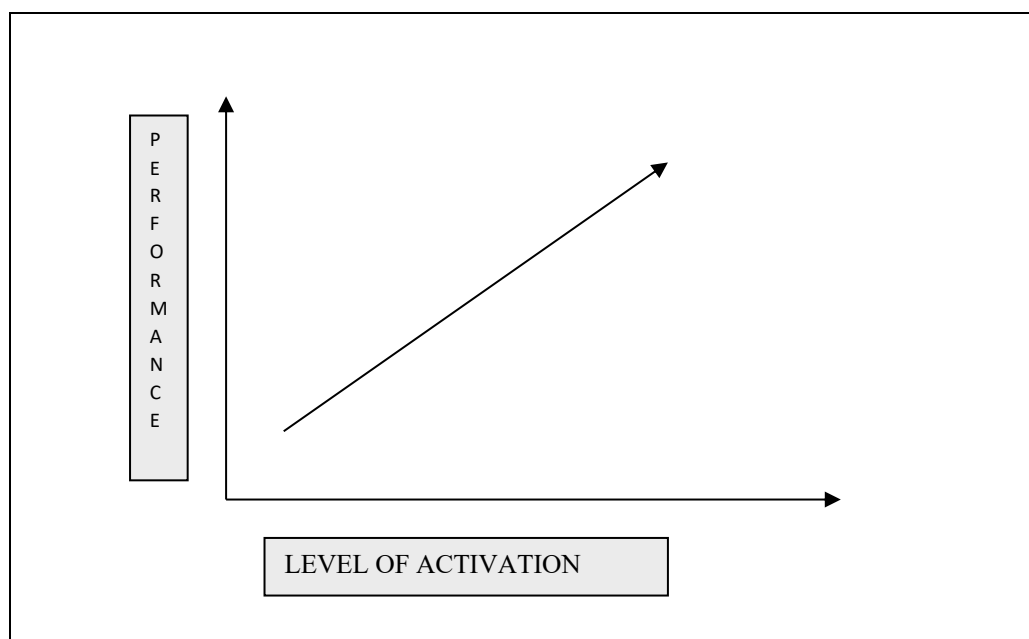
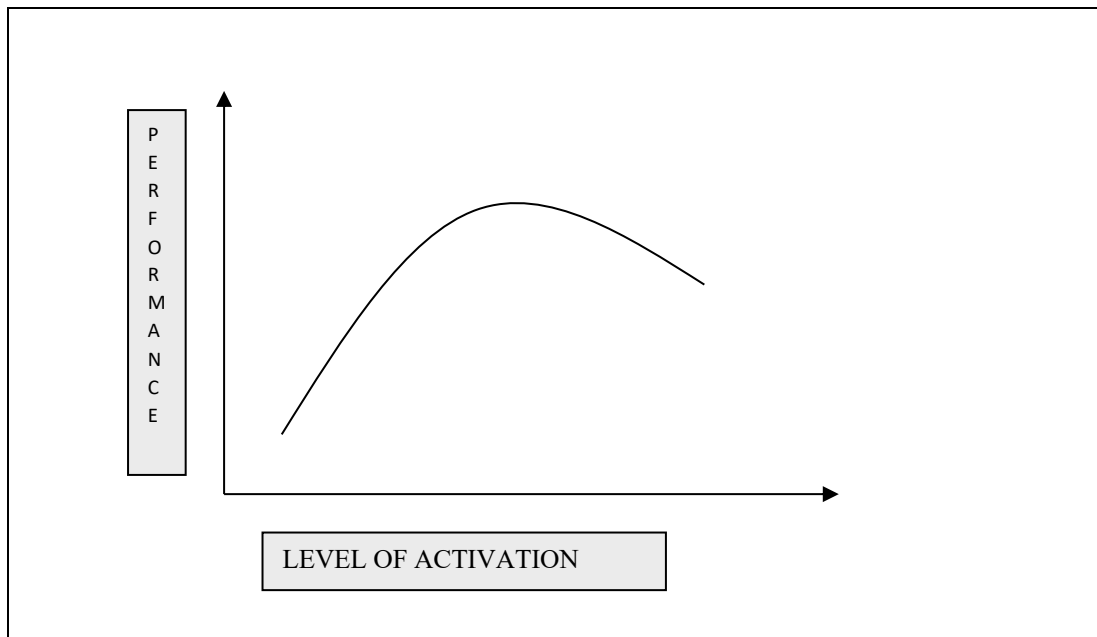


Figure 3.5

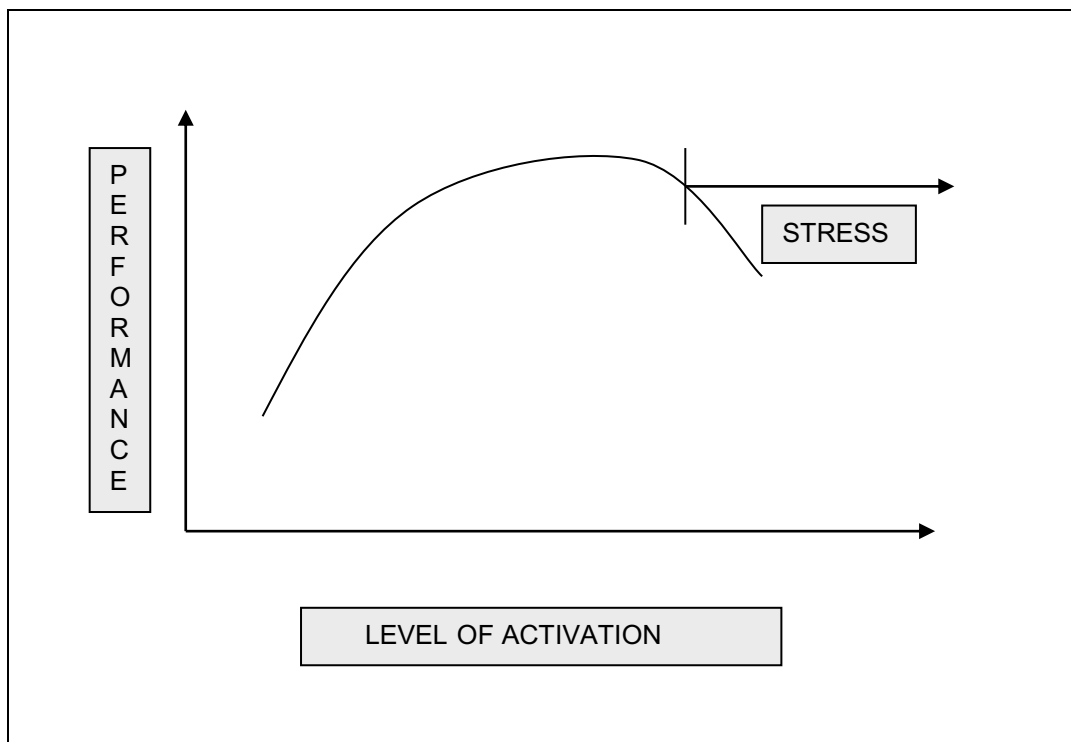
Although the performance of individuals does improve and they become more alert, there comes a point when such increments no longer augment performance. In the field of economics too, it is known as the ‘optimum point’ and after this point, one experiences diminishing returns. Likewise, in this model, Lyall (1989) postulates that there comes a decisive moment (as the curve begins to plateau) and the relationship between the performance/activation conforms to an inverted “U” configuration. Figure 3.6 shows this relationship between the performance and level of activation when such increments no longer augment performance.



**Figure 3.6**

However, since individuals are programmed to try even harder, their anxieties begin to rise, and it is at this point that the subjective stress begins. According to Lyall (1989), it is up to the apex of the plateau that Selye (1979) refers to as ‘eustress’, during which there may be no deleterious effects. However, the concept of ‘eustress’ can be dangerous since

it can be so easily misunderstood as to suggest that stress is good for people. Once decompensation steps in and individuals begin to stay 'over activated', it is decidedly unhealthy (see Figure 3.7). Others often rationalise stress as not being so bad; even come to be proud of their ability to endure it. This, according to Lyall (1989), is the attitudinal trap that we concoct for ourselves and often espouse to others.



**Figure 3.7**



It is beyond this point that individuals become 'burnt out' and it is in such a setting that burnout becomes common. Learning to slow the pace and reduce some of the load are difficult things to learn. This is because excessive admiration is afforded those who work excessively long days, neglect personal relationships, and sacrifice their health. It is therefore crucial that individuals train themselves not to increase their pace once symptoms of stress begin to show, but rather, to take decisive and immediate steps to do less so that they quickly move back to the healthy side of the curve.

It is, according to Lyall (1989), an attitudinal problem that exists among the helping professions like education and nursing, that one needs to carry on regardless, otherwise people will go untreated or even die. This notion of making oneself indispensable is a myth and a serious misconception. This sort of behaviour and attitude needs to be corrected and a reasonable equilibrium maintained in order to preserve good health and effective care. It is apparently worse in the healthcare system and the stakes are much higher by putting the patients and the healthcare workers at risk by trying to accomplish too much (Hall, et al., 2016). The attitude by management appears to be that front-line healthcare workers are expected to undertake their duty of care irrespective of the overwhelming health risks and added stress even in more recent times during the COVID-19 pandemic (Shaukat et al., 2020). Likewise, Lyall (1989) postulates that it is in such healthcare settings where burnout is becoming common, and staff and patients are equally vulnerable in terms of their personal well-being, health, and safety.

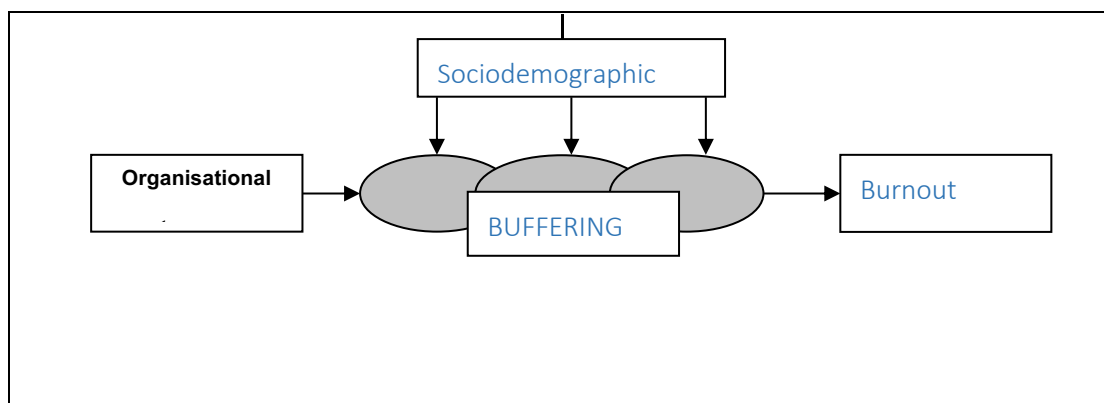
For the purposes of this study, everyone needs to learn how to be unashamed about acknowledging that they have become stressed, and we need to raise our self-awareness to alter the stressful pace of life and remain at a good, functioning level for the sake of

ourselves and our students. The ‘fault’ may lie with us, but so does the solution, and learning to alter the pace is the key to burnout in nursing academia.

### 3.14 Model Six - Duquette, Ke’rouac, Sandhu and Beaudet’s Model (1994)

In a study by Duquette et al. (1994), the authors reviewed the existing empirical knowledge regarding factors related to burnout in nursing and proposed a framework after examining 300 pertinent documents. This is equally applicable to other disciplines and professions like nurse education. Their work encompassed the three groups of variables responsible for the phenomenon of burnout, namely, *organisational* stressors, *sociodemographic* factors, and *buffering* factors. This fifth model set out in Figure 6 looks at the factors related to burnout and illustrates the framework involving burnout.

**Model 6 – Duquette, A., Kérowc, S., Sandhu, B. K., & Beaudet, L. (1994).**



**Figure 3.8**

Among organisational stressors, role ambiguity and workload were identified as correlates, while studies on sociodemographic factors showed that, apart from age, the gender, civil status, number of children, employment title, and education did not play a great role in producing burnout. The younger nurse academics were more susceptible. In

terms of buffering factors, hardiness, social support, and coping strategies were identified as correlates of burnout (Duquette et al., 1994).

### 3.15 Model Seven - the Job-Demands Resources Conceptual Model (JD-R model)

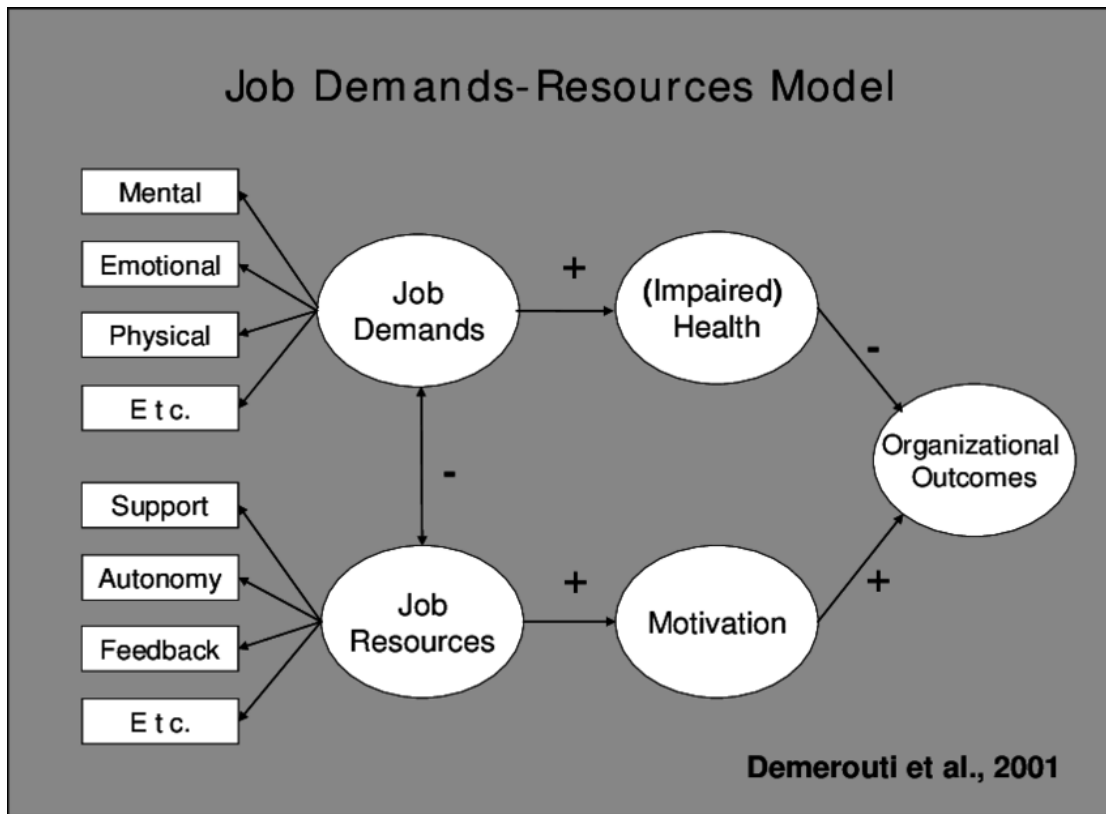
Demerouti, Bakker, Nachreinder and Schaufeli's, 2001

According to the JD-R model (Demerouti et al., 2001), irrespective of the occupation, job characteristics fall within two broad categories: job-demands and job-resources. Job-demands refers to different aspects of the job that require sustained physical or mental effort that are therefore associated with physiological and/or psychological costs (Demerouti et al., 2001). For the purpose of this study, examples of such job-demands for Nurse Academics include impending work overload, pressure to publish, undertaking research activities, increased teaching loads and trying to maintain a work life balance (Gardner, 2014; Kizilci et al., 2012; McAllister et al., 2010; Roughton et al., 2010; Wilson et al., 2013). Job-resources refers to all positive aspects of the job that supports individual's in performing their job. For example, clear job roles, collegiality, and good managerial and social support.

Based on the premises of conservation of resources theory (COR), (Hobfoll, 1989; Hobfoll & Freedy, 1993), the JD-R model proposes that job-resources are beneficial because they help employees deal with threatening or negative conditions in the work environment (e.g., impending job-demands). But job-resources also facilitate task accomplishment and contribute to employees' development (Hobfoll, 2002; Schaufeli & Bakker, 2004). As such, they are valuable given that they result in the gain of other resources (e.g., personal resources such as self-efficacy and optimism (Hobfoll, 2002; Xanthopoulou et al., 2007).

The JD-R model posits the existence of two separate processes in order to explain how job characteristics lead to burnout and work engagement. On the one hand, for example, for the participants of our study, Nurse Academics; job-demands mentioned within the literature, drain employees' psychological and physical energy, consequently contributing to burnout. When faced with excessive demands, employees' resort to compensatory strategies, i.e., deploy additional effort and energy (Hockey, 1997), in order to maintain an adequate level of job performance. However, these strategies become ineffective in the long run, depleting employees' reserves of energy and eventually leading to exhaustion and burnout. On the other hand, in the motivational process, job-resources are meant to foster motivation and engagement by aiding employees to achieve work goals and promoting employees' growth and learning (Demerouti et al., 2001).

At the heart of the JD-R conceptual model lies the assumption that, where every occupation may have its own causes of employee well-being, these factors can be classified into two general categories, namely, job-demands and job-resources. Thus, this model constitutes an overarching model that may be applied to various occupational settings, like Nurse Academics, irrespective of the demands and resources involved. It is therefore a flexible conceptual framework, which readily applies to the demands placed upon the participants of this study. As discussed, the current version of the JD-R theoretical model (Demerouti et al., 2001) proposes two opposing ends of the job spectrum. It proposes that high job-demands lead to strain and health impairment (the health impairment process), and that high resources lead to increased motivation and higher productivity (the motivational process – see Figure 7 below), (Schaufeli & Taris, 2013), which is typical of the type of work undertaken by Nurse Academics.



**The Job Demands- Resources Conceptual Model (Demerouti et al., 2001)**

**Figure 3.9**

Perception of stress is also a contributing factor (Lazarus, 1966). If you perceive you do not have the right resources to cope with your workload, or if you perceive it to be more than you can cope with, you are much more likely to succumb to stress-related disorders leading to burnout (Demerouti et al., 2001). This job demands-control conceptual model was recently further expanded and developed by Demerouti et al., (2001), and is based upon the general stress theories of Lazarus & Folkman, (1984) and the job-demands

control model (Karasek Jr, 1979). The central assumption of the JD-R model is that job strain develops, irrespective of the type of job when job-demands are high, and job-resources are limited. It focuses upon and distinguishes between two categories of working conditions relevant to the experience of occupational stress and the development of strain among any job-demands and job-resources. Thus, the Job-Demands Resource Model is construed upon as being more comprehensive than earlier models presented in the literature (Lazarus & Folkman, 1984; Karasek, 1979). It predicts that long-term exposure to job demands leads to feelings of exhaustion, but not necessarily to disengagement (Demerouti et al., 2000). However, a lack of job-resources could lead to disengagement and exhaustion.

### 3.16 Conceptual Framework/Model for this study

In order to complement and expand upon the Job-Demands Resource Model (J-D Model), (Demerouti et al., 2001), utilised for this study, a multidimensional conceptual model (as shown in Figure 3.10), attempts to explain the key concepts that underpin the notion of stress and burnout experienced by Nurse Academics. This conceptual framework is influenced by the findings from the literature, including the eight theoretical frameworks discussed earlier. This conceptual framework identifies three major factors: personal, occupational, social, and external, in an individual's life that is responsible for causing stress. As discussed earlier in the chapter, the data of this research study on burnout was collected by using the Maslach Burnout Inventory MBI (Maslach & Jackson, 1996). The burnout theory, as explained by Maslach & Jackson (1986), is incorporated as part of this conceptual framework, and is therefore important, as it relied in obtaining research results using this measure and resonates well for the purposes of this study. How Nurse Academics react to their demanding occupational, personal, and social stressors will

determine their negative accompanying consequences. The findings in the literature mentioned earlier indicate some of the common identified variables and antecedents responsible for occupational stress and burnout for Nurse Academics (Kizilci et al., 2012; Shirey, 2006; Yildrim & Cam, 2012). The three interrelated and interconnected stress factors related to job, personal and social life (see Figure 3.8), play a pivotal role in the eventual well-being of the person. It is recognised that many Nurse Academics experience occupational stress, which in turn affects their personal and social life balances (Gardner 2014; Kizilci et al., 2012; Yildrim & Cam, 2012). For those who display a high level of stress, they would eventually experience 'burnout' as a syndrome characterised by emotional exhaustion, depersonalisation, and lack of personal accomplishment (Maslach & Jackson, 1984).

However, despite experiencing these characteristics of occupational stress and burnout, some Nurse Academics only experience low levels of stress and burnout. If the individual has positive coping skills in relation to the three factors associated with stress and burnout, then the outcome is positive. If the individual has poor coping and management skills with their impending stress and burnout characteristics, then the eventual consequences lead to burnout.

In this conceptual framework, both the positive and negative experiences of stress can be equally taxing cognitively, affectively, physically, and are cumulative in nature, depending on a person's way of adapting to the stressors. If the person has positive coping skills (for example personal resilience) then no burnout is experienced. If the individual has poor coping and or managing skills to overcome the characteristics of job stress and burnout then the person experiences burnout (as shown in Figure 3.10 ).

### Multidimensional Conceptual Model of Burnout based upon the JDR Model

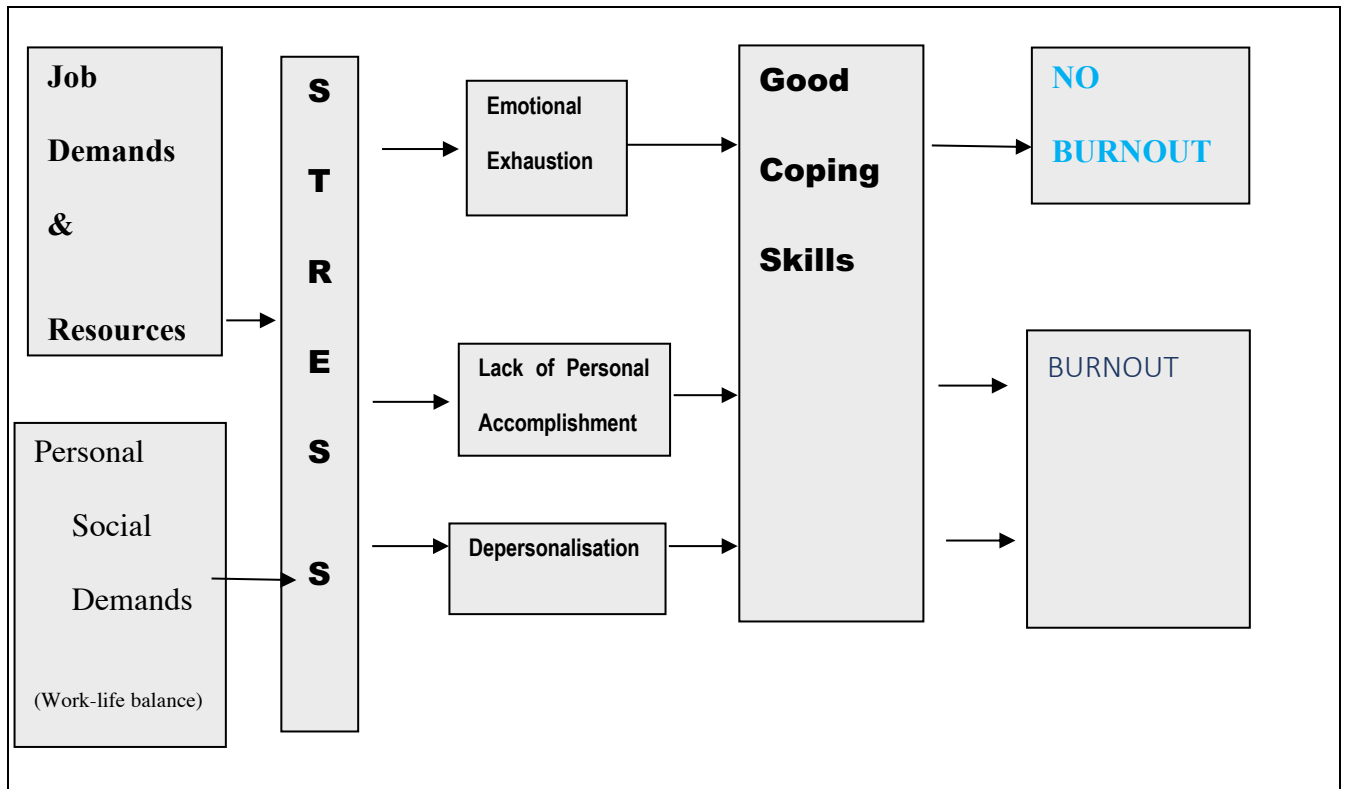


Figure 3.10

In this conceptual model, the assumption is that most participants of this study will at some point in their job experience stress from any of the three major factors mentioned, personal, occupational, and social. The way in which the individual copes cognitively, affectively, and behaviourally will determine the outcome of the experience. The key concepts and interrelationships within this multidimensional transactional model incorporated the Job-Demands Resource Model (J-D Model), (Demerouti et al 2001) and the important aspect of the burnout process as explained by Maslach & Jackson (1984) and reflects their related theory of burnout. For example, if an employee is experiencing a high amount of pressure at work to get a project done in a short amount of time, this could turn into a stressor for the employee in trying to meet the deadline. If a co-worker



were to come and offer his or her knowledge on this project, this will help the other co-worker get it done on time. In addition, help the co-worker to be less emotionally strained since there will be a decreased level of stress (Bakker & Demerouti, 2006). It has been reported that employees that work within an organization that fosters co-worker support and has high levels of support are able to cope with stress more effectively (Kaul & Lakey, 2003). Co-worker support has been found to be an effective source of support especially when the subject is emotionally exhausted which can consequently affect work stress (Albar-Marin & Garcia-Ramirez, 2005).

### 3.17 Conclusion

Several theoretical frameworks were discussed in this chapter, including the most influential Job-Demands Resource Model. Regardless of the debate surrounding the various theoretical and conceptual models of stress and burnout, it is well accepted that one of the major reasons why so many Nurse Academics leave the profession is due to stress and burnout. There remains a lack of understanding of the meaning that situations and events have for people (Kipping, 2000) and, if personal experiences of stress and burnout are to be better understood, more studies that examine broader perspectives need to be undertaken. Burnout is a specific response to prolonged exposure related to occupational stressors and, for this reason, it is often studied within the conceptual frameworks of stress research.

From these models, the degrees, types and stages clearly illustrate where individuals may find themselves on the stress and burnout continuum. It can be safely assumed that burned out employees tend to be detached from their work, depressed, negative, apathetic, unresponsive, angry and irritable and may begin to treat their colleagues and students in

a detached mechanical fashion, which in turn reduces the quality of their work and service rendered in a given environment (Demerouti et al., 2001).

### 3.18 Chapter summary

This chapter was a first-time effort to use related burnout theories and the proposed multidimensional conceptual framework to analyse the experiences of Nurse Academics within Australia. The theoretical frameworks discussed, and conceptual models illustrated, explain how the theory can be utilised to better understand the nuances of Nurse Academics that may be precursors to burnout and possible exodus from the profession. Chapter four examines the Research Methodology related to this study

## CHAPTER FOUR - METHODOLOGY/METHODS

### 4.1 Introduction

This chapter outlines the methods and methodology used for this two-phased study. Since the focus of this study was to explore and examine the prevalence and experience of the phenomena of burnout among Nurse Academics within Australia, a mixed methods approach—which combines the strengths of both the quantitative and qualitative research approaches (Creswell, 2009)—was chosen to guide data collection and analysis. The mixed methods sequential explanatory design approach was considered as the most appropriate method to address the aims and research questions, and the design chosen for this study comprised two separate phases: quantitative followed by qualitative. Equal emphasis was placed on both phases. (Creswell & Plano-Clark, 2007; 2011).

### 4.2 Research Areas/Questions

The focus of this study was to explore and have a greater understanding of the complex phenomena of burnout. That is, what are the mitigating factors and personal experiences of burnout among Nurse Academics within Australia?

Five research questions were posed and are discussed individually. The first research question:

- (1) Do Australian Nurse Academics experience burnout?

Drawing upon the wider literature on occupational stress and burnout, there is a consensus about the relationship between job satisfaction and burnout. This includes situational and interpersonal factors. Among the situational factors are demographic variables such as age, marital status and education. Some research has confirmed the role of social support

among peer workers and the important role of family and friends in reducing staff vulnerability to burnout. However, few researchers to date have been able to give a full account of the extent of burnout involved because of the complexity of the nature of burnout. Several models portray the development of burnout in degrees, types or stages, but an overall conception of correlates of burnout using the Maslach Burnout Inventory (MBI) among Nurse Academics is sparse. In view of this, the second research question formulated is as follows:

(2) To what extent do Australian Nurse Academics experience burnout?

It has been noted, in the literature review, that no specific research studies have addressed the problem of burnout among Nurse Academics in Australia. The usual focus has been limited to academics and administrative staff who work within the university environment. Hence, the third research question, concerning the background variables, is as follows:

(3) What are the background variables/mitigating factors in relation to burnout among Australian Nurse Academics?

While research question three might be considered part of research question two, it is deemed sufficiently important to be a question in its own right and to form an important aspect of the data analysis. The first three research questions focus upon the quantitative phase of the research study (first phase of this study). In order to understand the notion of burnout in greater depth, it was necessary to interview some of the participants to collect qualitative data and analyse the narrative data to explain, or elaborate on, the numeric results obtained in the first phase. The qualitative phase (second phase of this study) builds on the quantitative phase and the two phases join to explain the research questions.

The rationale for this approach is that the quantitative data and their subsequent analysis provide a general understanding of the research problem. The qualitative data and their analysis refine and explain those statistical results by exploring participants' views in more depth (Creswell & Plano-Clark, 2007; 2011). In view of this rationale, the fourth and fifth research questions were posed as follows:

(4) What are the experiences and perceptions of stressors and burnout unique to Australian Nurse Academics? And,

(5) How does burnout among Australian Nurse Academics relate to job satisfaction?

#### 4.3 Mixed Methods Research

A number of definitions of mixed methods have been proposed within the literature. Johnson, Onwuegbuzie, & Turner, (2007, pp. 20) define it as, "mixed methods research is the class of research where the researcher mixes or combines quantitative and qualitative research techniques, methods, approaches, concepts or language into a single study or a set of related studies". It is the type of research in which a researcher or a team of researchers combines elements of quantitative and qualitative approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, and inference techniques) for the purpose of breadth and depth of understanding and corroboration. A more comprehensive definition is provided by Creswell & Plano-Clark, (2007) who define mixed methods as follows: mixed methods research is a research design with philosophical assumptions as well as methods of inquiry. Mixed methods allow for the collection, analysis, and integration of two forms of data to give a more complete analysis of a single topic (Creswell & Plano-Clark, 2011; Teddlie & Tashakkori, 2009).

#### 4.4 Mixed Methods as a Methodology

As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative data in a single study or series of studies. As a methodology, it involves philosophical assumptions that guide the direction of the collection and analysis of data and the mixture of qualitative and quantitative data in a single study or series of studies (Creswell & Plano Clark, 2007). Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone (Creswell & Plano-Clark 2007). However, Johnson et al. (2007) suggest that the definition of mixed methods research will change over time as this research approach continues to grow.

The two approaches are compatible and can complement each other well. A qualitative approach might be used in the first stage of a study when little is known about the subject. Later, when quantitative methods are added, the preceding qualitative findings can help interpret the quantitative data. Likewise, the opposite might be required: a study can start with a quantitative survey/analysis (as in this study), followed by a qualitative part that helps to go deeper and extract meaning from whatever is being examined (Rucker, 2018). For the purposes of this study, as mentioned earlier, the mixed methods sequential explanatory design was chosen for this study and it comprised two separate phases: (Phase one) quantitative, followed by (Phase two) qualitative (Creswell & Plano-Clark, 2007; 2011).

## 4.5 Types of Mixed Methods

Mixed methods research is viewed as the third methodological movement and, as an approach, it has much to offer health and social-science research (Doyle, Brady, & Byrne, 2009). There are four major types of mixed methods designs including the Convergent or Triangulation Design, the Embedded Design, the Explanatory Design, and the Exploratory Design (Creswell & Plano-Clark, 2007, 2011). The origins of mixed methods research date back over to more than a few decades and are well documented (Campbell & Fiske, 1959). As two different approaches are blended together (Bazeley, 2009), mixed methods has been referred to by a number of differing terms including; multi-methods, convergence, integrated, combined, quantitative and qualitative methods, hybrid and methodological triangulation (Creswell, 2009; Creswell & Plano-Clark, 2011; Morse & Field, 1995). Merging two forms of data allows descriptive data to be combined with scientific data, especially when statistical significance could not be established (Cronbach, 1975). By utilising the strengths and counteracting weaknesses of both approaches, and by neutralising any inherent bias in either approach (Creswell, 2009; Fetters, Curry, & Creswell, 2013), mixed methods research expands and enhances the flexibility of research designs (Sandelowski, 2014). Mixed methods research is used when either quantitative or qualitative on their own cannot answer the research aim, when both methods could be used simultaneously or sequentially, or when the research problem is complex in nature (Creswell & Plano-Clark, 2011; Tashakkori & Teddlie, 1998).

Mixed methods contextualises findings, and in this research, it allowed for a more in-depth meaning to them, as data collected in key informant interviews added context to the findings of the quantitative data (Morgan, 2007). There are three main designs: convergent, explanatory, and exploratory.

- In a *convergent design*, qualitative and quantitative data are collected in parallel, analysed separately and then merged. The aim is to ensure that the qualitative and quantitative data converge in a meaningful way.
- *Explanatory design* starts with quantitative data collection and analysis. On obtaining the quantitative results, the process of qualitative data collection and analysis then takes place. Qualitative data are used to help to explain quantitative results (as undertaken in this study).
- In contrast, *exploratory design* begins with the qualitative phase, followed by quantitative data collection and analysis. In the exploratory design, the idea is to see if the quantitative data can help generalise the qualitative findings (Rucker, 2018).

Mixed methods research is, generally speaking, an approach to enhance knowledge that attempts to consider multiple perspectives and viewpoints of qualitative and quantitative research (Johnson et al., 2007).

#### 4.6 Philosophical worldview/assumptions

People often have and hold a ‘world view’ and philosophy of life, about the way they conduct themselves in relation to their personal, professional and social interactions. An individual’s perception of the world and knowledge are influenced by their unique personal experiences which often includes their outlook on life, faith, religious and spiritual belief systems, embedded within their individual upbringing and cultural context. Nevertheless, much of this knowledge is often created and shared from social experiences (Kaushik & Walsh, 2019). Likewise, in research, based upon the personal



philosophy of life and ‘world view’ of the researcher, there are philosophical assumptions that guide the researcher to undertake research in pursuit of new knowledge.

Research philosophy is an over-arching term relating to the development of knowledge and the nature of that knowledge. A research philosophy is a belief describing the way in which data about a phenomenon should be gathered, analysed, and used (Bajpai, 2011). The philosophical ‘world view’ is “a basic set of beliefs that guide action” (Guba, 1990, p. 17). ‘Worldview’, as a synonym for paradigm (Creswell & Clark, 2011; Lincoln, Lynham., & Guba, 2011; Patton, 2002; Rossman & Rallis, 2003), is described as “a way of thinking about and making sense of the complexities of the real world” (Patton, 2002, p.69). Guba and Lincoln (1994, 2005), who are leaders in the field, define a paradigm or worldview as a basic set of beliefs that guides research, action or an investigation. In explaining the meaning of research, philosophers Kivunja & Kuyini (2017), suggest that other writers have called them paradigms (Lincoln & Guba, 2013; Mertens, 2007); epistemologies and ontologies (Crotty, 1998), or broadly conceived research methodologies (Neuman, 2000). American philosopher Kuhn (1962) first used the word paradigm to mean a philosophical way of thinking (Kivunja & Kuyini, 2017). Morgan (2007) describes a paradigm as the set of practices and shared beliefs that guide the field of inquiry. One could therefore be of the opinion and assumption that paradigm is a world view that is defined by distinct elements including epistemology (how we know what we know), ontology (nature of reality), axiology (values) and methodology (the process of research) (Hanson et al., 2005). The term ‘epistemology’ (what is known to be true) as opposed to ‘doxology’ (what is believed to be true) encompasses the various philosophies of research approach (Hansen et al., 2005). A paradigm constitutes the abstract beliefs and principles that shape how a researcher sees the world, and how the researcher

interprets and acts within that world (Kivunja & Kuyini, 2017). It is the conceptual lens through which a researcher looks at the world and examines the methodological aspects of their research project to determine the research methods that will be used and how the data will be analysed (Kivunja & Kuyini, 2017). The paradigm defines a researcher's philosophical orientation including choice of methods and methodology. The paradigm informs us how, based upon our personal experiences, meaning will be constructed from the data gathered (Kivunja & Kuyini, 2017). In educational research, the term 'paradigm' is used to describe a researcher's 'worldview' (Mackenzie & Knipe, 2006).

#### 4.7 Definition of paradigm

There are many definitions of the term paradigm, and two that serve well for this study are offered here. "A paradigm is a way of looking at the world. It is composed of certain philosophical assumptions that guide and direct thinking and action" (Mertens, 2005, p. 7). Denzin and Lincoln (2008, p. 22) describe paradigm as follows, "the net that contains the researcher's epistemological, ontological, and methodological premises may be termed a paradigm ... all research is interpretive; it is guided by the researcher's set of beliefs and feelings about the world and how it should be understood and studied".

#### 4.8 Philosophical approach for this study - Pragmatism

Many paradigms have been proposed by researchers, but Candy (1989), one of the leaders in the field, suggests that they all can be grouped into three main taxonomies, namely, positivist, interpretivist, or critical paradigms. However, other researchers such as Tashakkori and Teddlie (2003) propose a fourth that borrows elements from these three and is known as the 'pragmatic paradigm'. In relation to the philosophical assumptions, the four main paradigms of research of different worldviews include post positivism,

constructivism, advocacy/participatory, and pragmatism (Morgan, 2007). Several authors (Maxcy, 2003; Teddlie & Tashakorri; 2003) propose pragmatism as the best paradigm for justifying mixed methods research and it supports the use of both qualitative and quantitative methods in the same study, whilst rejecting the incompatibility stance. Scholars maintain that pragmatism provides philosophical foundation for social science research in general, and, mixed methods research (Morgan, 2007, Morgan, 2014). A pragmatic philosophical paradigm and stance valuing both objective (quantitative data) and subjective knowledge (qualitative data) (Morgan, 2014), giving primacy to the importance of the research problem and the research questions, are appropriate for the purposes of this study. The pragmatic paradigm argues that the outcomes and consequences are more vital than the process, recognising that quantitative and qualitative research methods can be utilised together to minimise the weakness of each method and optimise the strength of each other, thus, providing the best opportunity of answering the research questions, as in the case of this mixed method study (Johnson et al 2007, Morgan, 2007, Morgan, 2014). Johnson et al., (2007) argue that mixed methods may in fact be the paradigm capable of bridging the gap between quantitative and qualitative methods. The pragmatic perspective draws on employing ‘what works’, using diverse approaches (Morgan, 2007) and, on the use of multiple methods of data collection, to inform the research problems under study (Creswell & Plano-Clark, 2011).

However, a great deal of debate still continues about the epistemology that underpins mixed methods research. Debates around the issues of knowledge of and for social work and other social-justice oriented professions, are not uncommon (Morgan, 2007). Pragmatism as a research paradigm finds its philosophical foundation in the historical contributions of the philosophy of pragmatism (Maxcy, 2003) and, as such, embraces

plurality of methods. Making significant contributions to pragmatism, John Dewey (2008) presented “a social, contextualized interdisciplinary view of human science” (Teddlie & Tashakkori, 2009, p. 64). His philosophical stance was based on the principle of naturalism, an active process whereby humans and the environment interact (Bernstein, 1959). When researching and investigating the natural world, the focus on interpersonal relationships, correlations, personal interactions and networks, including dependency, are paramount to consider (Godfrey-Smith, 2002). This is an important aspect in relation to this research, as Nurse Academics work within a complex higher educational system which is influenced, among other things, by the networks and relationships developed with colleagues, staff, and students. Likewise, Dewey’s (2008) theory of social inquiry has also been analysed within the methodological contexts of pragmatism (Dillon et al., 2000). Dewey (2008) suggests that a pragmatist would carefully identify and define genuine problems within a given social context followed by inquiry to address them, based upon his underlying philosophy that inquiries are both interrogations of theory and practice and are evaluative. Dewey (2008) recommends that once the problem is identified and the dimensions are clearly defined, the researcher should investigate the problem from various perspectives (mixed methods in this study), depending on the purpose or objective of the inquiry (Dillon et al., 2000).

Dewey’s elaboration of social inquiry focuses on the institution of problems, the determination of facts and the formation of conceptual matter for judgment (Dewey, 2008, pp. 492–9). There is consensus and support by other writers (Posner, 1999 & Leiter, 2007) that while there may not be a single method common to all inquiries, there is, a general logic of experience that once applied to social inquiry, provides for intelligent methods for moral and political issues (Sorell, 2013). If this is correct, then pragmatism

indeed provides the vital resource for social amelioration that Dewey (2008) had propagated (Sorell, 2013). This pragmatic approach and theory of social inquiry as propagated by Dewey (2008) justifies the mixed methods approach used for the purposes of this study.

Another important consideration is the aspect of pragmatism that is a part of a researcher's worldview and, therefore, can influence the way researchers conduct their project. Kuhn's (1962, 1970) concept of paradigms is a set of shared beliefs among a research community to elaborate and focus on what counts as the most important research questions and the most appropriate research methodology (Morgan, 2007). This is significant, as not all research questions are fundamentally important, nor are the methodologies automatically appropriate. Ultimately, it is the researcher who makes the choices and decides which question is important and what methodology is appropriate, and those choices are certainly influenced by the aspects of socio-political location of the researcher, personal history, and individual belief system (Morgan, 2007). Finally, pragmatism is a paradigm that claims to bridge the gap between the scientific method and structuralist orientation of older approaches and the naturalistic methods and orientation of newer approaches (Creswell, 2013; Creswell & Clark, 2011).

Today, the primary philosophy of mixed methods research is that of pragmatism (Johnson et al., 2007). By focusing on what works to answer the research question, rather than a paradigm, pragmatism advocates the use of mixed methods (Burke, Johnson, & Onwuegbuzie, 2004; Creswell & Plano-Clark, 2011; Teddlie & Tashakkori, 2009). Researchers often use abductive reasoning moving between induction and deduction through an iterative process to theorise emerging themes and reflect on conclusions. The

framework organised and proposed by Morgan (2007) shown below, assists and offers the researcher an understanding of the mixed methods framework.

**Table 4.1 Mixed-methods framework**

|                                  | <b>Quantitative approach</b> | <b>Qualitative approach</b> | <b>Pragmatic approach</b> |
|----------------------------------|------------------------------|-----------------------------|---------------------------|
| Connection of theory to data     | Deduction                    | Induction                   | Abduction                 |
| Relationship to research process | Objectivity                  | Subjectivity                | Inter-subjectivity        |
| Inference from data              | Generality                   | Context                     | Transferability           |

(Morgan, 2007)

As research cannot be so specific, according to Morgan (2007), researchers can be neither ‘completely objective’ nor ‘completely subjective’ and uses transferability for the practical application of knowledge (as shown in Table 4.1). Transferability allows for working back and forth between specific results and their general implications, considering whether knowledge gained from one setting can be applied to another setting. Both approaches use an intersubjective approach in mixed methods and recognises the importance of it in data analysis, thus enabling flexibility and movement between objectivity and subjectivity to help enhance and understand the shared meaning of the presenting research problems (Moran, 2007).

The distinction between deduction and induction is one of the prime differences between qualitative and quantitative research. Adopting a mixed methods design in this research

study, therefore, allowed for inter-subjectivity and transferability when collecting and analysing data. Inter-subjectivity was utilised during data analysis, as the researcher moved between the objective (quantitative) and subjective (qualitative) data, collected from the two phases to develop a mutual understanding of the experiences of Nurse Academics. Moving between the findings of each phase of the research during data analysis also ensured transferability, as knowledge was gained on the mitigating factors and personal experiences of Nurse Academics in relation to burnout. In this research study, the researcher used abduction by moving between the results from the deductive (quantitative) aspect of the survey findings to participant interviews (qualitative), to serve as input to the inductive (Morgan, 2007).

#### 4.9 Ethical Considerations

This section presents the overarching ethical considerations relevant to the research. This is followed by a discussion on the ethical considerations specific to each phase of the study. This study was conducted in accordance with the ethical approval granted by Monash University HREC (MUHREC) in March 2014. (Project Number: CF14/901–2014000364) (Appendix 2), to undertake both Phases of this study. The values and principles of autonomy, privacy, confidentiality, beneficence, and justice applied to this research and participant sensitivity were minimised by careful consideration of ethical principles related to the study.

#### 4.10 Principles of Ethical Considerations

Ethical Considerations can be specified as one of the most important parts of the research. The identified ethical principles include: respect for participants, informed consent, specific permission required for audio or video recording, voluntary participation and no

coercion, participant right to withdraw, full disclosure of funding sources, no harm to participants, avoidance of undue intrusion, no use of deception. (Vanclay., Baines., & Taylor, 2013) The presumption and preservation of anonymity, participant right to check and modify a transcript, confidentiality of personal matters, data protection, enabling participation, ethical governance, provision of grievance procedures, appropriateness of research methodology, and full reporting of methods needs to be considered as well. (Vanclay et al., 2013). For the purposes of this study, the values and principles of autonomy, privacy, confidentiality, beneficence, and justice applied to this research.

#### 4.11 Autonomy

Autonomy is allowing people to give informed consent to be part of the research. The principle of informed consent involves researchers providing sufficient information and assurances about taking part to allow individuals to understand the implications of participation and to reach a fully informed, considered and freely given decision about whether or not to do so, without the exercise of any pressure or coercion (Saunders, Lewis, & Thornhill, 2012).

The invitation and use of an explanatory statement (see Appendix 1) and obtaining consent for each of the two phases of this study ensured that autonomy and individual responsibility was maintained. For Phase one of the study, completion of the online survey was construed as consent to participate and for Phase two, all participants had to fill a consent form prior to the interview (as shown in Appendix 3). Autonomy and individual responsibility ensured participants were able to independently make informed decisions, free of coercion, and based on their personal beliefs and values (Schneider et al., 2014). The participant explanatory statement outlined the research aims and purpose,



potential risks and benefits of the research, and highlighted voluntary participation with options to withdraw free of any consequences, allowing for an informed decision about participation to be made (Schneider et al., 2014).

#### 4.12 Privacy and confidentiality

Participant privacy and confidentiality was considered (National Health and Medical Research Council, 2015), with all data collected de-identified, used to report findings, and anonymity protected in published works arising from the study. All participants were willing to contribute to this study without any coercion and their personal details redacted to protect their confidentiality and privacy. Demographic data were presented in aggregate form. Digital data of the 250 participants was stored on a password-protected computer in the locked office of the researcher, and any printed documents of the 19 transcripts were stored in a locked filing cabinet in a locked office to which only the researcher had access.

#### 4.13 Beneficence

The basic principle of beneficence is to minimise risks to participants and maximise benefits to participants and society. Beneficence states that the research must be something that will be helpful to people and the benefits of the research study must outweigh any risks of harm or discomfort/inconvenience to participants (National Health and Medical Research Council, 2015). The Ethics application made by the researcher was made under the “*Application for Ethical Approval of a Low-Risk Project Involving Humans*” when it was considered and approved by MUHREC. The two phases of the study were considered as being low/negligible risk for participants, and no harm was anticipated (National Health and Medical Research Council, 2015). There were no high-

risk, vulnerable or culturally diverse populations and participants involved in the research (National Health and Medical Research Council, 2015).

#### 4.14 Justice

Justice relates to being fair and treating all participants equally. Fairness when dealing with others and ensuring risks and benefits are clear to participants—referred to as justice—was considered in this research (Schneider et al., 2014). Justice was achieved by selecting participants who met the clear inclusion criteria (detailed below) and informing them of the research aims and their role through the use of the explanatory statement and contact numbers and email details made available, should any participant have required any clarification of the research (as shown in Appendix 1 ) (Schneider et al., 2014). Research findings, a benefit of the research, will be made available to participants on request and as soon as practicable (National Health and Medical Research Council, 2007).

#### 4.15 Participants – inclusion criteria

To investigate these research questions, three main characteristics were included, and the participants were required to meet the following inclusion criteria to be eligible for this study:

- (a) Be employed as either Part Time / Full Time (minimum at 0.5 EFT level of Employment)
- (b) Work in any Australian universities, in either a rural or a metropolitan setting
- (c) Have at least one-year experience in any Australian university.

#### 4.16 Recruitment and Consent

First, a list of the 38 Australian universities offering Nursing & Midwifery courses were identified. Following that, members of the Council of Deans, Nursing & Midwifery, Australia, and New Zealand (CDNM), were contacted and informed about the study. The Deans and Heads of the nursing schools were then sent an email which provided more detailed information about the study, an invitation to participate in the body of the email and an explanatory statement (as shown in Appendix 1), to distribute to all their academic staff. All Nurse Academics employed on a continuing, fixed term or contract basis within Australia were eligible to participate in this study. The explanatory statement contained all the necessary information mandated by the ethical approval process and outlined the purpose and benefits of the research, and that participation was voluntary. Contact details of the research team and complaints officer(s) were also included. The email also contained a link to the anonymous online survey which was housed at <https://monashmnhs.qualtrics.com/SE/SID=SV>

Once data were entered into the Qualtrics survey platform, it was not possible for it to be retrieved. The first phase of the study (Quantitative phase) was undertaken by asking the participants to complete three online survey questionnaires, namely, the Maslach Burnout Inventory (M.B.I.), (as shown in Appendix 4) the short version of the Minnesota Job satisfaction survey (as shown in Appendix 5) and a demographic questionnaire (as shown in Appendix 6). By undertaking and completing the online survey, this implied their consent to participate in this study.

For the second phase of this study, all potential participants were also asked to indicate if they were interested in being interviewed to explore their experiences of academia.

Potential participants who wished to participate in the in-depth interview, signed a consent form (as shown in Appendix 3) and returned it to the student researcher via email. This process was mentioned within the explanatory statement.

#### 4.17 Participants – sample size and consent

Nurse Academics work in a variety of settings in rural and metropolitan areas of every state and territory of Australia. It was deemed important that the population be inclusive to those with at least one-year experience in order to ensure a degree of professional work experience within the university settings. All Nurse Academics within Australian states and territories were invited to participate in this study to represent a wider cross-section and to ensure that the sample was considered representative of the population framework outlined above. Based on the estimated number of Nurse Academics employed within Australian universities, calculation with a confidence level of 95% and a margin of error of 5%, showed that around 240 plus participants would be required (Creative Research Systems, 2003). There were (n=250) respondents to the survey from all states and territories of Australia. In accordance with the inclusion and exclusion criteria, 16 responses were eliminated from analysis for not having completed the survey correctly or failed to answer most of the questions. This resulted in 234 survey responses which were used for analysis purposes (Phase one of the study – Quantitative data collection by survey method). This number was deemed adequate to have enough power to draw conclusions from this study (Creative Research Systems, 2003). Participation in the first phase of the study via an online survey Qualtrics platform implied consent to participate.

Out of the 234 participants, nineteen (19) participants volunteered to be interviewed to collect the qualitative data (Phase two of the study). Selection for this sample was based upon a purposeful sample and numbers were determined by point of data saturation. No new information or insights emerged from reflection and re-reading the data; therefore, no further interviews were required. The point of data saturation is considered to have been achieved when no new or very little new data being generated (Padgett, 2012). As mentioned earlier, all 19 participants for the interview signed a consent form prior to participating in Phase two of the study (as shown in Appendix 3). All quantitative and qualitative data collected, and information gathered were coded and de-identified before analysis was undertaken. Details of the study were presented in the body of the Explanatory Statement (as shown in Appendix 1) and contained all information mandated by the ethical approval process (as shown in Appendix 2).

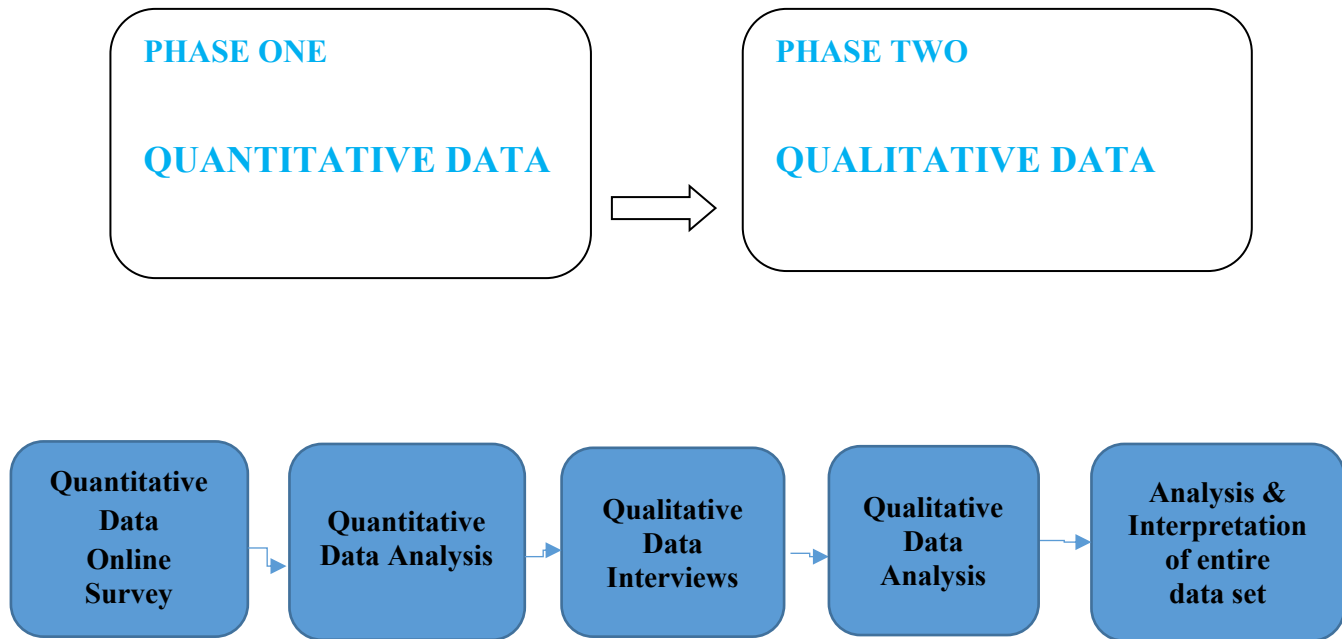
#### 4.18 Data Collection:

All data collected for the study were undertaken in two phases. In the first phase of the study, data was collected using a cross-sectional survey using the online Qualtrics platform (licensed through Monash University). For the purposes of Phase one of this study, two instruments and a demographic questionnaire were utilised. The two pre-determined instruments: (i) the Maslach Burnout Inventory (MBI-HSS) version (Maslach & Jackson 1981) was used to measure the risk of burnout and the short version of the (ii) Minnesota Job Satisfaction Questionnaire (MSQ) (Weiss., Dawis., England., and Lofquist, (1967) was used to evaluate participants' level of satisfaction and how they felt about their present job and, (iii) a demographic questionnaire utilised to collect data including employment responsibilities, workplace stress, workload and questions about self-perceptions of resilience and workplace support. The demographic questions were

devised taking into consideration the findings in the literature review and in consultation with research experts. The two instruments; the MBI and the MSQ, had been extensively tested and accepted for their reliability and validity. A link was provided for all participants to click when undertaking the survey. This was explained in the explanatory statement (as shown in Appendix 1).

During Phase two, qualitative data were collected by individual in-depth interviews by the student researcher. During the second phase, the qualitative method helped to focus on the contexts and meaning of experiences of ‘occupational stress and burnout’ and how it impacted upon the lives of Nurse Academics. It helped emphasise the voices of participants through their narratives and quotes (Creswell, Klassen, Clark, & Smith, 2011). In view of this, the mixed methods sequential explanatory approach involved the intentional collection of both quantitative and qualitative data and it combined the strengths of both the methods to answer the research questions (Creswell, 2009; Creswell, Klassen, Clark, & Smith, 2011). Creswell and Plano-Clark (2007) have identified that within the nursing discipline, mixed methods research has been discussed and used extensively. Equal weighting was placed on the quantitative and qualitative data with data collected and analysed through Phase one data and Phase two data collection, and analysis followed by integration and interpretation of the whole data (Creswell, 2009). Figure 4.1 below depicts the study design.

**Figure 4.1 Explanatory Sequential Design**



**Figure 4.1 Explanatory sequential design (Creswell, 2009)**

#### 4.19 Phase one

An online survey consisting of three instruments was used to collect data in Phase one. Surveys enable systematic collection of data on the same variables from large samples, providing a structured data set that enables direct comparison between respondents (de Vaus, 2014). The advantages to using web-based surveys are that they are easy to distribute, have faster response times, decreased costs to administer, are convenient to respondents and have reduced data entry errors (Jansen et al 2007, Roberts, 2007). Additionally, if skip logic is used, respondents are only asked relevant questions (de Vaus, 2014; Roberts, 2007), as was the case in this research. There is no evidence in the literature to justify an appropriate length of time a survey should be open to maximise the

response rate, although when planning for the data collection period, the researcher needs to consider factors such as seasonality and holidays (Schmidt, Wang, & Sonenstein, 2008).

For the purposes of this study, in this design, the researcher first collected and analysed the quantitative (numerical) data. During this phase, three questionnaires were used for the online survey data collection process, namely the Maslach Burnout Inventory MBI (as shown in Appendix 4), the Minnesota Job Satisfaction Survey - short version (as shown in Appendix 5,) and a demographic questionnaire (as shown in Appendix 6), specially designed for this research project.

#### 4.20 Phase one –instruments used

For the purposes of Phase one of this study, two instruments and a demographic questionnaire were utilised. The two pre-determined instruments: (i) the Maslach Burnout Inventory (MBI-HSS) version (Maslach & Jackson 1981) was used to measure the risk of burnout and the short version of the (ii) Minnesota Job Satisfaction Questionnaire (MSQ) (Weiss., Dawis., England., and Lofquist, (1967) was used to evaluate participants' level of satisfaction and how they felt about their present job and, (iii) a demographic questionnaire utilised to collect data including employment responsibilities, workplace stress, workload and questions about self-perceptions of resilience and workplace support. The demographic questions were devised taking into consideration the findings in the literature review and in consultation with research experts. The two instruments; the MBI and the MSQ, had been extensively tested and accepted for their reliability and validity.



The first instrument used for the purposes of this study called the Maslach Burnout Inventory (1986) (MBI), (as shown in Appendix 4), has 22 items designed to assess three aspects of the burnout syndrome. The reliability and validity of the MBI has been extensively accepted, and well received in relation to a range of occupations such as; police, clergy, nurses, teachers and counsellors (Bell, 2012; Bailey, 1985; Blix et al., 1994; Edwards & Miltenberger, 1991; Gillespie et al., 2001; Lavendero, 1981; Kizilci et al., 2012) and it continues to be used by researchers in the measurement of burnout. The reliability coefficients for each of the subscales of the MBI ranged from 0.71 to 0.90 obtained by Maslach and Jackson (1986), indicating that the MBI was a valid and reliable measure of burnout.

There are three subscales and components of burnout, namely:

- (1) The *Emotional Exhaustion subscale* assesses feelings of being emotionally overextended and exhausted by one's work.
- (2) The *Depersonalisation subscale* measures an unfeeling and impersonal response towards recipients of one's services.
- (3) The *Personal Accomplishment subscale* assesses feelings of competence and successful achievements in one's work.

The Maslach Burnout Inventory (MBI) has been recognised for more than a decade as the leading measure of burnout, incorporating the extensive research that has been conducted in the more than 25 years since its initial publication (Maslach et al., 1996). The literature review in the previous chapter highlighted numerous studies, particularly in the United States and United Kingdom and Australia, where the Maslach Burnout Inventory (MBI)

was utilised in order to tap both the frequency and intensity of burnout among different helping professional groups (Bell, 2012; Gillespie et al., 2001; Kizilci et al., 2012). It is perceived that almost all the researchers who used this instrument have accepted the validity and reliability of the three sub-scales (namely Emotional Exhaustion, Depersonalisation and Personal Accomplishment) of the MBI (Bryne & Bryne 1992, Enzmann, Schaufeli, Janssen, & Rozeman, 1998; Kalimo & Schuafeli, 2000; Torres, Areste, Mora, & Soler-Gonzalez, 2015; Walocha, Tomaszewski, Wilczek-Ruzyczka1, & Walocha, 2013; Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014). The reliability and validity of the MBI has been extensively utilised, and well received in relation to a range of occupations such as; police, clergy, nurses, teachers and counsellors (Bell, 2012; Bailey, 1985; Blix et al., 1994; Gillespie et al., 2001; Lavendero, 1981; Kizilci et al., 2012).

The MBI measures two dimensions of burnout, *frequency*, and *intensity*. These two dimensions are different, albeit related. Each of the three subscales has two dimensions and these are as follows: frequency (how often people have these feelings) and intensity (the intensity of these feelings). Theoretically, one dimension might be more important than the other. There is no clear evidence from previous studies as to which dimension might be more significant, and so it is a matter that deserves an empirical investigation (Maslach & Jackson, 1981).

Higher raw scores on the first four (i.e., Emotional Exhaustion and Depersonalisation subscales) and lower raw scores on the Personal Accomplishment suggest that the respondent may be experiencing some degree of burnout. The Personal Accomplishment subscale is independent of the other subscales and its component items do not load negatively on them. In view of this, it must be noted that, before computing aggregate

burnout frequency and intensity scores, it is necessary to reverse the scoring of items pertaining to Personal Accomplishment. In short, Personal Accomplishment cannot be assumed to be the opposite of Emotional Depersonalisation. Indeed, the correlations between the Personal Accomplishment subscale and the other subscales are quite low (Maslach & Jackson, 1981).

However, for the purposes of this study, overall scores of Emotional Exhaustion were computed to measure Burnout among Nurse Academics within Australia. This was based upon the findings of many researchers (Barnett et al., 1999; Kristensen et al., 2005; Shirom, 2005; Spurlock, 2008) including Maslach, Jackson, and Leiter (1996) who indicated clearly that emotional exhaustion is the core feature of burnout, and depersonalisation as the lack of personal achievement can be viewed as proximal consequences of exhaustion.

The *second instrument* used for this study called, The Minnesota Satisfaction Questionnaire (MSQ) short version, is designed to measure an employee's satisfaction with his or her job. The Minnesota Satisfaction Questionnaire was developed by the work adjustment project industrial relations centre at the University of Minnesota (Weiss et al., 1977). The Minnesota Satisfaction Questionnaire is gender neutral and can be administered to groups. The questionnaire uses a 5-point Likert scale to measure general job satisfaction, intrinsic job satisfaction, and extrinsic job satisfaction. The Minnesota Satisfaction Questionnaire (Weiss et al., 1977) is a self-administered measure of job satisfaction and has been utilised far more frequently than any other instrument in the last 30 years (Weiss et al., 1977). (The Minnesota Satisfaction Questionnaire yields 20 responses scored using a 5-point Likert scale: very satisfied (5-VS), satisfied (4-S), neither satisfied nor dissatisfied (3-N), dissatisfied (2-DS), and very dissatisfied (1-VDS).

The Minnesota Satisfaction Questionnaire short form takes approximately 10 minutes to complete.

Three forms are available: two long forms (1977 version and 1967 version) and a short form. The short form consists of 20 items from the long-form MSQ that best represent each of the 20 scales. The shortened version, The Minnesota Job Satisfaction Survey short version (20 itemed scale) was utilised for this study. Factor analysis of the 20 items resulted in two factors: Intrinsic and Extrinsic Satisfaction. Scores on these two factors, plus a General Satisfaction score, may be obtained. The Administration of this time (MSQ – shortened version used for this study), takes about 10-15 minutes. This short versioned Scale Format has 20 items and is scored on a 5-point Likert scale. Responses range from 1 (very satisfied) - 5 (very dissatisfied). It is easy to administer and it is a self-administered questionnaire. The scoring and interpretation are easy to undertake by adding up the sum of all item responses and it measures general job satisfaction. Sum items in subscales are undertaken to determine the intrinsic and extrinsic job satisfaction scores (10 items each).

Factors and Norms – Three scales that measure intrinsic, extrinsic, and general job satisfaction.

Test-retest Reliability – For General Satisfaction 0.89 over one-week and 0.70 over one year. No results for intrinsic or extrinsic sub-scales.

Internal Consistency – The alphas for intrinsic ranged from 0.84-0.91, median 0.86. For extrinsic satisfaction from 0.77-0.82, median 0.80. For general satisfaction 0.87-0.92, median 0.90.

Construct Validity – The MSQ has been shown through data from various occupational groups to differentiate job satisfaction at the 0.001 significance level on all scales.

Strengths – Useful in exploring client vocational needs, in counselling follow-up studies, and in generating information about the reinforcers in jobs. It has a good, demonstrated reliability and validity.

The third instrument, the Demographic Questionnaire, consisted of twenty-six (26) items, which examined variables such as age, gender, present work duration, past work history, number of years worked, and family support and relationships. The literature speculates on the relationship between burnout and some of the identified variables such as age, gender, personality traits, work setting, quantity and quality of workload, lack of control and feedback, lack of opportunity, lack of power, job involvement, and over commitment and over dedication to the job. In consultation with the supervisors, consequently, other variables such as time spent in meetings, number of years in the job, supervision of students, resilience, present job stress, type of work role, present responsibilities held, and workload, were included in the demographic questionnaire. By including all the identified variables, this study examined the relationships among these variables, including those identified in the literature, against burnout among Nurse Academics in Australia. The variables selected were operationally defined and are set out (as shown in Appendix 7).

Although it may seem self-evident that questionnaires should be simple and direct, it is sometimes more difficult to satisfy these criteria in practice. For this reason, several safeguards postulated by Sonquist & Dunkelberg (1977) and Babbie (1990), in the design of questionnaires, were taken into consideration:

- questions were clear, unambiguous, and easily answered,
- respondents were qualified to answer the questions (by virtue of experience and formal qualification),

- questions were clearly expressed in the language used by the respondents. (Research-type language was avoided as were jargon and technical terms),
- the topic of the survey was of interest to respondents and relevant to their needs,
- the questionnaire was presented in an attractive fashion,
- each questionnaire required no more than 15 minutes to complete,
- an accompanying letter clearly explained the relevance of the questionnaire,
- anonymity of response was emphasised to increase the rate of response.

#### 4.21 Data Analysis: Techniques

Researchers can use any combination of Qualitative and Quantitative data collection and analysis techniques in mixed methods. Bryman (2006) conducted a literature review of 232 articles in social science reporting mixed method studies. He concluded that the most common data collection techniques used in mixed methods research are as follows (in alphabetical order): document review, focus groups, individual interviews, participant observation, and questionnaires. The most common data analysis techniques are as follows (in alphabetical order): QUAL thematic analysis (Boyatzis, 1998), QUAN content analysis (Neuendorf, 2019) and statistical analysis.

#### 4.22 Phase one - Quantitative Data analysis

Quantitative data were cleaned, coded, and entered into SPSS Version 25 (IBM Corp. Released, 2017). Numerical data were analysed using descriptive and inferential statistics. A series of simple statistical techniques including linear regression models were

used to summarise the data and analyse the relationship between burnout and other variables. The following variables are continuous measurements: for example, age, work hours and the Likert-scale averages from the three sections of the Maslach Burnout Inventory (MBI). For the Minnesota (MSQ), it was scored on a 5-point Likert scale. Responses range from 1 (very satisfied) - 5 (very dissatisfied).

All other variables for the MBI are binary and were coded as “1” or “0”. Continuous variables were summarised in terms of their distribution (mean, variance, and quantiles) and correlations. Binary variables were summarised in terms of proportions and contingency tables. Missing responses were excluded from summary statistics and models. Interactions between continuous variables and binary variables were analysed in terms of t-tests. Linear regression models that estimate a functional relationship between burnout and explanatory factors (both continuous and binary) were built.

#### 4.23 Phase two

The interview method is extensively used in qualitative research, interviews allow for experiential data to be collected from participants (Taylor & Francis, 2013). Potential participants were invited (via the explanatory statement, as shown in Appendix 1) to participate in a semi-structured in-depth interview to explore their lived experiences of academia. A total of 19 Nurse Academics participated in the interview. A consent form was filled by all 19 participants prior to the Interviews (as shown in Appendix 3). Interviews were audio taped with permission from participants and transcribed verbatim. A professional service was used to transcribe the qualitative data. It is one of the most commonly used types of narrative analysis, and one in which exclusive emphasis is placed on the content of the story told. While preserving the features of the individual narratives,

this type of analysis enables identification of common thematic elements across the participants' accounts (Riessman, 2004). All 19 interviews undertaken were guided by ten (10) open-ended questions (as shown in Table 4.2).

**Table 4.2 Guiding Open-ended questions for participant interviews**

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**QUESTIONS**

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- 1) What do you find most enjoyable about your job?
- 2) What do you find least enjoyable about your job?
- 3) What is least stressful about your job? Elaborate.
- 4) What is most stressful about your job? Elaborate.
- 5) How have things changed over time since you became an academic (better or worse).  
If new to academia, was it what they(you?) expected? Elaborate.
- 6). What are the barriers and enablers (if any) to achieving your career goals?
- 7). What advice would they(you?) give to others about becoming an academic? Their (Your?) manager/head?
- 8) Do academics burnout and, if so, list some of the factors? Elaborate with examples.
- 9) What are the main protective factors that help you overcome your work stress/burnout? Elaborate.
- 10) If you had a magic wand what would you like to see changed in your workplace? Elaborate.

Nine interviews were conducted face-to-face, whilst the rest were conducted by phone at a time and location convenient to the participant. All the nineteen interviews were recorded, and telephone interviews were undertaken when geographical distance and timing prevented a face-to-face interaction. Open, guiding questions were used (as illustrated within Table 4.2), allowing relatively uninterrupted responses. Proposed



questions related to further exploring the factors and reasons for experiencing stress and burnout included their job experiences. If a participant strayed from the research interest, cues and prompts were utilised to re-focus the interviewee (Taylor & Francis, 2013). Participants were asked to clarify meanings of responses to ensure validity of the data during the interview (Taylor & Francis, 2013). Data saturation was achieved with a homogeneous sample of (19) participants, representative of the population being studied. No new information or insights emerged from reflection and from re-reading the data after the nineteenth interview was conducted. The point of data saturation was considered to have been met when no new information was being generated (Padgett, 2008). In view of this, no further interviews were required.

Interview recordings were transcribed verbatim and responses de-identified prior to beginning analysis. Braun and Clarke's (2006) framework and six phases of the thematic analysis process was carefully undertaken to analyse the data. The process included, (1) familiarisation with the data, (2) coding the data, (3) searching for themes, (4) reviewing the themes (5), defining and renaming the themes and, finally, (6) the write up of building an analytic narrative including data extracts and final potential themes. All the transcripts were initially read by the first author and were then read and re-read by the other three members of the research team. This process was rigorously followed and repeated several times so that the research team gained insight and greater understanding of the participants' experiences. At this stage, initial codes and broad themes were generated manually. Next, the six-phased, step-by-step process of undertaking thematic analysis was duly undertaken (Braun & Clarke, 2006). Following this process, the different codes were examined carefully by all the researchers and potential themes were identified. All four researchers agreed on the themes, which were paraphrased after each interview,

reviewed, defined, refined, and verified through selecting verbatim quotes to demonstrate accuracy and consistency.

All four researchers were experienced Nurse Academics. To reduce any bias, the researchers used a reflexive approach (Carpenter & Suto, 2008) to ensure how their experiences and own positions reduced any influence in the interpretation of the data. This reflexivity (Carpenter & Suto, 2008) was essential to ensure that the findings of this study were an accurate reflection of the experiences of the participants.

The reflexive approach was undertaken by constantly reminding ourselves and being mindful that as Nurse Academics our contribution to the construction of meanings could influence the narratives and lived experiences revealed by the participants (Nurse Academics), throughout the research process (Ackerly & True, 2010; Denzin & Lincoln, 2011). The constant dialogue, personal insights shared through our reflexivity process, helped us to reduce any bias. We explored the ways in which our involvement in the research study influenced, acted upon, and informed the very study undertaken by Nurse Academics about Nurse Academics (Palaganas et al., 2017). However, it is worth noting that the reflexive process recognises that any finding is the product of the researcher's interpretation (Jootun et al., 2009, p. 45). After all, Reay (2007, p. 611) argues that reflexivity is "about giving as full and honest an account of the research process as possible, in particular explicating the position of the researcher in relation to the research."

## 4.24 Rigour:

### 4.24.1 Phase one

Methodological rigor in quantitative research refers to the soundness or precision of a study in terms of planning, data collection, analysis, and reporting including the reliability and validity of the instruments used (Marquart, 2017). Rigour is evaluated by validity and reliability. Validity refers to the accuracy and truth of the data and findings. Reliability refers to the consistency and dependability of the tool, and represents the extent to which the tool, used in the same context with the same methods and participants, would yield similar results (de Vaus, 2014).

For this research study, two extensively validated, reliable and accepted pre-determined instruments namely the Maslach Burnout Inventory, MBI (1986) (used to measure the risk of burnout) and the shortened version of the Minnesota Job Satisfaction Questionnaire (MSQ) (used to evaluate how participants feel about their present job) were used for Phase one.

According to Burns (1997), there are five types of validity, namely, content, predictive, concurrent, construct and face. In the present investigation, face and construct validity were important since a 'construct' is a quality which has been suggested to explain aspects of human behaviour (Burns, 1997). In the Maslach and Jackson Inventory (1986), such MBI constructs as 'blurred out', 'frustrated', 'energetic', and 'emotionally drained' help to explain the human behaviour experienced by the subjects. As has been shown in the literature review, the reliability and validity of the MBI has been extensively accepted, and well received in relation to a range of occupations such as police, clergy, nurses, teachers and counsellors (Bell, 2012; Bailey, 1985; Blix et al., 1994; Edwards &

Miltenberger, 1991; Gillespie et al., 2001; Lavendero, 1981; Kizilci et al., 2012) and it continues to be used by researchers in the measurement of burnout. The reliability coefficients for each of the subscales of the MBI ranged from 0.71 to 0.90, obtained by Maslach and Jackson (1986), which indicated that the MBI was a valid and reliable measure of Nurse Academic(s) burnout. The scale also has face validity, afforded it by those who worked in the area of nursing academia in Australia. There was widespread acceptance of the scale's ability to identify burnout and occupational stress. While this acceptance occurred at an unofficial level, there was no opposition to the use of the instrument in the present investigation from any of the 234 respondents, from the Directors of Nursing, and the different Schools of Nursing involved in this study. Each accepted that the MBI was an appropriate instrument, a tacit acceptance of its face validity.

The Manual for the Minnesota Satisfaction Questionnaire (Weiss et al., 1977) included documentation regarding the questionnaire's construct, concurrent, and content validities. The Minnesota Satisfaction Questionnaire short form (used in this study) has a high reliability coefficient ranging from .87 to .92. The intrinsic median reliability is .86, the extrinsic median reliability is .80, and the general satisfaction reliability median is .90. The alphas for intrinsic median ranged from 0.84-0.91, median 0.86. For extrinsic satisfaction from 0.77-0.82, median 0.80. For general satisfaction 0.87-0.92, median 0.90. The Construct validity has been shown through data from various occupational groups to differentiate job satisfaction at the 0.001 significance level on all scales. The Strengths of the MSQ indicated that it is useful in exploring client vocational needs, in counselling follow-up studies, and in generating information about the reinforcers in jobs. It has a good, demonstrated reliability and validity, thus demonstrating a good rigour for the use

of this instrument in this study. Likewise, for the MSQ there was widespread acceptance of its face validity by all the participants.

#### 4.24.2 Phase two

For the purposes of assessing the rigour of this qualitative phase, Braun, and Clarke's (2006) model of thematic analysis was used because it is comparatively well developed conceptually and has been used by qualitative researchers. Interview recordings were transcribed verbatim and responses de-identified prior to beginning analysis. Participants were offered to read the summary of their interviews; however, none accepted the offer. Therefore, member checking was not undertaken. Braun and Clarke's (2006) framework and six phases of the thematic analysis process was carefully undertaken to analyse the data. The process included, (1) familiarisation with the data, (2) coding the data, (3) searching for themes, (4) reviewing the themes, (5) defining and renaming the themes and, finally, (6) the write up of building an analytic narrative including data extracts and final potential themes.

Sandelowski (1986) suggested that a qualitative study is credible when it presents such accurate descriptions or interpretation of human experience that people who also share that experience would immediately recognise the descriptions. Truth value is perhaps the most important criterion for the assessment of qualitative research. A number of methodological strategies are required to ensure strong credibility.

Prior to commencing the study, the researcher had determined the rigorous process that was undertaken in addressing the research problem. For example, the researcher determined how the face-to-face interaction and distance telephone interviews would occur, recorded (audio taped) with permission and sought clarification to ensure research

aims were met, (Morse, 2012; Schneider et al., 2014; Taylor & Francis, 2013). This process also gave the researcher an opportunity to clarify any issues with key informants using broad questions to guide discussion to gain deeper insights into their personal job experiences (Taylor & Francis, 2013). In view of undertaking this process, the researcher was more confident that the findings were an accurate reflection of the participants' story. The use of a professional service was also determined prior to the commencement of the study to transcribe the qualitative data.

A systematic approach was used to analyse the qualitative data. All the 19 participants interviewed were recruited from a purposeful sample and signed a consent form prior to the interviews. The student researcher undertook all interviews, which lasted between 50 to 80 minutes. The use of semi-structured telephone and face-to-face interviews including open-ended questions captured the participant's views and experiences in relation to their occupation.

The initial reading and note taking of all the 19 transcribed texts (data corpus) revealed superficial impressions of the text. Initial analysis was performed manually, with emerging initial codes. Coding was done manually with the use of coloured pens and post-it notes to take notes on the text that was being analysed. At this stage, potential themes and categories were also noted. The list of different codes and broader levels of themes were then discussed in greater depth with the three members of the supervision team until consensus was reached. The different codes were then sorted into potential themes. To help the researcher and the supervision team, tables were used to sort the codes into the main themes. This ensured that a detailed understanding was ascertained of key informant perspectives and their job experiences. Finally, the main themes that emerged included a lack of work-life balance, negative workplace culture, perceptions of

feeling undervalued, intimidated, and not recognised, lack of political astuteness, and lack of leadership skills. The themes and personal experiences give an insight into how Nurse Academics faced their work-based challenges. In order to minimise and reduce any bias, the four researchers used Carpenter & Suto's (2008) reflexive approach to ensure that an accurate reflection of the participants' personal experiences of their academic work life and workplace culture were accurately captured in the findings.

#### 4.25 Chapter summary

This chapter identified the study methodology as mixed methods and used a two phased 'Sequential Explanatory Design'. The quantitative component of data collection was the first phase of this study and the second phase was the collection of the qualitative data. The second phase of the study collected the qualitative data and analysed (the narrative data), to explain, or elaborate on the numeric results obtained in the first phase. The purpose of the qualitative data collection was to contribute to a greater and in-depth understanding of the occupational stress and burnout among Nurse Academics and their job experiences within Australia. The qualitative phase builds on the quantitative phase and the two phases join to explain the research questions. This study of the experience and perceptions of burnout in nurse academia captured certain themes and trends, which might promote collaboration among colleagues and management to enhance quality of life for Nurse Academics.

The strengths of this mixed methods design include its forthrightness and prospects for the exploration and explanation of the qualitative results in more detail and are valuable when unanticipated results arise from a quantitative phase. A mixed methods approach combines the strengths of both quantitative and qualitative research approaches

specifically and it involves collecting, analysing, integrating and interpreting quantitative and qualitative data in a single study or in a series of studies that investigate the same underlying phenomenon (as for this study the notion of occupational stress and burnout). The limitation of this design is the possibility of lengthy time frames for collection of data and analysis for both forms of data. However, both the quantitative and qualitative data was collected within the timeframe allowed for this study. Chapter five will discuss the detailed analysis and results of the first phase of this mixed method approach; the quantitative data.



## CHAPTER FIVE – Results Phase One of the Study

### 5.1 Introduction

Chapter five reports the findings from Phase one (Quantitative) of this study. This phase utilised three instruments to collect the data. As previously stated, this study was composed of two phases. Initially, the quantitative data were gathered and analysed to determine participants' burnout profiles and to explore the relationship between Nurse Academics burnout dimensions and their level of job satisfaction. In the second phase (discussed in chapter six), the qualitative data were collected and analysed to better understand the obtained findings in Phase one of the study.

This chapter is presented in the following sequence:

First, the participant's demographics are presented. Second, the key findings from Phase one in the form of an international peer-reviewed publication submitted to the 'Journal of Professional Nursing' (ID No:(JPN-D-20-588) presently under review entitled "Occupational Stress and Burnout among Nurse Academics: findings from a cross-sectional national survey" is reproduced within this chapter. This manuscript presents the substantive results as a stand-alone study. However, due to the limits on word count and publishing restrictions, not all findings from Phase one are presented in the paper. Therefore, further details are provided under the following sub-heading(s):

- (a) Findings of the analysis of the data from the Minnesota Job Satisfaction Questionnaire (MSQ) to evaluate participants' level of job satisfaction and finally
- (b) Responses of Qualitative comments to question 25 of the demographic questionnaire.

## 5.2 Maslach Burnout Inventory (MBI)

The first instrument utilised for this study, was the most widely used to measure burnout, the Maslach Burnout Inventory-HSS version (MBI) (Angerer, 2003; Coker & Omolubi, 2009), developed by Maslach and Jackson in 1981. The original version of the 22-item, self-report, 7-point Likert-type questionnaire – the Human Services Survey (MBI-HSS), was designed to measure the intensity and frequency of burnout for personnel working in healthcare, mental health, law, and human services related professions (Coker & Omoluabi, 2009), and was easy to administer (Leiter & Maslach, 2005; Sarmiento et al., 2004; Shirey, 2006; Shirom et al., 2005; Zalaquett & Wood, 1997).

To define burnout, Maslach and Leiter (2005) provide this short definition: “Job burnout is a psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job” (p. 135). Maslach and colleagues have been very clear over the years (Maslach et al., 1996; Maslach et al., 2001; Maslach & Leiter, 2005) that burnout is a phenomenon that occurs in the context of the job environment. Maslach and Jackson (1981) defined burnout as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do people work of some kind” (p. 99). As mentioned earlier, the measure Maslach and Jackson (1981) created to accompany their definition of burnout, is the Maslach Burnout Inventory (MBI) which focuses on three components: emotional exhaustion, depersonalisation, and reduced personal accomplishment. As a result of these creations and empirical support, Maslach’s definition and the Maslach Burnout Inventory have become the most widely used and accepted definition and measure of burnout (Cordes & Dougherty, 1993; Lee & Ashforth, 1996; Schaufeli & Van Dierendonck, 1993; Shirom, 2011).

The MBI-HSS, assesses three dimensions: Emotional Exhaustion (nine items), Depersonalisation (five items), and Personal Accomplishment (eight items). Emotional Exhaustion assesses the extent to which an employee is emotionally overextended to the point of exhaustion. Depersonalisation captures the extent to which an employee detaches emotionally or withdraws from their work. Lastly, Personal Accomplishment assesses feelings of competence and achievement as they relate to one's work. Validity and reliability for the MBI-HSS was established in research studies throughout the review of literature and demonstrated in the Maslach Burnout Inventory testing manual (Maslach et al., 1996). Internal consistency reliability estimates (Cronbach's alpha) for the MBI are: .90, .79, and .71 for Emotional Exhaustion, Depersonalisation, and Personal Accomplishment respectively. Test-retest reliability coefficients have been reported for a number of samples including a few weeks (.82, .60, and .80 respectively), three months (.75, .64, and .62 respectively), and one year (.60, .54, and .57 respectively) (Maslach, et al., 1996). Maslach and Leiter (1997) stated burnout for an individual is reflected in higher scores for the subscales, exhaustion, and depersonalisation (cynicism), and lower scores on personal accomplishment (efficacy). In contrast, the exact opposite will be found in individuals with greater job engagement. Job engagement is at the opposite end of the continuum from burnout experience (Maslach & Leiter, 1997). The MBI-HSS has seen widespread use among researchers because it has been proven to be a consistently valid and reliable instrument for identifying factors that contribute to burnout and, more specifically, burnout for educators (Leiter & Maslach, 2005).

For the purposes of this study, utilising a Likert scale from zero to six, participants were expected to select one out of six possible choices for each of the 22 statements found in the MBI. The answers to the statements ranged from never (0) to every day (6). Because

there remains limited knowledge about the relationships between the three subscales, the scores were considered separately and not combined to form one score for each participant (Leiter & Maslach, 2005). The survey was estimated to take approximately 10-15 minutes to complete.

As previously noted, for the purposes of this study, burnout among nurse academics within Australia was measured and findings reported using the *emotional exhaustion (EE)* dimension of the Maslach Burnout Inventory (MBI) (Maslach & Jackson (1981). This was undertaken in view of the evidence provided, (Barnett et al., 1999; Kristensen et al., 2005; Shirom, 2005) and findings that are supported and corroborated by researchers who maintained that *emotional exhaustion* is the one and only hallmark of burnout (Pines and Aronson, 1981; Kristensen et al., 2005; Schaufeli, Leiter, & Maslach., 2008; Shirom and Melamed, 2005). In addition, the use of the *emotional exhaustion* dimension as a single item to measure burnout has been advocated and strongly supported by other researchers (Hansen & Pit (2016) as a psychometrically sound screening tool for measuring burnout. Further evidence and support from the literature suggests that burnout was strongly related to emotional exhaustion and not the other two dimensions of the MBI *depersonalisation* or *personal accomplishment* (Pick & Leiter, 1991). Pick & Leiter's (1991), study also found that nurse's self-definition of burnout was strongly associated and related to *emotional exhaustion* and not to the other two dimensions of the MBI, *depersonalisation* or *personal accomplishment*. In support of this claim, previous validation research has equally assessed the single item burnout measure of MBI emotional exhaustion and have yielded promising results (Hansen & Girgis, 2010; Rohland, Kruse & Rohrer 2004; Schmoldt., Freeborn., & Klevit, 1994). Some other researchers have equally argued (Kristensen, Borritz, Villadsen & Christensen, 2005) that

*depersonalisation* represents a coping strategy applied when faced with burnout and the lack of *personal accomplishment* a consequence of burnout rather than parts contained when measuring burnout (Hansen & Pit, 2016). The notion of measuring burnout by the single item subscale of the MBI *emotional exhaustion* as a psychometrically sound measuring tool has been assessed (Hansen & Pit, 2016) in a sample of general practitioners and is consistent with Leiter & Maslach's (1996) own model and further supported by Lee & Ashforth (1998). In support of these claims further testing (Taris., Le Blanc., Schaufeli., & Schreurs, 2005) and findings confirmed that *emotional exhaustion (EE)*, triggers *depersonalisation (DP)*, and *depersonalisation* in consequence affects *personal accomplishment (PA)* (Hansen & Pit, 2016). In view of the evidence, we used this section to represent our "Burnout" score and do not analyse the other two sections in this paper which is reproduced within this chapter.

### 5.3 Minnesota Job Satisfaction Questionnaire (MSQ)

Defining burnout as a work-related phenomenon does not mean it has no consequences for other domains of life, for it does (Maslach & Leiter, 2005). Both Schaufeli and Enzmann (1998) and Maslach and Leiter (2005) review the literature on the consequences of burnout, some of which impact domains of life other than just work. In view of this claim, the second instrument used for this phase of the study was the Minnesota Job Satisfaction Questionnaire (MSQ) (Weiss et al., 1967) to evaluate participants' level of job satisfaction and how they felt about their present job. The Minnesota Satisfaction Questionnaire (MSQ) short version is designed to measure an employee's satisfaction with his or her job. The Administration of this time (MSQ – shortened version used for this study), takes about 10 minutes. This short version scale format has 20 items and is scored on a 5-point Likert scale. Responses range from 1 (very satisfied) - 5 (very

dissatisfied). It is easy to administer, and it is a self-administered questionnaire. The scoring and interpretation are easy to undertake by adding up the sum of all item responses measures general job satisfaction. Sum items in subscales to determine score: intrinsic and extrinsic job satisfaction (10 items each).

Factors and Norms – Three scales that measure intrinsic, extrinsic, and general job satisfaction.

Test-retest Reliability – For General Satisfaction 0.89 over one-week and 0.70 over one year. There are no results for intrinsic or extrinsic sub-scales. Internal Consistency – The alphas for intrinsic ranged from 0.84-0.91, median 0.86. For extrinsic satisfaction from 0.77-0.82, median 0.80. For general satisfaction 0.87-0.92, median 0.90. Construct Validity – The MSQ has been shown through data from various occupational groups to differentiate job satisfaction at the 0.001 significance level on all scales. (Koelbel., Fuller, & Misener, 1991, Lamarche & Tullai-McGuinness, 2009).

Strengths – Useful in exploring client vocational needs, in counselling follow-up studies, and in generating information about the reinforcers in jobs. It has a good, demonstrated reliability and validity. The Minnesota Satisfaction Questionnaire has been utilised far more frequently than any other instrument in the last 30 years (Malinowski, 1999).

#### 5.4 Demographic questionnaire

The third instrument was the demographic questionnaire consisting of 26 questions. The survey was undertaken using the online link provided via the Qualtrics platform (licensed through Monash University). The link provided participants' access to an online survey which included the demographic questionnaire, the Maslach Burnout Inventory (MBI)

and the Minnesota Job Satisfaction short version questionnaire (MSQ). If the participant completed the survey, it was understood that the participant had granted consent. Advantages of using a web-based survey design include cheap to administer, ease of distribution, faster response times, convenience for respondent completion (Roberts, 2007; Roberts & Allen, 2015) and elimination of data entry errors (Jansen, Corley, & Jansen, 2007).

### 5.5 Research Questions (First Phase of the study)

This first phase sought to answer the following research questions:

- (1) Do Australian Nurse Academics experience burnout?
- (2) To what extent do Australian Nurse Academics experience burnout?
- (3) What are the background variables in relation to burnout among Australian Nurse Academics?
- (4) Is there a relationship between burnout and job satisfaction among Australian nurse academics?

To answer the research questions mentioned above, all quantitative data were analysed using SPSS v25. (IBM Corp., 2017). The data were analysed in terms of descriptive summaries, t-tests, chi-squared tests and linear regression models. To assess which variables best predict burnout (Research Question 3), stepwise multiple regression was employed using a forward variable entry technique in order to establish the best set of predictor variables (Tabachnick & Fidell, 2007; 2013). In this stepwise technique, variables were entered and removed from the regression model by the computer until the

best combination of variables (as indicated by the largest R<sup>2</sup>) were found. Variables which are not measured on a continuous scale, such as educational environment, were dummy coded using standard procedures (Howell, 2007; Tabachnick & Fidell 2007; 2013) so that they may be included in the multiple regression as this will eliminate the need to run another analysis in order to assess categorical predictor variables.

## 5.6 Respondents

There were (n=250) respondents to the survey from all states and territories of Australia. In accordance with the inclusion and exclusion criteria, 16 responses were eliminated from analysis for not having completed the survey correctly or failed to answer most of the questions. This resulted in 234 survey responses which were used for analysis purposes.

## 5.7 Characteristics of participants

As stated, a total of 234 (n=234) Nurse Academics participated in the survey. Ages ranged between 18-70, eighty-five percent (85%) were female, fifty-one percent (51%) had a Doctoral qualification, the average mean age was 51 years and the average weekly work hours was 48. The other socio-demographic characteristics of the participants are presented in Table 5.1, Table 5.2, and Table 5.3 present work-related information and participants' perceptions of work-related stress.



TABLE 5.1 Socio-demographic characteristics of participants

| Personal Characteristics         | N (%)       |
|----------------------------------|-------------|
| <b>Gender</b>                    |             |
| Female:                          | 199 (85.04) |
| Male:                            | 35 (14.96)  |
| <b>Marital Status</b>            |             |
| Single                           | 22 (9.52)   |
| Married                          | 144 (62.33) |
| Divorced                         | 20 (8.05)   |
| Widowed                          | 2 (0.86)    |
| De Facto relationship            | 38 (16.4)   |
| <b>Highest Qualification</b>     |             |
| Degree                           | 7 (3.00)    |
| Master                           | 100 (43.10) |
| PhD                              | 119 (51.00) |
| Other                            | 8 (3.40)    |
| <b>Living Arrangements</b>       |             |
| Partner                          | 80 (34.48)  |
| Partner and children             | 100 (43.10) |
| Partner and parents              | 1 (0.43)    |
| Alone                            | 33 (14.22)  |
| With friends                     | 1 (0.43)    |
| With relatives                   | 1 (0.43)    |
| Other                            | 16 (6.90)   |
| <b>Undertaking Further Study</b> |             |
| Yes (various courses)            | 96 (41.03)  |
| No                               | 138 (58.97) |

TABLE 5.2 Work-related characteristics of participants

| Characteristics                                 | N (%)        |
|---|--------------|
| <b>Present Level Employment</b>                 |              |
| Lecturer  | 125 (53.42%) |
| Senior Lecturer                                 | 47 (20.09%)  |
| Associate Professor                             | 20 (8.55%)   |
| Professor,                                      | 16 (6.84%)   |
| Associate Researcher                            | 1 (0.43%)    |
| Senior researcher                               | 1 (0.43%)    |
| Other   | 11 (4.70%)   |
| <b>Terms of Employment</b>                      |              |
| Contract  | 45 (19.40)   |
| Tenured   | 187 (80.60)  |
| <b>Types of Employment</b>                      |              |
| Full time                                       | 205 (87.61)  |
| Part time                                       | 29 (12.39)   |
| <b>Previous Employment (No of Universities)</b> |              |
| 1   | 107 (45.92)  |
| 2   | 73 (31.33)   |
| 3   | 32 (13.73)   |
| 4   | 13 (5.58)    |
| 5   | 6 (2.58)     |
| More than 5                                     | 2 (0.86)     |

|  |                      |
|--|----------------------|
| <b>Main Academic Work</b>                |                      |
| Tutoring                                 | 9 (3.88)             |
| Lab work                                 | 1 (0.43)             |
| Lecturing                                | 21 (9.05)            |
| Research                                 | 19 (8.19)            |
| Mixture of any of the above              | 152 (65.52)          |
| Other roles                              | 30 (12.93)4 – 1.70%, |
| <b>Higher Duties (responsibilities)</b>  |                      |
| Dean of School/Campus                    | 4 (1.70)             |
| Head of Campus                           | 3 (1.28)             |
| Deputy Head                              | 10 (4.27)            |
| Year Coordinator                         | 35 (14.95)           |
| Course Coordinator                       | 71 (30.34)           |
| Chief Examiner/Unit Coordinator          | 73 (31.19)           |
| Other                                    | 38 (16.2)            |
| <b>Supervision role</b>                  |                      |
| Masters Students                         | 113 (48.29)          |
| PhD Students                             | 121 (51.70)          |
| <b>Undertake Faculty /Committee Work</b> |                      |
| Yes                                      | 25 (10.92)           |
| No                                       | 70 (30.57)           |

TABLE 5.3 Participants perceptions of work-related stress

| Perception of work-related stress                                       | N (%)       |
|---|-------------|
| <b>Do you consider Work Stressful?</b>                                  |             |
| Yes   | 194 (83.62) |
| No  | 38 (16.38)  |
| <b>Does your Resilience help cope with workload/stress?</b>             |             |
| Yes   | 195 (84.42) |
| No  | 136 (15.58) |
| <b>Are you satisfied with the level of support you receive at work?</b> |             |
| Yes   | 125 (56.81) |
| No  | 95 (43.19)  |

## 5.8 Key Findings of Phase One

This section of the chapter will discuss the the key findings in the form of an international peer-reviewed publication submitted to the ‘Journal of Professional Nursing’ (ID

No:(JPN-D-20-588) presently under review entitled “Occupational Stress and Burnout among Nurse Academics: findings from a cross-sectional national survey”

**5.9 Publication – (Under review ‘Journal of Professional Nursing’ (ID No:(JPN-D-20-588))**

# Journal of Professional Nursing

“Occupational Stress and Burnout among Nurse Academics: findings from a cross-sectional national survey”

|                              |   |
|------------------------------|---|
| <b>Manuscript Number:</b>    | JPN-D-20-588  |
| <b>Article Type:</b>         | Original Article  |
| <b>Keywords:</b>             | burnout; nurse academics; resilience; stress; workload.   |
| <b>Corresponding Author:</b> | charanjit singh, Masters in Mental Health<br>Federation University Australia Faculty of Health<br>Berwick, Victoria AUSTRALIA |
| <b>First Author:</b>         | Charanjit Singh, Masters in Mental Health   |
| <b>Order of Authors:</b>     | Charanjit Singh, Masters in Mental Health<br>Debra Jackson, Phd<br>Ian Hunt, Phd<br>Ian Munro, Phd<br>Wendy Cross, Phd        |

**--Manuscript Draft--**

The manuscript “Occupational Stress and Burnout among Nurse Academics: findings from a cross-sectional national survey” is presented in pdf version below, being the accepted version of the manuscript by the Journal of Professional Nursing.

**Abstract****Aim:**

To explore the prevalence and extent of burnout among nurse academics in Australia

**Methods:**

Cross-sectional survey was utilised. A total of 234 nurse academics throughout all states and territories of Australia returned self-reported questionnaires. The Maslach and Jackson Burnout Inventory (MBI) was used to collect the data and analysed using the (SPSS version 25). We used a linear regression model to explain the distribution of burnout scores from the MBI.

**Results:**

Whilst many nurse academics report high burnout scores, equally our data showed many nurse academics do not experience burnout. The evidence suggests that several pertinent stress factors that leads to burnout include heavy teaching workloads, pressure to publish, lack of recognition and lack of support.

**Discussion**

The higher education sector has undergone considerable change. Internationally, the sustainability of the nurse academic workforce is an area of great concern. However, the prevalence of stress and burnout among nurse academics in Australia has not been extensively investigated.

**Conclusions:**

This study contributes to the research base of burnout among nurse academics. The findings have global implications for further research to help provide a better understanding of evidence-based strategies that could help reduce burnout.

**KEYWORDS:** burnout, nurse academics, resilience, stress, workload.

### **Introduction**

Maslach & Jackson (1982) described burnout as a pattern of emotional overload and exhaustion that occurs when people become overly involved and feel overwhelmed by emotional demands of working with individuals, resulting in the development of negative self-concept, negative job attitudes, and loss of concern and feelings for their clients.

Burnout as an individual negative experience occurring as a result of chronic work stress has become prominent in teaching professional literature since the mid-1970s'. Various definitions of burnout have been postulated since the term was first used by Freudenberger in 1974 who suggested it is to fail, wear out, or become exhausted by making excessive demands on energy, strength or resources. According to Maslach (1982), burnout is a three dimensional syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in need, coupled with the loss of concern for whom one is working. Veringa & Spradley (1981), for example, made an explicit connection with occupational stress in their definition of burnout as a debilitating psychological condition brought about by unrelieved work stress. Likewise, burnout has been defined as a feeling of physical, emotional and mental exhaustion that results from a chronic state of cumulative pressure or stress at work. Cherniss (1980) reinforced the relationship with stress and burnout as a process in which previously committed professionals disengage themselves from their work in response to occupational stress and strain experienced on the job. These definitions have a common theme and reflect certain generally accepted dimensions of burnout. One would find that among the formal definitions of burnout there are direct or implied links to the occupational stress experienced in one's job. The type of work-related interactions and stresses that take place between nurse academics and their students is distinct from the kind of interactions between providers in health care and business. This definition appears to fit with the type of work that nurse academics carry out daily and is therefore very relevant and fits

best for the purposes of this study. There are numerous implications, which arise from this definition, and these need to be carefully examined.

Although literature is available on stress and burnout among various occupations, since the 1980's occupational stress has been well documented as posing serious problems in various occupational settings such as hospitals and universities (Bell et al, 2012; Biron et al, 2008; Tytherleigh et al 2005). However, little is understood about the true nature of the relationship between specific occupational stressors present in different occupational settings, and what may be empirically defined as occupational burnout. Despite this long-standing concern, it is surprising to note the paucity of literature on the prevalence and degree of burnout among nursing academics (Wang & Liesveld, 2015; Wilson et al, 2013; Yedidia et al 2014).

Likewise, globally, some studies have investigated the consequences of academic stress (Gunbayi, 2014; Henny et al, 2014; Kabito et al, 2020; Sabagh et al 2018; Safaria, 2013; Springer & Werner, 2020; Szromek & Wolniak, 2020; Westphal et al, 2016; Wyllie et al, 2016) including the U.K. United States ( Erickson et al, 2020; Ellis, 2013., Kinman, 2014; Kinman & Wray; 2013), and Australia (McAllister et al, 2010; McDermid et al, 2016, 2012; Watts & Robertson, 2011; Winefield et al; 2008). However, fewer have specifically focused on nursing academics interaction with nursing students and their workload issues. The dearth of prior research within the higher education context is somewhat surprising, as it seems that academics are likely candidates for occupational stress and burnout given the changing nature of higher education (Roughton 2013; Waldrop, & Chase 2014; Wang & Liesveld 2015; Wieland & Beitz 2015; Wyllie, et al, 2016; Yedida 2014). Hence, by investigating the prevalence of burnout among nurse academics and finding out about the relationship between job related stressors and burnout, this study attempts to fill these gaps.

### **Aims & Methods**

The aim of this research study was to explore the prevalence and extent of burnout, and to identify potential factors that explain the distribution of burnout among nurse academics.

Two self-administered questionnaires were used to collect the data: the Maslach and Jackson Burnout Inventory (MBI-HSS version, 1996) and a demographic questionnaire comprising the variables most commonly mentioned in the literature. The 22-item MBI assesses three aspects of the burnout syndrome: emotional exhaustion, depersonalisation and personal accomplishment.

The *Emotional Exhaustion* subscale assesses feelings of being emotionally over-extended and exhausted by one's work. The *Depersonalisation* subscale measures an unfeeling and impersonal response towards recipients of one's services and the *Personal Accomplishment* subscale assesses feelings of competence and successful achievements in one's work (Maslach *et al* 1996). The survey comprised of three sections. The first section collected demographic data and data relating to employment responsibilities. The key questions included gender, age, qualifications, work hours, employment contract status and commitment to supervision, committee involvement and additional teaching responsibilities. The second section comprised a series of direct questions about workplace stress and workload. These questions included: self-perception of resilience, whether participants perceived their workload to be stressful and whether participants were satisfied with their workplace support. The third section featured the twenty-two questions from the MBI (Maslach *et al*, 1996).

### **Recruitment and Data Collection**

An email was sent to all schools of nursing across Australia providing details of the study and the level of participation required. In order to be eligible for this study, potential participants



were required to be currently employed as nurse academics for a minimum of one year. People meeting the inclusion criteria were invited to respond by completing the two questionnaires and to upload the responses through the on-line survey Qualtrics platform software link provided. Data were collected during 2016. Our survey has three sections. The first section is about demographic data and employment responsibilities; the questions included those related to gender, age, qualifications, work hours, employment contract status and commitment to supervision, committee involvement and additional teaching responsibilities. The second section comprised a series of direct questions about workplace stress and workload. These questions included: self-perceptions of resilience, whether participants perceived their workload to be stressful and whether participants were satisfied with their workplace support. The third section featured the twenty-two questions from the MBI (Maslach et al, 1996). The 22-item MBI assesses (Maslach et al, 1996) three aspects of the burnout syndrome: *emotional exhaustion, depersonalisation, and personal accomplishment*. The *Emotional Exhaustion (EE)* subscale (the first seven questions) assesses feelings of being emotionally over-extended and exhausted by one's work. We used this section to represent our "Burnout" score and do not analyse the other two sections for this paper. The rationale for this approach is that a single measure of Burnout using the MBI (*Emotional Exhaustion subscale*) has been well reported within the literature (Hansen & Pit 2016). The paper by Hansen & Pit (2016) illustrates the use of a single item burnout measure (EE) and cites various other researchers' view (Hansen & Girgis, 2010, Roland et al, 2004), on the use of the single item measure of Burnout. They claim that it appears from the literature that using a person's own definition of burnout may be a valid way of assessing burnout (Hansen & Girgis, 2010). Pick and Leiter (1991) also found in their qualitative study that "nurse's self-definition of burnout was strongly related to *emotional exhaustion* but not *depersonalisation* or *personal accomplishment*, suggesting that these may not be salient aspects of the lived experience of burnout." (p.12).

**Ethical considerations:**

Ethical approval was granted by the relevant University Human Research Ethics Committee (Project Number: blinded for peer review). Consent to participate was implied by the completion of the survey. All participants were anonymous, and our research adheres to the Equator guidelines using STROBE.

**Data analysis**

We analysed the data using SPSS v25. (IBM Corp., 2017). Descriptive statistics were used for categorical variables and inferential statistics for the continuous variables.. Missing responses were excluded from summary statistics and models on a case-wise basis. Relationships between continuous variables and categorical variables were analysed in terms of t-tests and confidence intervals. We use a linear regression model to quantify the joint effect on the variables on Burnout.

**Results**

Two hundred and thirty four (n=234 ) nurse academics participated in the survey. Eighty-five percent (85%) were female, fifty-two percent (52%) had a Doctoral qualification, the average age was 50 years and the average weekly work hours was 48.

The continuous variables are summarised in Table 1. The most important data is Burnout, the average score from the first section of the validated MBI survey.

| Table 1: Data summary of continuous variables. |                |            |                   |  |
|--|----------------|------------|-------------------|--|
|  | <i>Burnout</i> | <i>Age</i> | <i>Work Hours</i> |  |
| N  | 222            | 226        | 234               |  |
| Mean   | 3.59           | 50.29      | 47.67             |  |
| SD   | 1.53           | 8.72       | 12.12             |  |

In our survey, each question's Likert range is from 1 to 7 and we use the average of these responses to represent Burnout. Maslach et al, (1996) used the same questions, but each response was on the scale of 0 to 6 and they analysed totals, rather than averages. Maslach et al, (1996) classify burnout levels according to cut-off thresholds for the sum of responses from their *emotional exhaustion* section: they deem a total of 17 or less to be "low-level burnout"; a total of 18 to 29 is labelled "moderate burnout"; and a total of more than 29 indicates "high-level burnout". We use corresponding classification thresholds: an average score that is less than 3.4 implies minimal burnout, an average score between 3.4 and 5.1 implies moderate burnout and anything greater than 5.1 indicates high-level burnout. The median Burnout score for our sample was 3.43.

The 80% quantile is 5.14, which implies the nearly 20% of respondents experience a high-level of burnout. To put this score of 5.14 in perspective, if you mark a score of 5 on our survey this means that, to paraphrase some of the MBI questions, *at least once per week* "you feel emotionally drained by your work; you feel like work is breaking you down; it stresses you too much to work in direct contact with people; and you feel like you're at the end of your rope." On the contrary, a score of 2 means that you experience such feelings only *a few times per year*. In 20% of cases there is an average of 2.0 or less for Burnout: the distribution of Burnout scores for nurse academics extends well into the range of little or no burnout for the corresponding individuals.

The questions and Likert scales that we used for Burnout are in Table 2

| Table 2: The seven MBI questions used in this paper. We used the overall average to represent our Burnout variable. |       |                      |              |                       |               |                      |          |
|---|-------|----------------------|--------------|-----------------------|---------------|----------------------|----------|
|   | Never | A few times per year | Once a month | A few times per month | Once per week | A few times per week | Everyday |
| I feel emotionally drained by my work.  | 1     | 2                    | 3            | 4                     | 5             | 6                    | 7        |
| Working with people all day long requires a great deal of effort.   | 1     | 2                    | 3            | 4                     | 5             | 6                    | 7        |
| I feel like my work is breaking me down.  | 1     | 2                    | 3            | 4                     | 5             | 6                    | 7        |
| I feel frustrated by my work.   | 1     | 2                    | 3            | 4                     | 5             | 6                    | 7        |
| I feel I work too hard at my job.   | 1     | 2                    | 3            | 4                     | 5             | 6                    | 7        |
| It stresses me too much to work in direct contact with people.  | 1     | 2                    | 3            | 4                     | 5             | 6                    | 7        |
| I feel like I'm at the end of my rope.  | 1     | 2                    | 3            | 4                     | 5             | 6                    | 7        |

The correlations between the continuous variables are displayed in Table 3. Burnout is positively correlated with *work hours* but there is no obvious correlation with *age*.

| Table 3: Correlation of continuous variables. |                |                   |            |
|---|----------------|-------------------|------------|
|   | <i>Burnout</i> | <i>Work Hours</i> | <i>Age</i> |
| <i>Burnout</i>                                | 1.00           | 0.21*             | -0.05      |
| <i>Work Hours</i>                             | 0.21*          | 1.00              | 0.17*      |
| <i>Age</i>                                    | -0.05          | 0.17*             | 1.00       |

\*significance at the .05

Our categorical variables are summarised in Table 4. They are defined as follows.

- *Resilience* is coded as 0 if “Do you feel your resilience helps you cope with your workload and stress?” was answered “No”.
- *Contract Worker* is coded as 0 for those indicating they had permanent positions.
- *Stressful Workload* is coded as 0 if “Do you consider your present workload to be stressful?” was answered as “No”.
- *Support Satisfaction* is coded as 0 if “Are you satisfied with the support you receive at work presently?” was answered “No”.
- *Qualification* is coded as 0 if the individual did not have a doctorate qualification; and
- *Gender* is coded as 0 if an individual identified as male and one otherwise.

| Table 4: Data summary of key categorical variables. |                        |                           |                             |                               |               |
|---|------------------------|---------------------------|-----------------------------|-------------------------------|---------------|
| <i>Resilience</i>                                   | <i>Contract Worker</i> | <i>Stressful Workload</i> | <i>Support Satisfaction</i> | <i>Doctoral Qualification</i> | <i>Gender</i> |
| 84%   | 19%                    | 84%                       | 57%                         | 52%                           | 85%           |

The relationships between the continuous and categorical variables are presented in Table 5.

Our conclusions are as follows.

- a. Resilience is associated with a much lower average level of Burnout.
- b. Not having a permanent contract is associated with lower levels of Burnout.
- c. A Stressful Workload is strongly associated with increased levels of Burnout. However, there is no clear relationship between stressful workload and work hours. This renders

the stressful workload variable as an independent component of the overall explanation for Burnout, at least relative to the blunt measure of work hours.

- d. Individuals reporting that they are satisfied with their workplace support are more likely to suffer from burnout and they tended to work longer hours.
- e. Neither holding a doctoral qualification nor gender are associated with Burnout.

| Table 5: Average of continuous variables, split by each key categorical variable. |                |                   |               |
|---|----------------|-------------------|---------------|
|   | <i>Burnout</i> | <i>Work Hours</i> | <i>Age</i>    |
| Resilience = 0  | 4.61           | 48.42             | 48.22         |
| Resilience = 1  | 3.40           | 47.51             | 50.49         |
| p-value   | 0.00           | 0.63              | 0.18          |
| CI 95%  | (-1.74,-0.68)  | (-4.66,2.85)      | (-1.07,5.61)  |
| Contract Worker = 0   | 3.74           | 48.24             | 50.70         |
| Contract Worker = 1   | 2.85           | 45.02             | 48.28         |
| p-value   | 0.00           | 0.20              | 0.13          |
| CI 95%  | (-1.31,-0.47)  | (-8.18,1.75)      | (-5.59,0.76)  |
| Stressful Workload = 0  | 2.10           | 46.95             | 54.14         |
| Stressful Workload = 1  | 3.90           | 47.92             | 49.52         |
| p-value   | 0.00           | 0.61              | 0.01          |
| CI 95%  | (1.42,2.18)    | (-2.85,4.80)      | (-7.99,-1.25) |
| Support Satisfaction = 0  | 4.11           | 49.83             | 50.17         |
| Support Satisfaction = 1  | 2.92           | 44.94             | 50.47         |
| p-value   | 0.00           | 0.00              | 0.80          |
| CI 95%  | (-1.56,-0.81)  | (-8.03,-1.74)     | (-2.06,2.67)  |
| Qualification = 0   | 3.49           | 46.11             | 48.22         |
| Qualification = 1   | 3.69           | 49.10             | 52.14         |
| p-value   | 0.33           | 0.06              | 0.00          |
| CI 95%  | (-0.20,0.60)   | (-0.12,6.11)      | (1.68,6.16)   |
| Gender = 0  | 3.49           | 48.86             | 50.20         |
| Gender = 1  | 3.61           | 47.46             | 50.30         |
| p-value   | 0.66           | 0.50              | 0.96          |

|        |              |              |              |
|--------|--------------|--------------|--------------|
| CI 95% | (-0.45,0.70) | (-5.49,2.69) | (-3.59,3.80) |
|--------|--------------|--------------|--------------|

The contingency tables and test results are presented in Table 6, which further explore a logical but indirect relationship between workplace responsibilities and Burnout. The data in Table 6 suggest that nurse academics with permanent contracts are more likely to have additional responsibilities and be on committees relative to those with short term contracts. This, coupled with the negative relationship between the Contract Worker and Burnout variables, suggests that workplace responsibilities indirectly, but intuitively, contribute to an explanation of Burnout.

Table 6 presents the number of survey responses that meet the column and row classification pairs. For example, the last row of data indicates that there were 139 respondents that had a permanent position (i.e. they were not a Contract Worker) and were On Committees. The p-value rows are for two-sided Chi-Squared tests for each separate row variable versus the column variable.

We also examined the relationship between the continuous variables and three auxiliary categorical variables. These categorical variables are from survey questions that recorded workplace responsibilities related to: having additional responsibilities (for example Chief Examiner, Subject or Program Co-ordinator, Subject Head or Dean); having student supervision duties and spending time on committees (related to the school or subject management). We classified these variables as auxiliary because after their positive correlation with work hours and the contract worker variable is accounted for, they have no additional explanatory power for Burnout. We found that having Additional Responsibilities and being On Committees are both associated with higher Burnout and Work Hours; being responsible for Supervision has no obvious association with Burnout but is positively related to

Work Hours; and all three of the workplace responsibility variables are positively related to Age (though Age was not correlated with Burnout).

|                                 | <i>Contract Worker = 0<br/>(permanent member of staff)</i> | <i>Contract Worker = 1<br/>(short term contractor)</i> |
|---------------------------------|--|--|
| Additional Responsibilities = 0 | 5  | 13   |
| Additional Responsibilities = 1 | 182  | 32   |
| p-value Chi-Sq Test             | 0.000  |  |
| Supervision = 0                 | 57   | 17   |
| Supervision = 1                 | 130  | 28   |
| p-value Chi-Sq Test             | 0.375  |  |
| On Committees = 0               | 48   | 26   |
| On Committees = 1               | 139  | 19   |
| p-value Chi-Sq Test             | 0.000  |  |

The proportion of nurse academics reporting that their workload is stressful is 84%. In isolation, this statistic appears troubling for the profession; but the distribution of Burnout indicates that many nurse academics have low levels of burnout or do not even appear to experience burnout at all. The regression model shows that there are several factors, such as *workplace support* and *resilience* that mitigate burnout (Table 7). Working an additional 10 hours per week is associated with a Burnout score that is higher; and the marginal effect of a *Stressful Workload* is associated with Burnout scores being higher.



| Table 7: Linear regression results for Burnout. |                    |                               |                |
|---|--------------------|-------------------------------|----------------|
|   | <i>Coefficient</i> | <i>Coefficient<br/>95% CI</i> | <i>p-value</i> |
| <i>Constant (intercept)</i>                     | 2.76               | (1.82,3.69)                   | 0.000          |
| <i>Stressful Workload</i>                       | 1.41               | (0.95,1.87)                   | 0.000          |
| <i>Work Hours</i>                               | 0.02               | (0.003,0.03)                  | 0.019          |
| <i>Resilience</i>                               | -0.86              | (-1.32, -0.40)                | 0.000          |
| <i>Support Satisfaction</i>                     | -0.71              | (-1.06, -0.36)                | 0.000          |
| <i>Contract Worker</i>                          | -0.70              | (-1.12, -0.26)                | 0.002          |
| R-squared                                       | 36.5%              |                               |                |
| Overall model p-value                           | 0.000              |                               |                |

We use a straightforward linear regression model to explain burnout. Table 7 represents the model using Burnout as a y-variable; whilst all the other variables, continuous and categorical, represent the x-variables. Only x-variables with statistical significance are retained and the table summarises our final model.

Results indicate that having a *Stressful Workload* and having higher *Work Hours* both have a positive relationship with Burnout; on the contrary, having *Resilience* and reporting *Support Satisfaction* are associated with a reduction in Burnout.

Being a *Contract Worker* also has a negative relationship with Burnout; in other words, nurse academics with permanent contracts tend to report higher levels of Burnout. We believe this may be explained by the fact that having a permanent contract is associated with additional workplace responsibilities (as explained above in the context of Table 6). Nurse academics without permanent contracts may also have more flexibility with respect to their non-work life.

### **Discussion**

Burnout directly affects educators. We believe that university teaching is becoming increasingly challenging and stressful and that this has affected the quality of life of academics (Persson, 2017). A further concern is that academics experiencing high-levels of burnout may shift their employment status towards the practice of nursing (or retire), resulting in a critical loss of experienced nurse educators; this is especially important given ongoing concerns about shortages of nurse academics (Bittner & Bechtel, 2017; Brady, 2010; Byrne & Martin, 2014; Kenner & Pressler 2014; Kuehn, 2010).

Academic burnout also directly affects nurse students and has implications for their subsequent clinical practice. We believe that educators experiencing burnout will tend to be less attentive to learning goals, less likely to establish advances in curricula and have a depleted capacity to provide their students with vital support and guidance; the consequences of this neglect can have formative and long-lasting impacts upon future nurses and their patients.

### **Policy Implications**

We find that there is a wide distribution of burnout, as defined by the MBI survey. We quantify factors that explain much of this distribution of burnout scores. We argue that there are three policy implications from our empirical work.

First, our findings suggest that work hours is not the most significant factor in explaining burnout. The positive regression coefficient for work hours indicates a positive association between this variable and burnout, but the marginal effect of increasing weekly work hours by ten hours is only associated with an increase in MBI burnout of 0.2. Therefore, reducing the weekly hours required of nurse academics will not radically reduce burnout.

Second, workplace support for stress management can protect individuals from burnout. Our analysis suggests that improving support would result in a significant and measurable reduction in burnout. For example, the regression in Table 7 suggests that being satisfied with workplace support reduces MBI burnout scores by an average of 0.71. The real-world significance of this is consistent with the literature on support (Sabagh et al, 2018; Sarmiento et al, 2004; Kuehn 2010; Wyllie et al, 2016) and long-term occupational stress (Archibong et al, 2010).

Third, building nurse academics' resilience would help them to cope with burnout. Our results suggest that the generally accepted protective influence of resilience on burnout and stress (Reyes et al, 2015. McDermid, 2016) applies to nurse academics. Specifically, our findings indicate that resilience is associated with MBI burnout scores for nurse academics that are on average lower by 0.86.

Resilience can be cast as the ability to adapt positively when faced with stress and adversity (Davies 2019). To our knowledge, there is limited research on resilience in the context of nurse academics (McDermid et al, 2016). Further research is required to clarify how nurse academics perceive resilience and what evidence-based strategies could be used to promote resilience. In addition, further research into cross-cultural differences in job stress and burnout would clarify the relationship between cultural and personality traits, resilience and burnout.

Finally, we do not believe that moving more academics to contract positions would cause a decrease in average burnout levels. Nevertheless, our analysis suggests that part of the problem with burnout for nurse academics is due to the strain of administrative responsibilities that fall on permanent staff. Addressing this issue may also mitigate problems with stressful workloads in general.

## 5.10 Findings of the Minnesota Job Satisfaction Questionnaire (MSQ).

This section provides details of the findings of the analysis of the data gathered from the short version of the Minnesota, Job Satisfaction Questionnaire (MSQ) followed by a discussion of the qualitative comments to question 25 of the demographic questionnaire.

It addresses the findings of the data from the Minnesota Job Satisfaction Questionnaire (MSQ), to examine whether the MSQ scores correlate with the scores of MBI in relation to burnout and to evaluate participants' level of job and workplace satisfaction (research question 5).

## 5.11 Survey overview

Numerous scales have been developed to measure job satisfaction. Job satisfaction can be defined as a positive attitude towards employment (Mueller & McCloskey, 1990) and it is arguably a stable evaluation of how the job meets the employee's needs, wants, or expectations (Fisher, 2003). Job Satisfaction is usually treated as a collection of feelings or affective responses associated with the job situation, or "simply how people feel about different aspects of their jobs" (Spector, 1997, p. 2).

The connection between job satisfaction and performance remains one of the most prominent questions in business science and organisational behaviour (Spagnoli et al., 2012). Moreover, it is assumed to have major implications because it is a prevailing construct covering all professions, work, jobs and contexts (Spagnoli et al., 2012). For the purposes of this study the short version of the Minnesota Job Satisfaction Questionnaire (MSQ), a 5-point Likert-type scale with 20 items (Weiss et al., 1967), was chosen. The MSQ presents several advantages: it is a well-known and stable over-time

instrument; previous research yielded excellent coefficient alpha values (ranging from .85 to .91); with 20 items, and it is a parsimonious scale (in comparison with the 72 items of the Job Descriptive Index (Weiss et al., 1967).

The MSQ provides participants the opportunity to relate how they feel about their present job; what they are satisfied and not satisfied with about their present job. For example: On my present job, this is how I feel about ... *“the chances of advancement on this job”*. Participants are required to ask themselves “how satisfied am I with this aspect of my job?” The 20 MSQ-short version items are rated on a 5-point Likert scale (1 “very dissatisfied with this aspect of my job”, 2 “dissatisfied with this aspect of my job”, 3 “can’t decide if I’m satisfied or dissatisfied with this aspect of my job”, 4 “satisfied with this aspect of my job” and 5 “very satisfied with this aspect of my job”). Item responses are summed or averaged to create a total score – the lower the score, the lower the level of job satisfaction (Weiss et al., 1967).

## 5.12 Data summaries

**Table 5.4: Data summary of continuous variables.** The *Burnout scores* are average values over the Maslach survey questions (Likert scale 1 to 7 for Section A of the Maslach Burnout Inventory (MBI). The *Minnesota (MSQ) Job satisfaction* column is the Minnesota survey average (Likert scale 1 to 5) and *Work Hours* is the reported number of hours worked per week as well as including average Age. The N Valid and N Missing rows indicate survey participation numbers and valid responses, by column. SD denotes standard deviation.

| <b>Table 5.4: Data Summary of Continuous Variables</b> |                |            |                   |                      |
|--|----------------|------------|-------------------|----------------------|
|  | <i>Burnout</i> | <i>Age</i> | <i>Work Hours</i> | MSQ/Job Satisfaction |
| N  | 222            | 226        | 234               | 220                  |
| N Missing  | 28             | 24         | 16                | 30                   |
| Mean   | 3.59           | 50.29      | 47.67             | 3.34                 |
| SD.  | 1.53           | 8.72       | 12.12             | 0.71                 |
| Skewness   | 0.24           | -0.40      | -0.21             | -0.51                |
| Std. Error of Skewness                                 | 0.16           | 0.16       | 0.16              | 0.16                 |
| Kurtosis   | -1.05          | -0.40      | 0.42              | 0.13                 |
| Std. Error of Kurtosis                                 | 0.33           | 0.32       | 0.32              | 0.33                 |
| Minimum  | 1.00           | 28.00      | 7.00              | 1.00                 |
| Maximum  | 7.00           | 69.00      | 84.00             | 5.00                 |
| quantile 0.1   | 1.71           | 38.00      | 35.00             | 2.41                 |
| quantile 0.2   | 2.00           | 43.00      | 40.00             | 2.70                 |
| quantile 0.3   | 2.43           | 46.00      | 40.00             | 3.02                 |
| quantile 0.4   | 3.14           | 48.00      | 45.00             | 3.25                 |
| quantile 0.5   | 3.43           | 51.00      | 48.00             | 3.43                 |
| quantile 0.6   | 4.00           | 54.00      | 50.00             | 3.60                 |

|              |      |       |       |      |
|--------------|------|-------|-------|------|
| quantile 0.7 | 4.57 | 56.00 | 55.00 | 3.80 |
| quantile 0.8 | 5.14 | 58.00 | 60.00 | 3.95 |
| quantile 0.9 | 5.86 | 61.00 | 60.00 | 4.15 |

The median burnout (MBI) score for the sample is 3.43 and by coincidence the Minnesota median score is also 3.43, which implies that 50% of the participants report low levels of satisfaction in their present jobs, whilst the other 50% report either being satisfied or very satisfied with their present job. However, the 80% quantile for the Minnesota is 3.95 compared to the MBI score of 5.14. To put this score into perspective, this means that if you have a score of 3.95 and above on the Minnesota scale, means that you are satisfied or very satisfied with your present job.

The 80% quantile is 3.95 which implies that 20% of the respondents experience a high level of job satisfaction. On the contrary, a score of 3.0 or below implies that you are dissatisfied or very dissatisfied with your present job. In nearly 20% of the cases there is an average score of 2.70 scored or less, which means that you were very dissatisfied with your present job.

The correlations between the continuous variables are displayed in Table 5. 3. It shows that *Burnout* (section 1 of the MBI A) has a high correlation with MBI B (the second section of the MBI, which represents “depersonalisation”) but a much lower correlation with MBI C (the final section of the MBI). This suggests that MBI C, which represents *Personal Accomplishment* measures something quite different to Section A of the MBI, which is the *Burnout* variable.

There are three other interesting features of the correlations. First, *Burnout* is positively correlated with *Work Hours* but has no correlation with *Age*. Second, the correlations between the *Work Hours* and MBI section scores are positive but at most moderate and there is no detectable correlation at all between *Work Hours* and *Personal Accomplishment*. Third, the correlations between *Work Hours* and the other continuous variables are weak or zero.

The last section in Table 5.5 shows that there is some correlation between *Work Hours* and *Job Satisfaction*. However, there is no indication of any positive correlation between *Age* and *Job Satisfaction*. There is also some correlation between the MBI sections scores and *Job Satisfaction*.

**Table 5.5: Correlation of continuous variables.**

|                   | (MBI A)<br><i>Burnout</i> | MBI B<br>( <i>Depersonalisation</i> ) | MBI C<br>( <i>Personal accomplishment</i> ) | MBI      | <i>Work Hours</i> | <i>Age</i> | <i>MSQ/Job Satisfaction</i> |
|-------------------|---------------------------|---------------------------------------|---|----------|-------------------|------------|-----------------------------|
| <i>Burnout</i>    | 1.00                      | 0.76***                               | 0.43***                                     | 0.91***  | 0.21**            | -0.05      | -0.56***                    |
| MBI B             | 0.76***                   | 1.00                                  | 0.48***                                     | 0.91***  | 0.14*             | -0.07      | -0.56***                    |
| MBI C             | 0.43***                   | 0.48*                                 | 1.00  | 0.69*    | 0.02              | -0.15*     | -0.49*                      |
| MBI               | 0.91***                   | 0.91*                                 | 0.69*                                       | 1.00     | 0.16*             | -0.10      | -0.64*                      |
| <i>Work Hours</i> | 0.21**                    | 0.14*                                 | 0.02  | 0.16*    | 1.00              | 0.17**     | -0.09                       |
| <i>Age</i>        | -0.05                     | -0.07                                 | -0.15*                                      | -0.10    | 0.17**            | 1.00       | 0.01                        |
| <i>Minnesota</i>  | -0.56***                  | -0.56***                              | -0.49***                                    | -0.64*** | -0.09             | 0.01       | 1.00                        |

Note.  $p < .05^*$ ;  $p \leq .01^{**}$ ;  $p \leq .001^{***}$ .



### 5.13 Workplace binary variables.

Variables were coded as 0 if:

*Resilience*, “Do you feel your resilience helps you cope with your workload and stress?” was answered “No”.

*Contract Worker* for those indicating they had permanent positions.

*Stressful Workload*, “Do you consider your present workload to be stressful?” was answered as “No”.

The rows of this table display the percentage of the ‘yes’ responses reported for the categorical variables. Respectively for the columns, answering 1 (“yes”) means: having resilience, not having a permanent contract, having a stressful workload, being satisfied with workplace support, having a Post-Doctoral qualification, being female, having added responsibilities, undertaking supervision and job satisfaction with present job. For example, 85% being female, 84% felt that their resilience helped them cope with stressful workload and 19% were on contracts.

| <b>Table 5.6: Data summary of key categorical variables.</b> |                        |                           |                             |                       |               |                               |                    |
|--|------------------------|---------------------------|-----------------------------|-----------------------|---------------|-------------------------------|--------------------|
| <i>Resilience</i>  | <i>Contract Worker</i> | <i>Stressful Workload</i> | <i>Support Satisfaction</i> | <i>Qualifications</i> | <i>Gender</i> | <i>Added Responsibilities</i> | <i>Supervision</i> |
| 85%  | 19%                    | 84%                       | 57%                         | 52%                   | 85%           | 91%                           | 69%                |

- *Resilience* is coded as 0 if “Do you feel your resilience helps you cope with your workload and stress?” was answered “No”.
- *Stressful Workload* is coded as 0 if “Do you consider your present workload to be stressful?” was answered as “No”.
- *Support Satisfaction* is coded as 0 if “Are you satisfied with the support you receive at work presently?” was answered “No”.
- *Qualifications* is coded as 0 for those who had no doctoral qualifications.
- *Gender* is coded as 1 for those who identified as females.
- *Additional Responsibilities* is coded as 0 for those who did not have any additional responsibilities.
- *Supervision* is coded as 0 for those who did not supervise any students.

*Resilience* is associated with *Burnout* and *Job Satisfaction*. The result(s) show that participants who experienced lower levels of *Burnout* Confidence Interval (C.I. scores of -0.74, -1.68) had a greater level of *Job Satisfaction* (C.I. scores of 0.29, 0.78). This indicates that those participants who had good ‘*resilience resources and skills*’ tend to cope better with job stress and daily challenges at work, thus experiencing lower levels of *Burnout* and greater *Job Satisfaction*.

*Contract Work* is associated with *Burnout* and *Job Satisfaction*. The results show that participants employed on a *contract basis* had lower levels of *Burnout*. The confidence interval (C.I. scores of -1.31, -0.47) indicates it had a negative correlation with *Burnout*. However, there is a positive correlation with *Job Satisfaction* ( C.I. scores of 0.06, 0.55) implying that *Contract Workers* are satisfied with their present job. This could also be because often *Contract Workers* are allocated less added responsibilities like being unit coordinators, chief examiners, and not being on various School and Faculty Committees.

*Stressful Workload* is strongly associated with increased levels of *Burnout* and lower *Job Satisfaction*. The negative correlation with (C.I. scores of -0.72, -0.28) between *Job Satisfaction* and *Stressful Workload* indicates that there is less *Job Satisfaction* related to a higher *Stressful Workload*. However, there is no clear relationship between *Stressful Workload*, *Job Satisfaction* and *Work Hours*. This renders the *Stressful Workload* variable as an independent component of the overall explanation for *Burnout*, at least relative to the blunt measure of *Work Hours*. However, there is a relationship between *Stressful Workload*, *Job Satisfaction* and *Age* with (C.I. scores of -7.99, -1.25).

*Support Satisfaction* is associated with *Burnout* and *Job Satisfaction*. Those experiencing lower levels of *Burnout* (C.I. scores of -1.56,-0.81) show higher levels of *Job Satisfaction* (C.I. scores of 0.61, 0.92). There is also a tendency for those who report being satisfied with workplace support to work fewer hours (C.I. scores of -2.06, -2.67).

There is no association and correlation between holding a *Doctoral Qualification* and *Gender*. The results showed no correlation in terms of *Job Satisfaction* and *Burnout* scores.

*Added Responsibilities* is associated with *Burnout* and *Job Satisfaction*. Those having added responsibilities show a greater propensity to experiencing higher levels of *Burnout* (C.I. scores of 0.33, 1.63), and lower levels of *Job Satisfaction* (C.I. scores of -0.81, -0.04). There is also a clear relationship between *Added Responsibilities* and *Work Hours*. Participants who had added responsibilities tended to work longer hours.

*Supervision* is strongly associated and correlated with *Work Hours* (C.I. scores of 2.86, 9.33) and *Age* (C.I. scores of 1.63, 6.61). Participants who undertook *Supervision* worked longer hours and were probably of an older *Age* group. Senior staff who are supervisors are usually of an older age group due to their level of seniority and years of experience in academia. They are often involved in the supervision of less experienced and novice staff including the supervision of Post Graduate students undertaking Higher degrees. However, there is no clear relationship and no association between *Supervision*, *Job Satisfaction* and *Burnout* scores. This seems to indicate that participants who undertake *Supervision* of students and junior staff do not necessarily experience greater *Job Satisfaction* or experience levels of *Burnout*.

| <b>Table 5.7: Average of continuous variables, split by each key categorical variable.</b> |                |                   |              |                         |
|--|----------------|-------------------|--------------|-------------------------|
|  | <i>Burnout</i> | <i>Work Hours</i> | <i>Age</i>   | <i>Job Satisfaction</i> |
| Resilience = 0   | 4.61           | 48.42             | 48.22        | 2.87                    |
| Resilience = 1   | 3.40           | 47.51             | 50.49        | 3.41                    |
| p-value  | 0.00**         | 0.61              | 0.18         | 0.00***                 |
| CI 95%   | (-1.74,-0.68)  | (-4.66,2.85)      | (-1.07,5.61) | (0.29,0.78)             |

|                          |               |              |                |                |
|--------------------------|---------------|--------------|----------------|----------------|
| Contract Worker = 0      | 3.74          | 48.24        | 50.70          | 3.28           |
| Contract Worker = 1      | 2.85          | 45.02        | 48.28          | 3.59           |
| p-value                  | 0.00***       | 0.20         | 0.13           | 0.01**         |
| CI 95%                   | (-1.31,-0.47) | (-8.18,1.75) | (-5.59,0.76)   | (0.06,0.55)    |
| Stressful Workload = 0   | 2.10          | 46.95        | 54.14          | 3.75           |
| Stressful Workload = 1   | 3.90          | 47.92        | 49.52          | 3.25           |
| p-value                  | 0.00***       | 0.61         | 0.01**         | 0.00***        |
| CI 95%                   | (1.42,2.18)   | (-2.85,4.80) | (-7.99, -1.25) | (-0.72, -0.28) |
| Support Satisfaction = 0 | 4.11          | 49.83        | 50.47          | 3.01           |
| Support Satisfaction = 1 | 2.92          | 44.94        | 50.17          | 3.78           |
| p-value                  | 0.00***       | 0.00***      | 0.80           | 0.00***        |
| CI 95%                   | (1.56, -0.81) | (-8.0,-1.74) | (-2.06,2.67)   | (0.61,0.92)    |
| Qualification = 0        | 3.49          | 46.11        | 48.22          | 3.29           |
| Qualification = 1        | 3.69          | 49.10        | 52.14          | 3.39           |
| p-value                  | 0.33          | 0.06         | 0.00**         | 0.30           |
| CI 95%                   | (-0.20,0.60)  | (-0.12,6.11) | (1.68,6.16)    | (-0.09,0.29)   |
| Gender = 0               | 3.49          | 48.86        | 50.20          | 3.35           |
| Gender = 1               | 3.61          | 47.46        | 50.30          | 3.34           |
| p-value                  | 0.66          | 0.50         | 0.96           | 0.94           |

|                          |              |              |               |               |
|--------------------------|--------------|--------------|---------------|---------------|
| CI 95%                   | (-0.45,0.70) | (-5.49,2.69) | (-3.59,3.80)  | (-0.26,0.25)  |
| Added Responsibility = 0 | 2.69         | 41.39        | 44.82         | 3.73          |
| Added Responsibility = 1 | 3.67         | 48.19        | 50.73         | 3.31          |
| p-value                  | 0.01**       | 0.03*        | 0.05          | 0.03*         |
| CI 95%                   | (0.33,1.63)  | (0.54,13.06) | (-0.03,11.85) | (-0.81,-0.04) |
| Supervision = 0          | 3.54         | 43.50        | 47.44         | 3.26          |
| Supervision = 1          | 3.61         | 49.59        | 51.56         | 3.37          |
| p-value                  | 0.74         | 0.00***      | 0.00***       | 0.28          |
| C I 95%                  | (-0.36,0.51) | (2.86,9.33)  | (1.63,6.61)   | (-0.10,0.33)  |

This table summarises the relationships between the categorical variables and averages of the continuous variables. The rows summarise the averages of the continuous variables, split by 0 (“no”) or 1 (“yes”) for each categorical variable. The first two rows for each categorical variable are the sample mean values of the corresponding continuous variable. The last rows for each case display the p-values and confidence intervals (CI 95%) from a Welch t-test on the difference in means between the categorical variable splits.

#### 5.14 Key Aspects of the MSQ/Job Satisfaction findings

*Job Satisfaction* is usually treated as a collection of feelings or affective responses associated with the *Job Situation*, or “simply how people feel about different aspects of their jobs” (Spector, 1997, p. 2). On the question of whether the participants considered their present job to be satisfactory, the results indicate that nearly 50% of the respondents find their present job satisfactory whilst the other 50% report low levels of job satisfaction. In the same vein, about 30% of the participants imply that they are either dissatisfied or very dissatisfied with their present job. On the contrary, 20% of the respondents imply that they are either satisfied or very satisfied with their present job. In

order to examine these statistical results about job satisfaction further it was deemed necessary to explore these responses in greater depth by follow up questions in Phase two. The qualitative data and their analysis refine and explain the statistical results identified in Phase one by exploring participants' views in more depth (Creswell & Plano-Clark, 2007; 2011).

Another interesting feature of particular responses to the background is a strong correlation with *Work Hours*. The study found that having *Extra Responsibilities*, being required to do *Supervision* and being *On Committees* are all correlated with increased *Work Hours*. But these workplace variables do not help explain *Burnout* after the explanatory power of the other variables, in particular, *Work Hours* and the Minnesota (job satisfaction), are taken into consideration (as shown in Table 4). Likewise, *Age*, appears to have a strong correlation with *Stressful Workload*, *Added Responsibilities* and a stand-alone relationship with *Qualification* when the results of the Minnesota (MSQ) is taken into consideration (Table 4). It might very well be that being longer in their present jobs, older participants obtained their Doctoral qualifications. However, *Age* did not correlate with '*Job Satisfaction*' or '*Burnout*'.

In relation to the other background variables when the findings of the MSQ results are taken into consideration, there appears to be a strong correlation with '*Support*' received at work, being a '*Contract Worker*' experiencing a '*Stressful Workload*', having '*Added Responsibilities*' and having '*Resilience*' when facing work stress. It appears to indicate that not everyone who was stressed experienced '*Burnout*', as their personal '*Resilience*' provided a buffering effect and acted as a protective factor against stress and burnout. It was also interesting to note that although nearly 83% of Nurse Academics felt that their

work was stressful, likewise, nearly 84% also felt that their *Resilience* helped them cope with the stress.

The only question that asked for an extended response within the demographic questionnaire was question 25, which asked whether participants were satisfied with the support they received at work presently. In response to question 25 of the demographic questionnaire nearly 58% of participants felt that they were satisfied with the present support they received from the workplace. However, around 42% indicated that they were not satisfied with the present support received. It is difficult to ascertain whether those participants who felt supported were equally satisfied with their present job. As the findings indicate, in trying to assess *Job Satisfaction*, one of the greatest difficulties and challenges is that it is possible to be satisfied with some aspects of a job and at the same time be dissatisfied with others (Spagnoli et al., 2012).

#### 5.15 Responses from Question 25 of the demographic questionnaire.

Question 25 of the demographic questionnaire asked: “Are you satisfied with the support you receive at work presently?” If No, please specify. A total of 218 respondents answered this question. Around 126 (58%) respondents were satisfied with the support they presently received at their job. Since question 25 asked participants to elaborate and specify only if they were ‘NOT’ satisfied with the present support they were receiving at work, no details or responses were captured about those who answered ‘Yes’. Equally, there appears to be no direct relationship between *Support* and *Job Satisfaction*. Feeling supported did not necessarily equate to being satisfied with their present job.

Around 92 (42%) of respondents were ‘NOT’ satisfied with the support presently received at work. They related several telling factors that led them to believe the reasons



for their present dissatisfaction with their job. Within the responses to question 25, extracts that best represent the views, concerns, and reasons for dissatisfaction with their present job are discussed.

A number of participants highlighted some of the 'extrinsic factors' that influenced the way they felt about their present job stressors and challenges. One respondent stated that there was "*complete disregard for the huge workload. Minimal support from the executive team*". An interesting finding by another participant indicated that "*abuse from students (verbal and written) is tolerated and not managed by the leadership team or the university system*". This showed that other extrinsic factors such as pressure from demanding students was a major factor that caused undue stress for the academic staff.

A number of participants highlighted their concerns about the lack of managerial support by statements such as "*lack of support from managers*", being "*constantly told there is no support as it is too expensive*" including concerning remarks such as "*very little support and some workplace bullying*" including "*university management does not listen to our significant issues*".

Another wrote openly about the way some academic staff who were on contract or on probation were treated, and the lack of concern by senior management was a grave concern of this participant ; "*Senior management want more and more and will do anything other than employ new staff. They increase teaching allocation but aren't interested in reducing research outputs. Bullying is standard, especially for those on contract or probation. No opportunity to teach my specific knowledge and no chance of career progression unless you suck up to the powerbrokers*".

Increasing workloads including teaching responsibilities and the lack of support was another area of great concern mentioned by many Nurse Academics. Examples of such concerns include statements such as: *“The teaching and subject coordination workload is out of control. I teach in 5 subjects per annum, and I am also subject coordinator for these subjects. One subject has 800 students in it, and I am the only permanent staff member. Each student attends lab, with about 30 students in a lab and one teacher. As I am the only permanent staff member, the rest of the teaching staff are casual. And the quality of the casual staff is variable. It has now got to the stage where you only need to be an RN upright with a pulse to teach in our BN program”*.

This was echoed by other staff who indicated similar such concerns: *“Increasing numbers of students, less hours of contact, and greater numbers of students with poor language skills means more responsibility and workload with less pay, no greater recognition and no acknowledgement that this is the case”*.

Likewise, other similar sentiments were explained by many other Nurse Academics: *“There seems to be an organisational push for more workload and output but decreased workload framework to support this”* and *“workload is abominable”*.

Other participants wrote about how *“workload agreements get worked out at the beginning of each year or semester, but additional work is undertaken which isn’t accounted for until next semester or the next year”* and how *“the workload is large and impossible to complete in allocated hours requiring a lot of work in my own time”*.

The qualitative remarks by 43% of participants who were not happy with the support they received at their present jobs clearly indicated that they had a number of serious concerns that needed to be taken into consideration by management in order to reduce the job stress

that could contribute towards academic burnout. However, on the other hand, 126 (58%) of the respondents did feel satisfied with the present support that they received at work. In view of this, it was deemed necessary to explore and investigate (in Phase two of the study), reasons why 58% of the respondents felt satisfied with the support they presently received at their job. A semi-structured face-to-face and telephone interview method was used to collect the qualitative data and to analyse the narrative data to explain, or elaborate, on the numeric results obtained in the first phase of the study. The qualitative (Phase two) of the study builds on the quantitative (Phase one), and the two phases are continuously merged to explain the research questions.

The rationale for this approach is that the quantitative data and the subsequent analysis provided a general understanding of the research problem. The qualitative data and the analysis refined and explained those statistical results by exploring the views of the participants in greater depth (Creswell & Plano-Clarke, 2007; 2011). As this study utilised a mixed method explanatory approach, this process also helped in the ongoing integration of the data obtained for the two phases of the study. Explanatory design studies start with quantitative data collection and analysis followed by qualitative data and analysis (Creswell & Plano-Clarke, 2007; 2011). On obtaining the quantitative results, the process of qualitative data collection and analysis was then completed. The qualitative data served to help explain some aspects of the quantitative results (for example, the extended responses of q.25 that needed further exploration) (Creswell & Plano-Clarke, 2007; 2011).

Finally, a number of the participants felt unrecognised and unsupported; *“There is no recognition of the extra time spent outside of working hours or attempt to reduce workload, teaching allocation in particular”*. Another strongly felt *“very little support*

*or encouragement given to research & writing. Too much focus on 'online' and 'sim' at the expense of quality face-to-face teaching. Not enough staff to meet teaching requirements. Toxic horizontal violence in the work environment” and “Poor leadership, lack of support. Refusal to listen. Vacant positions not filled causing additional stress with high numbers of sessional support and expectation of increased workloads”.*

## 5.16 Discussion

To address the four research questions of this phase of the study:

- (1) Do Australian nurse academics experience burnout?
- (2) To what extent do Australian Nurse Academics experience burnout?
- (3) What are the background variables in relation to burnout among Australian Nurse Academics?
- (4) Is there a relationship among Australian Nurse Academics between burnout and job satisfaction?

The results indicated that Nurse Academics do experience burnout. Likewise, many expressed a sense of satisfaction with their present job. Whilst many Nurse Academics report high burnout scores, the data also show that many Nurse Academics clearly do not experience *Burnout*. This wide distribution enables to quantify the impact of various contributing and mitigating factors for *Burnout* and *Job Satisfaction* (since the prevalence of the factors influencing *Job Satisfaction* and *Burnout* vary widely across our sample).

It was also clear 84% of the participants considered their present workload to be stressful. The findings also indicated that a number of demographic variables had an influence in reducing the effects of stress and *Burnout* and the relationship with *Job Satisfaction*. An interesting feature of particular responses to the background is a strong correlation with *Work Hours*. The results indicated that having *Extra Responsibilities*, being required to undertake *Supervision* and serving *On Committees* all correlated with increased *Work Hours*. But these workplace variables do not help explain *Burnout* after the explanatory power of the other variables, in particular, *Work Hours* and *Job Satisfaction* results, is

taken into consideration. Although nearly 84% of Nurse Academics felt that their workload was stressful, however, nearly 84% felt that their resilience helped them cope with the workload stress and burnout. This is also indicative that not everyone who was stressed experienced *Burnout*, as their personal resilience provided a buffering effect and acted as a protective factor against stress and *Burnout* and level of *Job Satisfaction*. However, how the participants who build their *Resilience* is not explored and this could be an area for future investigation and further research.

In contrast to burnout, resilience is a term which is used increasingly to describe how we manage challenges in our everyday and work life. Derived from the Latin verb *resilire* – to jump back – resilience is used also as a proxy for good mental health (Aburn, Gott, & Hoare, 2016). To cope with work and life stressors, building resilience is a skill that is being advocated increasingly to cope with work and life stressors (Fernandez, 2016). Aburn et al. (2016) identified that no universally accepted definition of resilience exists which is universally adhered to. However, in their review, Aburn et al. (2016) identified a set of key definitions and concepts from across the literature which include:

- rising above to overcome adversity.
- adaptation and adjustment.
- ‘ordinary magic’ (defined as an ordinary phenomenon that is inherent in all people) (Masten, 2016)
- good mental health as a proxy for resilience and
- the ability to bounce back.

Several studies suggest that resilience is the resource of an individual to move on in a productive way from traumatic or stressful experiences (Tugade & Fredrickson, 2004). Very few studies have been conducted to investigate the relationship between resilience and burnout; however, few involved nurses (Mealer et al., 2014; Moon, Park, & Jung, 2013). Likewise, in this section, it showed that resilience has a strong relationship with burnout, which enriches the existing knowledge about the influencing factors of burnout.

As mentioned by many participants in the narratives in question 25, a number of pertinent factors identified within Phase one of this study (including a lack of job satisfaction and recognition, growing workload, pressure to research and publish, and the increasing non-academic administrative work), which was not acknowledged as part of workload, created greater concern. Universities are expected to generate funds on a self-reliant basis and there is a greater expectation in terms of research and development and taking on more workload and added responsibilities. Ultimately, if nurse academic staff members are exposed to more work demands and confronted with greater shortage of resources, this will inevitably cause greater job stress, burnout, and lack of job satisfaction. Concerns have equally been raised internationally about the sustainability of the nursing academic workforce. Doing more with less, increasingly appeared to be the normal way of working.

### 5.17 Chapter Summary

The collective findings from this Phase one of the study offers valuable insight into the present daily challenges that Nurse Academics face to overcome the reported dissatisfaction and job stress leading to burnout. The findings have some practical implications for policy makers, and faculty members and administrative staff working in universities. For the policy makers and management of nurse academic staff, a greater

awareness about the sources of job stress and burnout is important so that the root causes of burnout are identified, and strategies put in place to help reduce stress and burnout.

Despite the quantitative findings in this section of the study, there remains unanswered questions that future research may wish to address, which include:

- (a) Does an employer care more about burnout than job satisfaction?
- (b) Does burnout or the lack of job satisfaction affect worker retention and quality of teaching?
- (c) Does the lack of job satisfaction lead to burnout and/or vice versa?

But whilst many Nurse Academics report high burnout scores, the data also show that many Nurse Academics clearly do not experience burnout and many of them are equally not satisfied with their present job.

Chapter six will discuss the findings of Phase two of this study.



## CHAPTER SIX – Results Phase Two of the Study

### 6.1 Introduction

This chapter presents the findings from Phase two (Qualitative component) of the study.

The aim of this phase of the research was:

- (a) to explore the experiences and perceptions of job stressors and job satisfaction in relation to burnout among Nurse Academics within Australia.

The introduction, background and methods are presented, followed by the results, discussion, and conclusion. The findings are presented from two manuscript(s) that have been submitted to the following two International Journals, namely, (i) Nurse Education Today and (ii) Journal of Clinical Nursing, as part of this thesis. Nineteen nurse academics were interviewed, all being employed full time. The demographic characteristics and profile of the participants are presented and as shown in Table 6.1.

**Table 6.1 Demographic profile of participants**

| Employment level    | No of Participants | Years of experience           | Females =F<br>Males= M |
|---------------------|--------------------|-------------------------------|------------------------|
| Professor           | 3                  | 26, 21 and 22 years           | 1 M 2 F                |
| Associate Professor | 1                  | 12 years                      | 1 F                    |
| Senior Lecturer     | 5                  | 21, 16, 21, 25 and 8<br>years | 5 F                    |
| Lecturer            | 10                 | 3-24 years                    | 1 M<br>9 F             |
| Total Participants  | 19                 | 19                            | 19                     |

The first part of the chapter will discuss the findings from the first manuscript presently under review by the Journal: Nurse Education Today.

## 6.2 First Manuscript – Nurse Education Today – Details and Abstract

### Nurse Education Today

#### EXPERIENCES OF NURSE ACADEMICS. A QUALITATIVE STUDY

##### --Manuscript Draft--

|                                     |  |
|-------------------------------------|--|
| <b>Manuscript Number:</b>           | NET_2019_509R1   |
| <b>Article Type:</b>                | Research Paper   |
| <b>Section/Category:</b>            | Research articles  |
| <b>Keywords:</b>                    | Qualitative research, students nursing, workload, job satisfaction, nurse faculty, burnout professional. |
| <b>Corresponding Author:</b>        | Mr. Charanjit Singh<br>Federation University Australia - Berwick Campus Berwick, Victoria<br>AUSTRALIA   |
| <b>First Author:</b>                | Mr. Charanjit Singh  |
| <b>Order of Authors:</b>            | Mr. Charanjit Singh<br>Professor Jackson Debra<br>Dr. Ian Munro<br>Professor Wendy Cross                 |
| <b>Manuscript Region of Origin:</b> | Asia Pacific   |

|                         |   |
|-------------------------|---|
| <p><b>Abstract:</b></p> | <p><b>Abstract Background</b><br/> The evidence suggests that heavy workloads, pressure to publish, lack of recognition and job insecurity has led to increased job stress among nurse academics. Lack of proper mentoring, reorientation and transition into an academic role are considered to be contributory factors towards the lack of retention and recruitment among nurse academics. Internationally, the sustainability of the nurse academic workforce is an area of great concern. The experiences of nurse academics has not been extensively investigated.</p> <p><b>Objectives:</b> To explore the work experiences of nurse academics.</p> <p><b>Design:</b> Qualitative Exploratory study. Data were analysed using thematic analysis.</p> <p><b>Participants:</b> A purposive sample of nurse academics (n=19), recruited from all states and territories of Australia, lecturer to professor level and work experiences from 2 to 30 years.</p> <p><b>Methods:</b> Data were collected using semi-structured face to face and telephone interviews. Data were transcribed verbatim and thematically analyzed based upon Braun &amp; Clark's model. The study is reported in accordance with the COREQ guidelines. Ethical approval was granted by the relevant University Human Research Ethics Committee.</p> <p><b>Results:</b> Four main themes were identified (a) Helping students achieve, finding satisfaction through student engagement, (b) working with challenging students, (c) increased workloads, lack of support and resources and (d) difficulty with retention of newly appointed staff.</p> <p><b>Conclusions:</b> Although the findings highlighted the interactions with nursing students were a positive experience, many of the participants raised great concern about the challenging, difficult, academically weak, rude, and manipulative students. The growing workload increased non-academic administrative work, and the inability to sustain newly appointed staff were areas of great concern. Doing more with less and not being recognized were pertinent factors that needed to be addressed.</p> |
|-------------------------|---|

### 6.3 The main manuscript

Experiences of Nurse Academics – A Qualitative Study is presented below in pdf version, being the accepted version of the manuscript by the Journal Nurse Education Today.

## **Work experiences of Nurse Academics. A qualitative study.**

### **Abstract**

#### **Background**

The evidence suggests that heavy workloads, pressure to publish, lack of recognition and job insecurity has led to increased job stress among nurse academics. Lack of proper mentoring, reorientation and transition into an academic role are contributory factors towards the lack of retention and recruitment among nurse academics. Internationally, the sustainability of the nurse academic workforce is an area of great concern. The experiences of nurse academics have not been extensively investigated.

**Objectives:** To explore the work experiences of nurse academics.

**Design:** Qualitative Exploratory study. Data were analysed using thematic analysis.

**Participants:** A purposive sample of nurse academics (n=19), recruited from all states and territories of Australia, lecturer to professor level and work experiences from 2 to 30 years.

**Methods:** Data were collected using semi-structured face to face and telephone interviews. Data were transcribed verbatim and thematically analyzed based upon Braun & Clark's model. The study is reported in accordance with the COREQ guidelines. Ethical approval was granted by the relevant University Human Research Ethics Committee.

**Results:** Four main themes were identified (a) Helping students achieve, finding satisfaction through student engagement, (b) working with challenging students, (c) increased workloads, lack of support and resources and (d) difficulty with retention of newly appointed staff.

**Conclusions:** Although the findings highlighted the interactions with nursing students were a positive experience, many of the participants raised great concern about the challenging, difficult, academically weak, rude, and manipulative students. The growing workload increased non-academic administrative work, and the inability to sustain newly appointed staff

were areas of great concern. Doing more with less and not being recognized were pertinent factors that needed to be addressed.

**Key words.** Qualitative research, students nursing, workload, job satisfaction, nurse faculty, burnout professional.

### **Introduction:**

Over the past three decades, higher education in many countries including the United Kingdom, America, Canada, Australia and Asia has experienced changes that have increased the intellectual, technical, professional and emotional stress placed on academic staff (Jaswanthal et al., 2019, Logan et al., 2016). The widespread prevalence of occupational stress and burnout in the academic world denotes that university teaching has become a demanding profession (Khan et al., 2019), with consequences including decreased job satisfaction, reduced morale and ill health for academic staff (Lockanadha Reddy and Poornima, 2012).

Stressors unique to academia present their own set of demands. Nurse academics are no exception. Several common stressors such as large class sizes, time constraints, heavy workloads, and pressures for scholarship along with teaching responsibilities were the main issues of concern for nurse academics (Kizilci et al, 2012; Roughton et al, 2013). The expectation that academics publish and disseminate research findings, information, and knowledge is increasingly a component of nursing and academic practice (Wilson et al., 2013). In addition, internationally, the shortage and retention of academics including nurse academics is well recognised (Manogharan, et al., 2019, Persson, 2017).

Very few empirical studies have explored the experiences of nurse academics with the exception of novice nurse academics and those transitioning from clinical to academic work (Clarke et al 2010; Goodrich, 2014; Jackson et al, 2015; Logan et al., 2015; McDermid et al., 2018). The literature highlights the complexities around becoming a nurse academic. However, little is known about the broader nursing academic workforce. This exploratory study was undertaken to gain further insight into the experiences of nurse academics.

## **Methodology**

Design:

This study used a qualitative exploratory design. The use of such a design was considered to be most appropriate for the purposes of this study, to capture the meaningful insights of the work experiences of nurse academics. The theoretical framework and conceptual model that underpins this design is guided by the Job-Demands Resource Model (JD-R Model), (Demerouti et al., 2001). The main tenet and philosophical assumptions of this theoretical framework postulates that stress and strain is a response to the ‘in-balance’ between demands on the individual and the resources made available to deal with the presenting demands of any job (Demerouti et al., 2001). The JD-R model is a flexible conceptual framework which readily applies and resonates with the aim and purposes of this study to explore the work experiences of nurse academics within Australia.

For the purposes of this qualitative study, semi-structured interviews were undertaken with 19 nurse academics. The sample size was determined by data saturation when no new categories were generated in subsequent interviews. (Polit and Beck 2014). All interviews were audio recorded, transcribed verbatim and the transcripts thematically analysed. They captured themes that highlighted the nature of their daily interactions with students and workload issues. This research adheres to the Equator guidelines using (COREQ) Consolidated Criteria for Reporting Qualitative Studies guidelines. (Tong et al., 2007).

### **Recruitment**

An email was sent to all schools of nursing within the states of Australia providing details of the study and the level of participation required. Participants were recruited using purposive sampling. In order to be eligible for this study potential participants were required to be currently employed full time as nurse academics for a minimum of one year. This recruitment

was part of a larger mixed method doctoral study. Interested staff were asked to respond to the research team by return email or telephone message and an interview was scheduled. Sixteen women and three men participated in this study. Taking into consideration the gender ratios within the nursing profession this representation of participants is consistent with gender ratios. The profile of the participants is presented in (Table 1).

### **Data Collection**

Following procedures of informed consent, data were collected using semi-structured and face to face interviews. Interviews lasted between 45 minutes to 80 minutes. Interviews were conducted by the first author. Participants were given a mutually convenient scheduled date and time in advance to be interviewed. Four (4) participants were interviewed face to face on a university campus in a private room, and the remaining fifteen (15) participants were interviewed via telephone due to geographical distances. All the data collected were audio-recorded and transcribed verbatim by a professional transcription company. To ensure the participants addressed the research question about their job experiences, prompts during the interviews such as “please elaborate and explain what do you mean by feeling stressed at your job” were used throughout the interview to re-focus the participants. A personal notebook audit/trail was maintained by the first researcher for every interview undertaken. Open ended questions were used to articulate the participant’s views and experiences about their present job.

### **Ethical Considerations**

Ethical approval was granted by the relevant University Human Research Ethics Committee (Project Number: blinded for peer review). All participants’ confidentiality and privacy were protected by the use of pseudonyms and personal details were redacted. All participants signed



a consent form and were willing to contribute to this study without any coercion. To further preserve their confidentiality and identity the findings were presented as collective themes rather than personal experiences and stories.

### **Data analysis**

Data were analysed using thematic analysis (Braun and Clarke, 2006). All the transcripts were initially read by the first author and were then read and re-read by the other three members of the research team. This process was rigorously followed and repeated several times so that the research team gained insight and greater understanding of the participants' experiences. At this stage initial codes and broad themes were generated manually. Next, the six phased, step-by-step process of undertaking thematic analysis was duly undertaken (Braun and Clarke, 2006). Following this process, the different codes were examined carefully by all the researchers and potential themes were identified. All the four researchers were experienced nurse academics. In order to reduce any bias, the researchers used a reflexive approach (Carpenter and Suto, 2008) to ensure on how their experiences and own positions reduced any influence and the interpretation of the data. This reflexivity (Carpenter and Suto, 2008) was essential to ensure that the findings of this study were an accurate reflection of the experiences of the participants. The reflexive approach was undertaken by constantly reminding ourselves and being mindful that as nurse academics our contribution to the construction of meanings could influence the narratives and lived experiences revealed by the participants (nurse academics), throughout the research process (Ackerly and True, 2010; Denzin and Lincoln, 2011). The constant dialogue, personal insights shared through our reflexivity process helped us to reduce any bias. We explored the ways in which our involvement in the research study influenced, acted upon, and informed the very study undertaken by nurse academics about nurse academics (Palaganas et al., 2017). However, it is worth noting that the reflexive process recognizes that any finding is the product of the researcher's interpretation (Jootun et al., 2009, p. 45). After all, Reay (2007,

p. 611) argues that reflexivity is “about giving as full and honest an account of the research process as possible, in particular explicating the position of the researcher in relation to the research.”

## **FINDINGS**

Study participants included junior academics to very senior academics (See table 1). Findings reveal the complexity of academic nursing work, and the multiple competing demands faced by nurse academics. Through their voices and narratives, participants revealed both the demands and the rewards of academic life. The findings for this study are presented in the following four themes, (a) Helping students achieve, finding satisfaction through student engagement, (b) working with challenging students, (c) increasing workloads coupled with lack of resources and support and (d) difficulties with retention of newly appointed Staff.

Extracts that best represent the four identified themes are discussed.

### **“Helping students achieve” finding satisfaction through student engagement.**

Nurse academics interact with students on a daily basis. Most of the participants reported that in spite of the growing number of students, added workload and administrative work the experiences with students was construed as being the most rewarding. Seeing their students grow and mature during their period of study is well illustrated by the following.....

*“the most enjoyable part about my job would be the student interaction, and watching students’ progress from being very near-sight, not really knowing much about nursing, and then the level of knowledge and confidence they have by the time they get to the end” ... (Senior Lecturer 1)*

In spite of the daily work stress experienced by the participants, many of them expressed positive views aspects about their job that sustained their interest. A number of nurse academics expressed how much they enjoyed the altruistic-nurturing aspect and nature of their daily work. The participants achieved a great deal of personal joy and satisfaction following students individually and collectively, during the course of their undergraduate studies and witnessing their growth and transformation.

*“most enjoyable is seeing students complete. Seeing students enjoy the whole learning, and teaching experience. And to see them, personally, grow into something quite unique and different.” ... (Associate Professor 1)*

Another important aspect identified was their crucial role in the provision of a well-educated and well-prepared workforce for the health system. Their pride in making such an important contribution to society sustained them through the difficult times.

*“I think that's the thing that sustains you, knowing that you're actually making a difference, knowing that you're providing workforce for the health system. But I do like the interaction with the students, particularly the third-year students, because they've got a lot of knowledge” ... (Senior Lecturer 2)*

#### **Working with challenging students.**

However, in contrast to the positive experiences and interactions with students a number of participants drew attention to the fact that not all student interactions were deemed as enjoyable and positive experiences. Meeting the needs of challenging students resonated throughout the nurse academics experiences, and this was an important area of occupational stress for participants.

*“ Also, how to manage difficult students - the ones who want to be on their mobile phones all the time, the ones who are late, the ones who are just unprofessional....and that they can come and go as they please”... (Lecturer 2)*

Within and out of the classroom environment participants also experienced negative, challenging behaviours from students on a daily basis. Participants grappled with presenting material in ways to engage those students who presented as reluctant learners.

*“teaching students who don't really want to be taught. The ones who don't want to be doing the unit. In the research unit there are a number of - because it's a core unit there are a number of students who don't really want to be there” ... (Senior Lecturer 3)*

The student's expectations that their lecturers will respond to their daily emails quickly and sometimes immediately is an area of concern. The relentless daily barrages of emails from students, who had unrealistic expectations of the response time by their lecturers, reduced job satisfaction. These unrealistic student expectations added pressure and stress to the daily work of academics.

*“I can lose a day answering emails, several times a week. Because the students have the expectation that you will respond to them quickly, and the university just spews out emails all the time” ... (Lecturer 4)*

Another area of great concern related to students who were construed as being manipulative and demanding. These students are often well versed about the process of the academic system and try to manipulate the system to their own advantage.

*“I’ll tell you what does keep me awake occasionally, when you’ve got students who do the wrong thing but they know how to work the system and I worry that these people are actually going to be nurses....(Associate Professor 2)*

There were students who communicated with inappropriate and derogatory terms in their emails when their needs were not met. To be on the receiving end of such emails was extremely stressful and concerning for the nurse academics

*“If I get an email from a student who is very unhappy... that is the biggest stress, as far as I’m concerned, if someone is not happy, and using derogatory terms, and language, that’s not just about education - there’s something a little bit more than that in there. To be at the receiving end of such a thing is really stressful” .... (Lecturer 5)*

A number of participants expressed views about how students can be extremely personal and attacking in their remarks when giving feedback in the university subject evaluation system.

*“The feedback that we get sometimes can be quite personal and attacking particularly if you’re feeling a little bit more vulnerable or stressed. Those personal attacks can be quite difficult to manage, and we do get a bit of that as well” .... (Lecturer 6)*

These challenges affected job satisfaction and increased stress levels for participants.

### **Increasing workloads, lack of resources and support**

Participants expressed the increasing workload to be a major source of stress and concern in their daily work. They were overwhelmed by the demands of the role and the lack of resources.

*“The workload is exponential in growing, without the associated resources to maintain that absolute growth. And the pressure to perform at very high levels with reduced resources, and the potential to compromise my own integrity. That's the most stressing for me.” ... (Senior Lecturer 5)*

A few participants expressed their views about the stressful nature of the reduction of professional administrative support....

*“So, it just seems to me that one of the biggest stressors actually has been the reduction in professional support and we now have to be not only an expert in area of practice. We also have to be an expert in teaching. And it's a big call. It's difficult to get someone who has all those abilities” .... (Lecturer 9)*

Participants expressed their frustration and the sense that there was little support and the lack of acknowledgement of their contribution.

*“For me the stress is the amount of work that's allocated to you and the way workload is actually viewed. I think it's stressful to do all of the things that are required of you and when it's not acknowledged, and I think that's what's stressful, that the work that you've done” ... (Lecturer 3)*

The effects of extra workload and job stress was an area of concern for a number of participants including the potential for burnout.

*“I think that workload contributes to burn out, and that can take different forms. But it's my observation that all academics in schools of nursing - or most certainly work much more than their required hours. So, I think that really contributes to burn out, because it affects work life balance. It can diminish morale; it can make people tired. So, I think workload is an issue” ... (Senior Lecturer 4)*

Dissatisfaction about the increasing workload and the requirements to spread across research teaching and service was well narrated by a senior member of staff.

*“Well, I think workload is a major one. And the requirement to spread yourself across these three different, research, teaching and service. So I think you get burnt out because you’re not concentrating in one area, you’re trying to spread yourself across” ... (Senior Lecturer 5)*

The amount of time spent in responding to daily emails, monitoring discussion boards, maintaining mark sheets, writing of reports for faculty of students who plagiarize and helping students navigate their way for online units are examples of unaccounted, invisible added work that was not factored into the workload formulas.

*“There’s not a lot of scholarly output because of the demands of teaching. So your workload is a huge factor and I know the university has been trying to define workload better and capture what we do better, but there’s still a lot of unaccounted work that we do and it’s not captured” .... (Lecturer 8)*

The issues related to heavy and demanding workloads was well summed up by a retiring senior academic who succinctly and clearly expressed the growing nature and negative consequences of the unreal expectation and how it impacts upon the lives and well-being nursing academics.

*“We are killing our staff. we are asking them to do too much” .... (Senior Lecturer 1)*

#### **Difficulty with retention of newly appointed Staff**

Even though new staff were recruited, participants described difficulties in retaining them.

*“.. well we get - okay - three staff members came in as nurses last year. They've already left because they couldn't believe the workload. So that's telling, isn't it? I feel really sorry for them because they're just -it's like they're fodder. They come, we exhaust them, and they go”*

**... (Senior Lecturer 4)**

Difficulty in retaining staff was seen to be associated with unsustainable workloads.

*“Yeah there has been a bit of a turnover of staff in recent years and I think it's around workload. It's mainly around workloads, what people are expected to do and about job security. They're the main issues for people I think” ... . (Lecturer 7)*

There was a concern that new academics did not fully understand the complexities of their new academic roles. The following is an excerpt from an experienced nurse academic...

*“Know the award and know the expectations of a lecturer and be prepared. How to survive in academia, the expectations of an academic at the different levels” ...we're getting a lot of inexperienced people coming in and they're not actually understanding” ... (Lecturer 1)*

## **DISCUSSION**

This qualitative study offers a collective insight into the experiences of nurse academics at all levels within the tertiary sector. Although most of the participants found that their personal engagement with nursing students was a positive experience, however, equally, many of the nurse academics raised great concerns about challenging, difficult, the academically weak, rude and manipulative students. This placed added stress and strains to the daily work of the nurse academics. Occupational stress is identified as a major issue.



The toll of academic work is well cited within the recent literature and the findings from this study resonates well with the personal experiences of the participants depicting workload issues as one of the major factors of occupational stress and burnout. (Khalidoun, 2020, McCaffery, 2018, Persson 2017). One of the key drivers of occupational stress identified was excessive workload, together with a lack of support, understanding and respect from managers (Persson, 2017). This has implications upon the delivery of nurse education for it directly affects and influences employees' level of job satisfaction which in turn could lead to low performance and intention to leave (Yedida, et al., 2014). Like other studies (Bittner and Bechtel 2017; Kizilci 2012; Roughton et al, 2013; Wilson et al 2013) we found the growing and perceived unsustainable distribution of workload, pressure to research and publish, undertake increased administrative non-academic work, which were not being acknowledged as being part of their workload, were areas of great concern.

The findings of our study have some practical implications for the faculty members and administrative staff working in universities and for the policy makers in the higher education system. For managers, supervisors and head of schools, awareness about the sources and root causes of job stress needs to be identified and addressed. Such insight and knowledge for management is vital because certain factors identified in our study like the exponential work growth and lack of negotiation about heavy workloads, pressure to publish, unaccounted invisible work, demanding and challenging students, added administrative work and lack of resources are strong and positive predictors of stress and burnout. Likewise, to overcome the important issue of retention of junior staff, quality consistent mentoring and early career counseling can act as a preventive tool for coping with the demands and challenges, to reduce job stress and enhance job satisfaction.

The administration of universities should arrange stress management and resilience training on a regular basis so that academic staff develop necessary skills and capacities to cope with the

stress during work. The policy makers in higher education system should devise strategies for increasing the amount of financial resources allocated to the universities. As lack of resources is one of significant determinant of burnout, thus, decisions need to be made for accessing the needs of universities and the amount of budget allocated. The policy makers should devise policies for institutional autonomy and universities should be allowed to participate in policy formulating matters.

This is well supported by other studies that highlight common stressors such as a lack of undersupply of well-prepared doctoral nurse academics for the future, large class sizes, time constraints and pressures for scholarship along with their daily teaching responsibilities (Bittner and Bechtel 2017; Kizileci et al 2012; McDermid et al 2012, 2018; Roughton 2013; Yedidia et al 2014). Smeltzer et al (2015) also drew attention to the importance of greater involvement by faculty to carefully monitor the workload of less experienced doctoral faculty members. All of these changes in the nature and form of academic work are occurring in a climate where resources have reduced (Marann et al 2013) and there is an inadequate supply of nursing faculty personal, with others intending to leave. This is well supported by Khan's et al (2019) literature review and systematic review by Yedidia et al (2014) studies which highlighted the lack of capacity to educate sufficient numbers for meeting demands worldwide. Various participants in this study have expressed how the increasing workload including the lack of preparing newly appointed nurse academics act as impediments to the future workforce in nursing education. This is an area of great concern among nurse academics internationally. Our study has reinforced this finding and it needs to be addressed with a greater sense of urgency. Doing more with less and not being recognized were pertinent factors that needed to be addressed.

## **CONCLUSION**

The findings of this qualitative study in exploring the views and experiences of nurse academics have important global implications. The study highlighted that the work nurse academics undertake daily is extremely complex, challenging and yet rewarding. Our findings suggest that nurse academics do enjoy developing and providing for a well-educated and well-prepared workforce for the health system. However, the findings also highlight several problem areas that need to be urgently addressed. The challenges posed by demanding and abusive students, increased workloads, lack of administrative support and recognition were contributory factors towards job stress experienced by nurse academics at all professional levels. Likewise, the difficulty to recruit and retain new academic staff because of the unrealistic heavy workloads and the inability to adequately prepare and help in the transition of newly appointed novice staff led to a shortage of nurse academics for the future generation. These factors need to be urgently addressed otherwise the nursing academic community within the tertiary sector will face the dilemma of a 'burnt out workforce' that will have great difficulty in delivering and preparing the future nursing workforce.

6.4 [Second Manuscript](#) -Journal of Advanced Nursing - Job experiences and Narratives from Academic Nurses: Walking the Tightrope.

The second part of this chapter will discuss the findings pertaining to the work experiences of nurse academics within Australia. The full reference of the second manuscript submitted to the Journal of Advanced Nursing includes:

**Singh, C; Jackson, D W; Munro, I; & Cross, W. (2021). Job experiences and Narratives from Academic Nurses: Walking the Tightrope.**



**Job experiences and narratives from academic nurses:  
Walking the tightrope**

|                  |   |
|------------------|---|
| Journal:         | <i>Journal of Advanced Nursing</i>  |
| Manuscript ID    | JAN-2021-0400   |
| Manuscript Type: | Original Research: Empirical research - qualitative   |
| Keywords:        | Bullying, Burnout, Health Education, Leadership, Narrative, Nurse Education, Professional Development, Qualitative Approaches, School Nursing, Stress |
| Category:        | Nursing   |

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**Abstract:**

**Aim:** To explore the views and experiences of nurse academics about their professional work life.

**Design:** A qualitative exploratory interview study.

**Methods:** Data were collected during 2018/19 using a semi structured interview method with 19 experienced academic nurses from a range of academic levels. All (n=19) interviews were audio recorded, transcribed verbatim and transcripts thematically analysed. Ethical approval was granted by the relevant University Human Research Ethics Committee.

**Results:** Participants provided detailed insights into the type of daily job stressors faced by nurse academics within Australia. They shared narratives about their personal job experiences and how at times 'walked a tightrope' and chose to remain silent to maintain a cordial working relationship with some of their senior colleagues and leaders. The main themes identified included a lack of work life balance, incivility towards staff, increasing workloads and inequitable distribution, lack of recognition, negative workplace culture, lack of awareness of the importance of political astuteness, and lack of leadership skills.

**Conclusion:** In order to ensure a sustainable academic nursing workforce and provide a clearer understanding of job stress and what contributes to faculty decision to leave, areas of priority, and strategies that needed attention were identified. These included effective mentoring of less experienced staff and leadership styles that promote greater inclusiveness, being valued, and recognised. Participants also highlighted the need to have a sense of belonging, being heard, and to have a greater work life balance.

**Impact:** The study explored the job experiences of nurse academics and identified occupational stressors that directly influenced their daily work life. The findings have global implications upon the recruitment and sustainability of nurse academics. This also impacts upon student learning outcomes, clinical experiences, and patient care.

**Key words:** Qualitative research, workload, job satisfaction, nurse faculty, stress.

**Introduction:**

Over the last decade the academic landscape has changed substantially due to the constant pressure to publish, gain grants, and undertake increased workloads without added resources.

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3 International studies from various countries including America, U.K. Canada, India and Asia  
4 have identified stressors unique to academia include: large class sizes, time constraints,  
5 increasingly heavy workloads with fewer resources, more teaching responsibilities, increasing  
6 administrative work, pressure to publish and obtain external competitive research grants  
7 coupled with keeping abreast of changing technology (Bowen et al, 2016, Lockanadha Reddy  
8 & Poomima, 2012; Roughton et al, 2013; Wyllie et al, 2016, Yedida *et al* 2014). These studies  
9 present evidence that the growing occupational stress and retention of academics globally is an  
10 area of great concern.  
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19 Likewise, in Australia studies have reported a serious and growing problem of academic work  
20 stress with consequences including lack of work life balance, (Cannizzo et al 2019, Winefield  
21 et al 2008) with decreased job satisfaction, reduced morale and ill health for academic staff  
22 within universities leading to burnout (Cannizzo et al; 2019, McAllister et al 2010). It is well  
23 recognised that stress levels in academic institutions are high compared to many other  
24 populations, and the stress has increased significantly over the last 15 years (Bowen, Rose &  
25 Pilkington 2016, Kinman, 2014). Universities have gone through a great deal of organisational  
26 change, restructuring process, downsizing, government funding cuts, with consequential job  
27 stress negatively impacting employees' work and personal lives (Bell, Rajendran and Theiler,  
28 2012; Dickson-Swift, *et al.*, 2009; Shah, 2012). On the organizational level, there is  
29 absenteeism, high turnover, impaired work performance and productivity, an increase in client  
30 complaints (Cox, Griffiths, Rial-Gonzalez, 2000) resulting in increased work pressure and  
31 intensification of occupational stress and burnout (Bowen et al., 2016). Burnout is defined as  
32 a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors  
33 on the job (Maslach & Leiter 2016). Nationally and internationally the 'modes of operendi'  
34 within all universities appear to be to do more with less. An interesting Canadian study by  
35 Tourangeau *et al.*, (2014), reports that given the role nurse faculty have in educating nurses,  
36 little is known about what factors influence their intention to remain employed in academic  
37 setting. The importance of exploring individual and situational factors in relation to their  
38 occupation is equally pertinent (Kizilci *et al* 2012) and therefore this study aimed to add to the  
39 existing knowledge by exploring this area.  
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#### 58 **The Study:** 59 60

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4 It is well recognised that occupational stress among academics has risen considerably. (Alves  
5 et al 2019, Heslie & Lee, 2013, Khan et al 2019, Watts & Robertson, 2011). Research on stress  
6 among academic staff globally indicates that the rapidly changing working conditions and  
7 occupational stress experienced among university academics is widespread and increasing  
8 (Bowen, Rose & Pilkington 2016, Kinman, 2014, McCaffery, 2018). The widespread  
9 prevalence of stress in the academic world denotes that university teaching has become a  
10 demanding profession. Likewise, the work challenges, stress and demands placed upon nurse  
11 academics has dramatically intensified and risen (Gardner 2014, Roughton, 2013).  
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20 Internationally, concerns have been escalating with regards to the global shortage of faculty  
21 nurse academics (Nardi & Gyurko, 2013). Academic staff members are exposed to different  
22 work demands and they are also confronted with a shortage of resources, which ultimately  
23 causes burnout due to the cumulative negative effects of work demands (Fernet, Guay, Senécal  
24 & Austin, 2012, Khan, Din & Anwar, 2019). Although the literature is replete about the work  
25 experiences among university academics (Alves et al 2019; Bowen, Rose & Pilkington 2016;  
26 Kinman & Wray, 2013), very little research has been carried out to examine and explore the  
27 experiences among nurse academics within Australia (Bittner, & Bechtel, 2017). There is a  
28 need to have a current picture for Australian nurse academics and explore their personal  
29 experiences. This exploratory study contributes to the ongoing body of work on the experiences  
30 of nurse academics globally and gives a further insight and deeper understanding of the  
31 personal experiences of Australian nurse academics. The findings have important global  
32 implications in terms of recruitment and retention of nurse academics.  
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#### 46 **Background:**

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48 Since, the move of nurse education into the university sector in the mid 1980's, the pressure  
49 on Nurse Academics to engage in high quality research, achieve further postgraduate education,  
50 and to attract external funding has intensified (Wang & Liesveld, 2015, Wilson et al 2013,  
51 Wyllie et al 2016, Yedida et al 2014). Since then the role of Nurse Academics within the  
52 Australian University sector has changed considerably and the stress and demands placed upon  
53 Nursing Academics has risen and intensified dramatically (Gardner 2014; Roughton, 2013).  
54 Over the last two decades, university teaching has become increasingly challenging and  
55 stressful; this has affected the quality of life of academics (Bowen, Rose & Pilkington, 2016).  
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3 International studies from various countries including America, U.K. Canada, India and Asia  
4 have identified stressors unique to academia include: large class sizes, time constraints,  
5 increasingly heavy workloads with fewer resources, more teaching responsibilities, increasing  
6 administrative work, pressure to publish and obtain external competitive research grants  
7 coupled with keeping abreast of changing technology (Bowen et al, 2016, Lockanadha Reddy  
8 & Poomima, 2012; Roughton et al, 2013; Wyllie et al, 2016, Yedida *et al* 2014). These studies  
9 present evidence that the growing occupational stress and retention of academics globally is an  
10 area of great concern.  
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19 Likewise, in Australia studies have reported a serious and growing problem of academic work  
20 stress with consequences including lack of work life balance, (Cannizzo et al 2019, Winefield  
21 et al 2008) with decreased job satisfaction, reduced morale and ill health for academic staff  
22 within universities leading to burnout (Cannizzo et al; 2019, McAllister et al 2010). It is well  
23 recognised that stress levels in academic institutions are high compared to many other  
24 populations, and the stress has increased significantly over the last 15 years (Bowen, Rose &  
25 Pilkington 2016, Kinman, 2014). Universities have gone through a great deal of organisational  
26 change, restructuring process, downsizing, government funding cuts, with consequential job  
27 stress negatively impacting employees' work and personal lives (Bell, Rajendran and Theiler,  
28 2012; Dickson-Swift, *et al.*, 2009; Shah, 2012). On the organizational level, there is  
29 absenteeism, high turnover, impaired work performance and productivity, an increase in client  
30 complaints (Cox, Griffiths, Rial-Gonzalez, 2000) resulting in increased work pressure and  
31 intensification of occupational stress and burnout (Bowen et al., 2016). Burnout is defined as  
32 a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors  
33 on the job (Maslach & Leiter 2016). Nationally and internationally the 'modes of operendi'  
34 within all universities appear to be to do more with less. An interesting Canadian study by  
35 Tourangeau *et al.*, (2014), reports that given the role nurse faculty have in educating nurses,  
36 little is known about what factors influence their intention to remain employed in academic  
37 setting. The importance of exploring individual and situational factors in relation to their  
38 occupation is equally pertinent (Kizilci *et al* 2012) and therefore this study aimed to add to the  
39 existing knowledge by exploring this area.  
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### 58 **The Study:** 59 60

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4 **Aim/s:** The aim of this study was to explore the views and experiences of Australian nurse  
5 academics about their professional work life.  
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10 **Design:**

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12 A qualitative exploratory study was undertaken utilizing the narrative approach method. Data  
13 were collected via semi-structured interviews and thematically analyzed using a social  
14 constructionist thematic analysis approach of inductive reasoning in narrative inquiry (Braun  
15 & Clarke, 2006). Therefore, the research was exploratory and subsequently sought to obtain  
16 rich data. Thematic analysis is an ideal method to deal with such rich data as it is exploratory  
17 and can be used to structure the data. It is also an ideal method because it is not linked to any  
18 epistemological position and can draw on a social constructionist approach (Timberlake, 2015,  
19 Braun & Clarke 2006). Narrative inquiry is a form of qualitative research in which the stories  
20 themselves become the raw data (Bleakley, 2005).  
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31 The conceptual framework that underpin this study is influenced by the Job-Demands Resource  
32 Model (JD-R Model), (Demerouti; Bakker; Nachreiner; & Schaufeli (2001). At the heart of the  
33 JD-R conceptual model lies the assumption that, whereas every occupation may have its own  
34 causes of employee well-being, these factors can be classified in two general categories namely  
35 job demands and job resources. Thus, this model constitutes an overarching model that may be  
36 applied to various occupational settings, like nurse academics, irrespective of the particular  
37 demands and resources involved. It is therefore a flexible conceptual framework, which readily  
38 applied to the demands placed upon the participants of this study (Demerouti; Bakker;  
39 Nachreiner; & Schaufeli, 2001). The theoretical assumptions that underpin this study is that  
40 narrative data lends itself to a qualitative enquiry to capture the rich data within the personal  
41 stories related by the participants (Mitchell & Egudo 2003). Narrative can be used to record  
42 different viewpoints and interpret collected data to identify similarities and differences in  
43 experiences and actions (Mitchell & Egudo 2003). The narrative and voices by the participants  
44 within this study provided a holistic context that allowed participants to reflect and reconstruct  
45 their personal academic daily life experiences, within their own professional cultural context.  
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3 The study is reported in accordance with the SRQR checklist (COREQ) Consolidated criteria  
4 for Reporting Qualitative Studies guidelines. (Supplementary File 1). (Tong, Sainsbury, &  
5 Craig, 2007).  
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11 **Sample:**

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13 The purposive sample consisted of Nurse Academics (n=19), recruited via Email. 16 Females  
14 and 3 Males from all states and territories of Australia, including Victoria (4) New South Wales  
15 (3) Queensland (3), South Australia (2), Australian Capital Territory (1) Western Australia (2)  
16 Northern Territory (2) and Tasmania (2) with work experiences ranging from 2 to 28 years.  
17 These included 3 Professors (1 F, 2M), 1 Associate Professor (F), 5 Senior Lecturers (5F) and  
18 10 Lecturers (9 F, 1 M). (Table 1).  
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27 **Data Collection:**

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29 Data were collected from a room suitable and conducive to interviews at the University  
30 campus. Telephone interviews were used when distance and timing prevented a face-to-face  
31 interaction. The use of semi-structured telephone and face-to-face interviews including open-  
32 ended questions captured the participant's views and experiences in relation to their  
33 occupation. The first author undertook all interviews, which lasted between 45 to 80 minutes.  
34 Participants were given a mutually convenient scheduled date and time in advance to be  
35 interviewed. This allowed the participants to openly discuss about their daily work roles and  
36 challenges. To encourage greater expression prompts such as *'do you want to elaborate a little  
37 more on that issue, it seems an important factor'* and *'could you expand on what you mean by  
38 feeling stressed'* were used by the interviewer to re-focus the participants during the interviews.  
39 For each interview, a personal notebook audit/trail was maintained by the first researcher. All  
40 the interviews and data collected were audio-recorded and transcribed verbatim by a  
41 professional transcription company. On completion of the nineteenth interview it was decided  
42 that after re-reading and reflecting on all the data, saturation point had been reached, no new  
43 information or themes emerged, therefore no further interviews were required. The sample size  
44 was discussed and confirmed by all the researchers and was determined by data saturation  
45 (Polit & Beck 2018).  
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### **Ethical Consideration:**

Ethical approval was granted by the relevant University Human Research Ethics Committee. (MUHREC). All ethics procedures and governance were adhered to for each participant interviewed. All 19 participants signed a consent form prior to interviews and were willing to contribute to this study without any coercion and their personal details redacted to protect their confidentiality and privacy. Participants were reminded verbally just before the commencement of the interviews about the purpose and research aims, allowing for an informed decision about participation to be made. All participants were advised about the option to withdraw, that participation was voluntary and the session could end at any time they requested without any repercussions.

### **Data analysis:**

Thematic analysis (TA), is a widely and popular used method of analysis in qualitative research (Braun and Clarke (2006). Since their initial paper Braun and Clarke (2006) have written extensively about their approach to thematic analysis and more recently termed it as Reflexive Thematic Analysis (RTA) (Braun and Clarke et al 2019). One of the main advantages of using reflexive thematic analysis is that it is theoretically flexible and can be used within different frameworks, to answer quite different types of research questions (Braun & Clarke et al 2019). Through this flexibility, reflexive thematic analysis allowed for rich, detailed and complex description of the collected narrative data and captured shared meaning about the experiences of nurse academics within Australia (Braun and Clarke, 2014).

The initial reading of the transcribed text undertaken by the first researcher revealed superficial impressions/broad themes and initial codes of the text were made. Following that repeated readings and careful analyses of the data by all four researchers revealed a better understanding and insight of the participants work experiences. Next, the six-phase process of undertaking the Reflexive Thematic Analysis a term preferred by (Braun & Clarke, 2020) was undertaken. These included (1) familiarisation and writing familiarisation notes with the data (2) systematic data coding (3) generating initial themes from coded and collated data (4) developing and reviewing the themes (5) refining, defining and renaming the themes and finally (6) writing the report of building an analytic narrative including data extracts and final potential themes (Braun and Clarke 2020). Although these six phases are sequential there is no strict order to

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3 follow rigidly, with movement back and forth between the six different phases (Braun and  
4 Clarke, 2020). This collaborative process was undertaken by all the four authors by clustering  
5 together similar codes from the data which eventually led to a consensus of theme development.  
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8 (Braun and Clarke 2014). All four authors agreed on the themes, which were paraphrased after  
9 each interview, reviewed, defined, refined, and verified through selecting verbatim quotes to  
10 demonstrate accuracy and consistency.  
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#### 17 **Validity and Reliability:**

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20 Throughout the whole process a personal notebook audit/trail was maintained by the first  
21 author to keep a record of the original data and to ensure credibility, rigour and trustworthiness  
22 was maintained throughout data collection (Moorley & Carthala 2019). In order to minimise  
23 and reduce any bias the four researchers used Carpenter & Suto's (2008) reflexive approach to  
24 ensure that an accurate reflection of the participants' personal experiences of their academic  
25 spectrum and workplace culture were accurately captured in the findings.  
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#### 32 **Findings:**

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35 The study participants ranged from lecturer to professor level and work experiences from 2 to  
36 28 years. For the purposes of this study, the term 'walking a tightrope' meant participants  
37 having to make choices between contrasting decisions (for example being 'outspoken' as  
38 opposed to 'keeping silent'), when faced with daily challenging situations. Participants openly  
39 voiced their experiences and these findings are presented in the following seven (7) themes:  
40 (a) lack of work life balance, (b) incivility towards staff, (c) increasing workloads and  
41 inequitable distribution, (d) lack of recognition, (e) negative workplace culture, (f) lack of  
42 awareness of the importance of political astuteness, and (g) lack of leadership skills. Our study  
43 provided further insight into how participants had to "walk a tightrope" and examples of such  
44 contrasting experiences are discussed in greater depth within the themes. Extracts that best  
45 represent the views and voices of the participants are discussed within the themes  
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## Themes:

### Lack of work life balance

Nurse academics are involved in a daily myriad of intense activities including balancing between teaching, research, supervision, and community involvement. In undertaking these competing work demands participants expressed how within their daily work context they often faced stressful situations where they had to work long hours, 'juggling their work' and 'walking a tightrope' in trying to achieve a good work life balance and to keep up with the expectations of management. This added stress often lead to burnout and had a negative effect upon their personal life and professional development. The following narrative gave an insight into their work life balance....

*"I think that workload contributes to burn out, and that can take different forms. But it's my observation that all academics in schools of nursing - or most certainly work much more than their required hours. So if we look at marking times and maybe preparation for teaching. Most of that happens outside of the allocated work hours that most academics work. So, I think that really contributes to burn out, because it affects work life balance. It can diminish morale; it can make people tired. It can make people less happy with the work that they are doing because they don't have time to develop it properly. So I think workload is an issue" ...*

#### (Lecturer 4)

In spite of Australian Universities advocating work life balance policies, many participants in our study were skeptical about their institutions' ability to provide a rewarding and appropriate work life balance. Lack of time and ongoing pressure to meet deadlines indicated that the participants felt they were overworked and were often 'walking the tightrope' in trying to maintain a reasonable work life balance. A senior member clearly described the insights of overwork coupled with a lack of a work life balance....

*"Certainly, overwork in terms of the too much load, expectations that you do your research, but you don't do your research in work time. I don't know any academics who don't work virtually any hour that God puts breath into, so we're talking weekends. Oh exactly. Who's not marking assignments at 10 o'clock at night, or who's not got a couple of hours on a Saturday*

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4 *or even a full Saturday or whatever. So it's really - they talk about work life balance, but it's*  
5 *really rhetoric" ... (Senior Lecturer 3)*  
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10 Likewise, other participants described how increasing workload and the need to satisfy the  
11 expectation of management in relation to meeting their yearly output quota for research,  
12 teaching and community/service, was a continuous juggling act. Consensus among participants  
13 indicated their annual work audit was an added stress and felt they were constantly 'walking  
14 the tightrope' in trying to balance their annual outputs. The lack of acknowledgement of their  
15 efforts was equally frustrating.  
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20 *"we talk about this 40, 40, 20 split, and then they just keep on piling on the teaching and you*  
21 *go, "Well when am I supposed to do my research? Aren't I supposed to have dedicated time for*  
22 *research? Where did that go? For me the stress is the amount of work that is allocated to you*  
23 *and the way workload is actually viewed. I think it is stressful to do all of the things that are*  
24 *required of you and when it's not acknowledged, and I think that's what's stressful, that the*  
25 *work that you've done." ... (Lecturer 1)*  
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#### 34 **Incivility by Superiors and Managers towards Staff**

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36 Many participants (nearly 50%) including senior staff openly expressed their concerns about  
37 how they felt threatened and intimidated by some of their superiors and managers and had  
38 experienced incivility. They felt silenced, not listened to, and intimidated (Serrant-Green  
39 2019). Participants felt they needed to be extremely careful about how they expressed their  
40 concerns and grievances for they could inadvertently offend a senior member of staff. The  
41 feeling was that by being frank, assertive, and outspoken was often misconstrued as being a  
42 troublemaker or a threat and this could serve as a barrier to their professional advancement. A  
43 participant explained it...  
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50 *"People who get threatened by anybody that's outspoken, or who has a different opinion,*  
51 *instead of being able to be constructive and talk about the things that we can do together to*  
52 *make this better. I suppose it's the attitude where people think that they're the only ones with*  
53 *the answers, and they're the only ones able to do things. And not communicating with others,*  
54 *and not being able to involve others in the decision-making" ... (Lecturer 7)*  
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3 their concerns and frustrations openly. The participants felt silenced, victimised, not listened  
4 to and often felt like 'walking the tightrope' that served like double edged sword. A senior  
5 member explained...

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9 *"Unless you jump up and down, and make a fuss, no one listens to you. It's a double-*  
10 *edged sword. If you jump up and down, and make a noise about it, you're considered to be a*  
11 *trouble-maker, and not being a team player. It's actually 'walking the tightrope' about being*  
12 *able to preserve yourself, and your own integrity, and at the same time, not being overrun by*  
13 *the tsunami of work, and expectations".... (Associate Professor 1)*  
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20 Participants working in satellite campuses felt there was a culture of 'favouritism' towards  
21 colleagues based in the main urban campuses. Their voices seemed to indicate they were  
22 dissatisfied and not 'recognised' for their contribution despite the disparity of resources and  
23 opportunities in developing their career in research activities. They often had to undertake more  
24 teaching commitments that were not recognised and counted as part of their workload. This act  
25 of balancing between teaching and research commitments appeared to send a message for those  
26 in satellite campuses of undue favouritism towards their colleagues based in the main  
27 campuses. This appeared to create elements of a negative culture between campuses  
28 characterised by jealousy and favouritism. This was echoed by a senior participant who  
29 expressed concern about the disparity and 'lack of recognition'...

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33 *"I think that there was a lack of recognition of what people were actually achieving. I*  
34 *think that there was a heavy focus on research and the achievements in the teaching arena*  
35 *were not recognized and certainly not accounted for in the amount of time and workload that*  
36 *was required to achieve that way. I think that there were certain people and personalities*  
37 *within the school of nursing, so favouritism was certainly very rife and if you weren't in the*  
38 *privileged few you didn't get the opportunities. Yeah. And particularly being on a satellite*  
39 *campus you were not included in any of the opportunities for growth" .... (Senior Lecturer 2).*  
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54 Another participant expressed about the lack of recognition and support to the hidden  
55 preparatory work that is undertaken and not appreciated and recognised. The following is a  
56 very telling story of how an academic nearly gave up her career due to not being recognised  
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Another participant felt intimidated, threatened, and perceived to ‘bullied’ due to the lack of a nurturing and caring attitude by their superior. This incivil behaviour by the manager seemed to have a flow on effect on other members of the school upon how they viewed themselves in relation to their immediate superior. Participants appeared afraid to voice their concerns for fear of being reprimanded and often felt like ‘walking the tightrope’ between respecting their seniors and wanting to voice about intimidatory behaviours. The participant seemed to be indicate how some people’s ambitions are so strong that they victimise others to climb the corporate ladder. The following narrative explains this well...

*“We have a particular associate dean who is a bully and incredibly nasty. So just taking her out of the equation ... just changing that position to somebody who's actually a little bit more nurturing, understanding, not out to climb the corporate ladder, just that I think would have a major difference and I think in fact if you asked everybody in our faculty, they'd say the same thing. So if you're just changing the person, and their characteristics, and attributes into that position, we'll have a really good flow on effect” ... (Senior Lecturer 5)*

The notion of overcoming incivility and unacceptable behaviour(s) towards colleagues and junior staff was well summed up by an experienced academic who stated that ...

*...my magic wand would allow people to be nicer to each other, and kind to each other in the workplace. If people could just do those things nicely, kindly, with honesty, it would make a big difference, rather than deceiving and putting other people down, and putting people down publicly, in meetings because they're challenging the system. Treat each other with respect, is a good way to sum that up”...Lecturer 12*

Our findings resonate well with the findings of (Clearly et al 2010; Goldberg et al 2013 and Sharma 2017) who construed social bullying and being intimidated as a major problem within many schools of nursing.

### **Lack of Recognition**

Likewise, participants debated with themselves openly about addressing academic matters such as lack of recognition, being undervalued and increasing workloads for fear of retaliation. They felt their academic freedom and speech was being threatened and were often afraid to ventilate

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4 and supported, the consequence of which took a huge impact upon the mental health of this  
5 participant....  
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8 *... There's a lack of recognition of the non-teaching activities that we do. I think sometimes*  
9 *even the university is unaware. I've been conscious on several occasions of people working for*  
10 *the university who seem to think that if you haven't actually got students in, you're not doing*  
11 *anything. But I think there is a lack of knowledge and a lack of recognition Yep..I had a period*  
12 *where I seriously considered giving it away. It was just too much, and it was impacting on my*  
13 *health and my relationships and I just thought, this is not worth it. I eventually went and saw*  
14 *a Psychologist took some antidepressants and the situation resolved – I mean I actually put my*  
15 *hand up and said "I can't continue to do this" and I think that resolved" ... (Lecturer 14)*  
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22 The pertinent question that remained unanswered is how many nurse academics will be brave  
23 enough to actually put up their hands and disclose that they are not coping under the stress and  
24 pressure of work demands? It can easily and often be misconstrued as being an incompetent  
25 individual and therefore not fit to be a nurse academic. This is the risk that many academics  
26 under pressure and stress are not willing to take and tend to carry on irrespective of the  
27 psychological stress and daily work challenges. This is well echoed by another junior academic  
28 who explained the lack of recognition and the extra work that is not recognized by  
29 management...  
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36 *...so, a lot of this role I don't find counts, a lot of the work that I do. That's what I find*  
37 *stressful. And in this role, it's like being a professional student. There's always something to*  
38 *read. Something to do. So you never really switch off– a lot of the work that I do doesn't count"*  
39 *... (Lecturer 16)*  
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46 The lack of recognition appeared to be a common theme among some of the junior academics  
47 and an area of great concern. If left unchecked, the lack of recognition and appreciation of their  
48 work could lead to losing the young academics that need to be mentored and nurtured to ensure  
49 retention of staff. This is well explained by the participant who summed it up clearly by stating  
50 that...  
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55 *...more recognition for those that actually do the work that is required. Because at the*  
56 *moment there is very little recognition. It is only lip service" ... (Lecturer 17).*  
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3 Our finding resonates with those of Mc Dermid et al (2012) and the impact it has upon the  
4 health of their colleagues and retention of nurse academics. The recruitment and retention of  
5 nurse academics globally is an area of grave concern (Nardi & Gyurko, 2013) and needs to be  
6 addressed.  
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#### 10 11 12 13 14 15 **Negative workplace culture.** 16

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18 Despite the ongoing work demands and stress, most academics do enjoy aspects of their job,  
19 take pride and value their daily work contributions, and work collegially as members of a team.  
20 However, at times this was problematic, for paradoxically they had to compete with the same  
21 colleagues that were members of their team. Some participants had indicated that at times there  
22 was an element of jealousy displayed between colleagues. They often found themselves  
23 'walking a tightrope' and 'juggling' between being collegial as opposed to being competitive  
24 and maintaining a sense of their own professional integrity. This created a negative working  
25 culture and such concerns contributed to their narratives and responses.  
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32 *"in a school of nursing there is a different culture, which is maybe more hierarchical*  
33 *and then as a result more open to bullying. There is less of a collegial collaborative culture*  
34 *and I miss that from my previous places of work in university that weren't schools of nursing.*  
35 *They tend to be fairly insular, protective, and defensive and carry some of the worst traits of*  
36 *the profession of nursing like very hierarchical relationships and sometimes not very*  
37 *collegial and some nursing schools characterized by power struggles. I still think the*  
38 *hierarchical structure that is characteristic of that culture can be a source of stress in itself"*  
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43 *... (Senior Lecturer 1)*  
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47 Likewise, many junior academics also felt uncared for and felt used by more experienced and  
48 senior academics whose ambitions led to exploitation of junior colleagues for career  
49 advancement. Participants also believed that such behaviours and negative culture prevailing  
50 within many schools of nursing were left unchecked. Many junior academics felt being used  
51 by senior colleagues who promoted their own career trajectory. An example of this negative  
52 workplace culture included how senior academics used their power, satisfying their own egos  
53 for their own end...  
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*“There are a few more senior people within the university who you could try and work with. But you find that no sooner is the project started, it's over and they just move on. So, it's basically, they use you for your skills or for your ability to work or get the work done, and that's it. It doesn't lead to anything further and it makes you feel as if you're not able to do your work well. That's stressful” ... (Lecturer 10)*

Likewise, other participants felt that cultures within schools of nursing were non-caring and did not display a sense of duty of care towards the personal growth of the less experienced and novice academics who felt fragile and needed guidance and mentoring. The participants seemed to indicate that they felt uncared for and not recognised for their daily work...

*“if people above you have a duty of care to watch over you. They have a duty of care to mentor you and they have a duty of care to know how much you can handle. There is no duty of care so that's what burns academics out. There is no duty of care now”...(Lecturer 2)*

A number of participants felt that a culture of obedience prevailed within schools of nursing and made them feel obliged to seek the approval of their heads and immediate superiors. This could be indicative of how they had to 'walk the tightrope' between not offending and pleasing their superiors and wanting to be empowered to ventilate openly about their concerns.

*“I think that's because we're a little bit more resigned to authority being imposed, and not having a lot of power to do much about it. We tend to be treated like nurses. Treated as if we don't have an independent ability, or independent capacity” ... (Lecturer 9)*

These narratives appeared to exemplify cultures of autocracy, and exclusion, rather than a culture of inclusion and caring.

#### **Increasing Workloads and Inequitable Distribution.**

Overall, there was a great deal of dissatisfaction among most participants of the unreasonable workload including high student numbers and insufficient support that led to job dissatisfaction. Several participants expressed dissatisfaction and the lack of transparency and equity when

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3 workloads were determined. Workloads were often non-negotiable and decided by  
4 campus heads or heads of school. Some of the main excerpts that best represented the  
5 views about increasing workloads are mentioned below. A participant expressed about the  
6 increasing workload that was not appreciated by management of the school and felt there was  
7 a disconnection between management and the people at the coal face carrying out their jobs....  
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13 .... "it's very disconnecting and I think I had some face to face last year because my workload  
14 was quite insane. There is a complete disconnect between how much it takes and how much  
15 people think it takes, you know management. I coordinated a unit of 920 students and the unit  
16 had not really been developed. That takes up a lot of time and the units at 950 big, so that's  
17 just insane" ... **(Lecturer 10)**  
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22 On being asked "what do you find most stressful about your present job"? a senior member  
23 voiced what many other colleagues had experienced about increased workloads...  
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27 ...the incredible workload. The workload is exponential in growing, without the associated  
28 resources to maintain the absolute growth. And the pressure to perform at very high levels with  
29 reduced resources, and the potential to compromise my own integrity. That's the most stressing  
30 for me, I sometimes feel as if I just need to walk away from those situations, but, inevitably,  
31 you can't, you feel caught" ... **(Associate Professor 1)**  
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37 The narrative below explained by another senior member of staff succinctly captures the nature  
38 of increasing workload that was a major concern for all staff throughout most schools of  
39 nursing...  
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43 ... the increasing workload expectations that seem to be more and more as being asked of us.  
44 Research, publication, teaching, administration with less and less support in the way of  
45 professional staff to meet those increased expectations. I think that's something that I find  
46 increasingly difficult" ... **(Senior Lecturer 5).**  
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### 52 53 **Importance of awareness of political astuteness**

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56 An important area not recognised by many new academics due to their lack of experience  
57 is the notion of being politically astute within the nursing academic culture. In finding  
58 their way through the maze of academic work and in trying to build their own career  
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3 trajectory, less experienced participants believed that connecting and aligning  
4 themselves with those who helped their career was extremely important. However, it was  
5 apparent that less experienced academics felt they had to be politically astute and  
6 carefully 'walk the tightrope' to align with the right and more experienced staff without  
7 inadvertently upsetting them, for the senior members would help them in their academic  
8 progression. This is well illustrated by a senior member...

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15 *"And I also think politics is a big thing that impacts a person's ability to progress as*  
16 *well. It's who you connect with, and their enemies somehow or others become your enemies.*  
17 *And it's a bit weird if you don't know the politics in a place and I think that's really failed*  
18 *too" ... (Senior Lecturer 4)*

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23 When more experienced academics are nominated by school heads to undertake the lead  
24 in teaching units, supervisory roles, lead research projects or be nominated on school or  
25 departmental committees, this process is often not well understood by novice academics.  
26 It can be easily misconstrued as favouring more experienced academics. The novice  
27 members of staff felt excluded not knowing how to handle the situation and inevitably  
28 seemed to 'walked the tightrope' by not raising their dissatisfaction openly during  
29 meetings, for fear of being viewed as disrespectful of senior colleagues.

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36 *"I suppose politics might be the nicest way of saying it, and the clique-iness of some*  
37 *staff, to the exclusion of others. The promotion of some staff, to the exclusion of others. The*  
38 *lack of recognition, and yeah, that's probably the easiest way I can put it" ... (Lecturer 1)*

#### 41 42 43 44 45 **Lack of leadership/managerial skills**

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47 A number of participants' personal experiences indicated a lack of experienced leadership  
48 skills within their schools of nursing and the disconnection between management and people  
49 at the coalface undertaking their daily jobs. Participants portrayed a lack of confidence in their  
50 school heads relating to a lack of respect and recognition of skills of staff, and not being given  
51 due credit for their input. Several participants expressed their views about authoritarian  
52 leadership styles within nursing schools that displayed controlling type behaviour, and  
53 intimidation that impacted upon the wellbeing and progress of staff.  
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*"I suppose it's just dealing with different personalities. And dealing with people that want to be in control of everything, instead of allowing each academic to have their own gifts; and to realise that each person's got their gifts, in the position they're in; and that they've got a lot of experience; and respecting the fact that we've all got a lot of experience; and how we are" ... (Senior Lecturer 1)*

However, it is worth noting that heads and leaders of schools must make daily managerial decisions based upon the best available resources. The burden of their responsibilities within the wider university context and their leadership may not be fully understood by many staff. In a way it also reflected the fragility of some leaders and how staff see themselves in relation to their leaders. This is well articulated by a participant who felt that the lack of academic leadership skills and unacceptable personality attributes caused a great deal of dissatisfaction...

*"Lack of academic leadership is at the root of a whole lot of things I think, and yes, that's stressful. Yeah, it affects everything, really. We have psychopathic behaviours in our managers and on our leaders and that's scary that they've been allowed to get to the top, but that's the way" ... (Lecturer 7)*

The way in which some staff have been handled by their heads of school in relation to workload distribution led many participants expressing their frustration and wanting to leave the profession. Many participants felt that the best way to free themselves of the feeling of injustice due to the lack of recognition and being undervalued was to quit. Academics who reported being less satisfied with their jobs and those who "walked the tightrope and a fine line" were likely to have seriously considered leaving academia...

*"There's just no recognition of our strengths, who we are. The head of school will send around an excel spreadsheet saying where are your areas that you most want to do? What are the areas you don't want to teach in? And all that kind of thing and then yet when the work allocations are done it's completely ignored. The things that kept me involved were the fact that I have always got options. So, the options are to leave" ... (Lecturer 5)*

Several participants stated that many of their heads of school lacked experience and training in becoming leaders and managers. Their inexperience inadvertently created leadership styles that were more authoritarian than inclusive. This could easily be construed as bullying and intimidating behaviours.

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### **Discussion:**

This study explored the experiences of nurse academics within Australia and participants openly shared a number of personal experiences that fit well with the metaphor 'walking the tightrope'. Many participants expressed their concerns about the adverse effects of workplace stress and the impact it had on their daily work-life balance and professional functioning. This has far-reaching consequences for the staff leading to occupational stress and burnout including intention to quit (Cannizzo et al 2019; Pocock 2005).

Workplace stress and negative cultures were construed to be largely hierarchical, lacking a nurturing and caring approach and as a result, more open to intimidation. Several academics expressed great concern over the lack of duty of care and poor leadership skills towards those who needed guidance, especially novice academics, who felt fragile and vulnerable. This indicated that negative workplace cultures within nursing still tend to hold the historical traditions of hierarchy and authority, which have transferred to nursing academia, influencing cultures, and leading to controlling type leadership styles (Grossman & Valiga 2012; Rigoloski, 2013).

Many participants narrated about the incivil behavior displayed by their seniors, being silenced, and feeling insecure. This feeling of insecurity and not speaking up for help (Sharma, 2017) made staff feel intimidated, thus stifling their academic freedom. The participants 'silences' could reflect the unsaid or unshared aspects of how the personal experiences, beliefs and values relate to their daily stress and challenges at work (Serrant-Green, 2010). The silence of participants could speak louder and reveal more than their narratives and voices. Likewise, many participants felt that due to fear of being reprimanded they endured and accepted the feeling of being silenced and were often 'walking the tightrope' and not to offend their seniors as well.

Intimidation and bullying is a major problem within many schools of nursing (Cleary et al 2010, Goldberg et al 2013). This has been well demonstrated within our study by many participants who openly discussed their perceptions of the poor leadership styles that created toxic environments. As a consequence of this, many nurse academics felt intimidated to fulfil their roles and get the job done, and therefore endured and accepted bullying and incivility (Sharma 2017), rather than reporting it due to feeling insecure. This reflected upon the type of



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3 leadership styles that focus more on a transactional approach, where the emphasis is on getting  
4 tasks done and being rewarded by money or promotion (Hutchinson & Jackson 2013) rather  
5 than a transformational model, where the emphasis is upon motivating staff and inspiring  
6 change (Scully, 2015), and working towards the common goals and vision of the university.  
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8 The findings in our study clearly demonstrated that some nurse academics experienced  
9 incivility at their workplace and a lack of collegial generosity (Baporikar, 2015; Cipriano,  
10 2011, Sharma, 2017). Many felt that they had to compete with colleagues, and this led to  
11 isolation characterized by power struggles within their own teams.  
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18 Likewise, many participants openly discussed their personal experiences of poor and  
19 intimidating leadership styles and had difficulty in being critical of their supervisors and heads  
20 because their future contracts and promotions could depend upon their approval. This could  
21 be attributed to the historical nature of the nursing profession where the management of  
22 staff is often given more priority than good engaging leadership (Grossman & Valiga, 2012).  
23 The focus sadly appears to be managing people rather than engaging positively with their staff.  
24 Our findings resonate with the recent study by Robijn et al (2020), which found that leaders  
25 who play an integral role as part of a team by engaging positively and providing social  
26 resources such as good conflict management, have a better impact on greater work engagement.  
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34 Another important area identified in our study was political astuteness, an area not addressed  
35 in the literature. It indicates, if the novice academic was not politically aligned with the 'right  
36 clique' and senior colleagues there was a sense of being left out, affecting their professional  
37 trajectory. However, the role of political astuteness is not well understood and needs further  
38 exploration.  
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44 Workload issues in relation to their work life balance was an area of great concern for many  
45 participants. Working long and extra hours at home and during weekends impacted upon their  
46 private life and time and many nurse academics found it difficult to find an acceptable work  
47 life balance in trying to keep up with the expectations of management. Many less experienced  
48 participants highlighted the lack of transparency in distribution of workloads (Bittner &  
49 Bechtel 2017; Gardner, 2014) favouritism towards some senior staff thus reflecting poor  
50 leadership skills. Participants indicated that their level of dissatisfaction within their work  
51 context and in remaining silent and 'walking the tightrope' for fear of being reprimanded and  
52 excluded was related to pressing work demands, time pressure, lack of work life balance, lack  
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4 of recognition, feelings of insecurity and a lack of leadership skills (Bentley et al; 2013;  
5 Kinman, 2014; Robijn et al 2020).  
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8 **Limitations:**  
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10 The study sample was only selected from within Australian Universities which may limit the  
11 global generalization of the findings. In view of this a wider geographical range is  
12 recommended. Cross-cultural aspects that could have influenced participants work experiences  
13 were not considered.  
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18 **Conclusion:**  
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20 In exploring the personal views and experiences of nurse academics within Australia in  
21 relation to their workplace context and culture, the findings of our study have important  
22 global implications for leaders and policy makers within universities. The themes within  
23 our study give an insight into how nurse academics faced their daily work-based challenges  
24 and walked 'a tight rope'. Several negative cultural practices amongst senior nurse academics  
25 need to be urgently addressed to enhance a more cohesive, valued and collegial working  
26 environment. Effective mentoring and leadership styles that promote a sense of belonging,  
27 having a better work life balance, being treated in a civil and respectful manner, being valued,  
28 heard, and recognised are areas of priority. Our results support the growing evidence that  
29 universities no longer provide the low stress working environments they once did. Strategies  
30 and policies should be revised for greater inclusiveness, academic freedom, institutional  
31 autonomy, and a better work life balance, leading to improved recruitment and retention. The  
32 findings and concerns raised within our study are important challenges that nurse academics  
33 are presently facing and there is a need and urgency to address them appropriately and  
34 adequately.  
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50 **“CONFLICTS OF INTEREST”**  
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53 “The author(s) declare that they have no conflict of interests”  
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## 6.5 Chapter Summary:

This chapter explored the personal experiences and perceptions of job stressors and job satisfaction in relation to burnout among Nurse Academics within Australia. The details of the narratives and findings within the twelve identified themes give a good insight into the challenges and job stressors faced by nurse academics. For many the academic platform had changed considerably over the last decade and the findings support the growing evidence that universities no longer provide the work environments they once did. The findings highlight the importance of acknowledging the interpersonal challenges and stressors faced by Australian nurse academics.

The narratives clearly indicate that job stress among Australian nurse academics has a strong negative relationship with productivity, unrelenting increased workloads at all levels, additional administrative duties that were not recognised in the workload formulas, including feelings of being silenced, lack of recognition and job satisfaction.

Others identified organisational factors included intention to leave, negative relationship with inexperienced nurse leaders, experienced incivility, and a negative workplace culture. Although personal resilience provided a buffering effect for some of the participants and acted as a protective factor against stress and burnout it is not well understood. The consequences of occupational stress and burnout on both the nurse academics and management call for preventive measures in identifying the risk factors to reduce the consequences of burnout including the negative impact upon individual work life balance, student outcomes, recruitment and retention of nurse academics. There is an urgent need to revise and change some of the negative cultural practices to enhance a more inclusive and less toxic working environment.

Chapter Seven presents a discussion of the findings including the methodological strengths and limitations of the research. Conclusions, recommendations and implications for practice, education and for future research are also described.

## CHAPTER SEVEN – Discussion/Conclusion and Recommendations

### 7.1 Introduction

This final chapter provides a synopsis of the important findings of this study, drawing together the concepts and results from Phase one and Phase two generated from this thesis. The aim of this mixed methods study was to investigate ‘*nurse academics*’ experiences of occupational stress and burnout and to explore their level of job satisfaction in relation to job stress and burnout.

Initially, in the first phase, the quantitative data were gathered and analysed so as to determine the participants’ burnout profiles and to explore the relationship between the Nurse Academics burnout dimensions and to quantify the impact of various contributing and mitigating factors for occupational stress and burnout. In the second phase, the qualitative data were collected and analysed to help give a better understanding of the obtained findings in Phase one and experiences of Nurse Academics within Australia.

### 7.2 Overview of Findings

The aim of this thesis was addressed through the five main research questions:

- (1) Do Australian Nurse Academics experience burnout?
- (2) To what extent do Australian Nurse Academics experience burnout?
- (3) What are the background variables in relation to burnout among Australian Nurse Academics?
- (4) What are the lived experiences and perceptions of stressors and burnout among Australian Nurse Academics?

(5) Is there a relationship between burnout and job satisfaction among Australian Nurse Academics?

This final chapter presents a discussion of the findings including the methodological strengths and limitations of the research, recommendations and implications for related educational practice, future research, and conclusions.

Phase one survey of the study utilised three tools, namely; the Maslach Burnout Inventory (MBI), the short version of the Minnesota (MSQ) and a demographic questionnaire to gather the data to measure ‘burnout’ and how burnout related to ‘job-satisfaction’ amongst Nurse Academics within all states and territories of Australia. A mixed methods explanatory sequential design, underpinned by pragmatism, enabled the notion of occupational stress and burnout to be rigorously explored, allowing for a detailed analysis and in-depth understanding. Integration of data was a feature of both the method and interpretation levels. This design allowed for data from one Phase to inform data collection in the subsequent phase (Creswell & Plano-Clark, 2011); and findings from the initial quantitative survey data guided development of the key informant interview questions and findings from the narratives of the participants. In this method, integration occurred through building from one dataset to the next; quantitative data collected in Phase one informed the qualitative data collection in the subsequent Phase two of this study (Fetters, Curry, & Creswell, 2013).

Given that this study utilised a mixed methods sequential explanatory design (Creswell, 2009; Creswell & Plano-Clark, 2011), the structure of this final chapter will be presented in the same way. Firstly, the findings from Phase one will be discussed in relation to the literature of occupational stress and burnout and then the findings from Phase two will be

discussed to other related literature. Finally, the findings from the synthesis of Phase one and Phase two will be discussed, followed by the methodological strengths and limitations of this thesis. The findings of this study will now be discussed in terms of how the research aim and questions have been answered.

### 7.3 Question 1: Do Australian Nurse Academics experience burnout?

The findings from Phase one demonstrated that nearly 50% of Nurse Academics do experience occupational stress leading to burnout. Given that every individual's experience is unique and each handle job stress differently, 20% of the Nurse Academics reported high-level burnout scores. However, the data also showed that many Nurse Academics, around 50%, clearly do not experience burnout. This wide distribution enabled to quantify the impact of various contributing and mitigating factors for burnout (since the prevalence of the factors influencing burnout also vary widely across our sample). The findings of this study resonate with the survey carried out by YouGov (2015) on behalf of the National Union of Teachers (NUT, USA) which also found that 55% of academics were considering leaving the profession in the subsequent two years. The study by Kinman and Wray (2013) found that approximately 73% of academics agreed that they found their job to be stressful. The competing demands and never-ending work leading to internal pressure, stress and burnout were some of the main antecedents responsible for academics wanting to leave the profession (Mwangi, 2014).

However, the question remains as to why some Nurse Academics experience burnout and others exposed to the same levels of stress do not. The findings also indicated that several demographic variables including support received (43% of participants felt that they were satisfied with the present support they received at work) appeared to have an influence in

reducing the effects of stress and burnout and the relationship with job satisfaction. Personal resilience was also found to be an influencing factor to reduce the impact of job stress and burnout. This resonates with the finding of other researchers. (Guo., Plummer., Lam., Wang., Cross., & Zhang, 2019). However, how the participants build their personal resilience was not explored and this could be an area for future investigation and further research. In addressing question one, the study found that about 50% of Nurse Academics do experience burnout whilst the remainder reported no burnout or low levels of burnout.

#### 7.4 Question 2: To what extent do Australian Nurse Academics experience burnout?

The findings in this study showed that the median Burnout score (as discussed in chapter five) for our sample implied that 50% of participants reported low levels of burnout, whilst the other 50% report either moderate or high levels of burnout.

The results obtained within this study indicated that Nurse Academics within Australia experienced different levels of burnout. One of the reasons could be the prolonged work pressure and length of time on the job. Maslach et al. (2001) concluded that burnout is a prolonged response to chronic emotional and interpersonal stressors on the job. It is equally observed and cited in the literature that the consequence of occupational stress and burnout has important implications for the general well-being and health of nurse educators (Hastings & Baum, 2003; Kacmaz, 2005; Kizilci et al., 2012). Burnout not only affects the psychological well-being of Nurse Academics, but it has a direct influence upon the educational outcomes of students (Kizilci et al., 2012). Nurse Academics experiencing burnout are less likely to establish advances in curricula and depleted capacity to help students; the consequences of this inattention can have formative and long-lasting impact upon future nurses and healthcare, (Grant & Kinman, 2014). This can



directly affect the education and results of the students and has serious implications for educational institutions and the nursing profession (Kizilci et al., 2012). However, some studies showed that effective interventions in reducing nurses' job stress could lighten their burnout and improve job satisfaction and quality of care (Frogeli et al., 2016).

Despite the quantitative findings in this section of the study there remains unanswered questions that future researchers may wish to address which include:

Does an employer care more about productivity than job satisfaction?

Does burnout or the lack of job satisfaction affect worker retention and quality of teaching?

Does the lack of job satisfaction lead to burnout and/or vice-versa?

### 7.5 Question 3: What are the background variables in relation to burnout among Australian Nurse Academics?

As discussed in chapter two, there have been a number of studies on the predictors of academic burnout globally including the following; Chen et al. (2014), Gillespie; Walsh; Winefield; Dua, and Stough (2010), Roughton (2013), Smeltzer et al. (2015), Waldrop and Chase (2014), Wang and Liesveld (2015), Wieland and Beitz (2015), Winefield et al., (2003), and Wyllie et al. (2016). Over the last three decades, university teaching has become increasingly challenging and stressful; this has affected the quality of life of academics (Persson, 2017). It is well established in the literature that several common stressors such as heavy workloads, pressures to publish, large class sizes, increasing administrative work, time constraints, management role demands and expectations are the main issues of concern for Australian Nurse Academics (Gardner, 2014; Roughton et al., 2013; Wilson et al., 2013; Yedida et al., 2014). Challenging student encounters, as a

source of faculty work stress, was also considered as a predictor in the development of job stress and burnout as demanding students could exhaust interpersonal resources. Although reductions in student contact was not seen as a good or positive thing, the added demands of international students with special needs (such as extra support for their writing skills) placed extra stress on the Nurse Academics. The extra commitment put in to help these cohort of challenging students was stressful and time consuming. With no added resources, participants reported that such extra responsibilities and educational activities, including added administrative work and efforts, were not calculated as part of their overall workload.

This resonates with the findings of other researchers that found that academic staff members are often exposed to different work demands with a scarcity of resources, which ultimately causes burnout (Gardner, 2014; Khan., Din., & Anwar, 2019; Roughton et al., 2013; Wilson et al., 2013; Yedida et al., 2014). However, in contrast, when job resources such as skills development, supervisor feedback, coupled with management support and recognition are provided, it motivates employees, and mitigates the repercussions of higher job demands and burnout (Demerouti & Bakker, 2001).

The causes and effects of occupational stress and burnout are diverse. The factors of burnout are usually related to emotional demands, role conflict, workload, or individual characteristics, including demography, personality, and attitude (Khan et al., 2019). Once burnout is experienced, it has certain individual or organisational effects (Leiter & Maslach, 2005). However, fewer studies (Kizilci, Erdogan, & Sozen, 2012; Yedidia et al., 2014), address the notion of occupational stress and burnout amongst Nurse Academics. Some of the pertinent work-related sources of burnout identified within the literature include; reduced achievement in career (Zhong., You., Gan., Zhang., Lu., &

Wang, 2009), perception of supervisor (Teven, 2007), mobbing behaviour (Gul, İnce, & Ozcan, 2011), attitude, belief and involvement towards work (Olivos-Jara, Galan-Carretero, & Santos-Segovia, 2014), frustration related to research activities and publication (Tijdink et al., 2013), dissatisfaction amongst job, and organisational perception of justice (Karakus, Ustuner, & Toprak, 2014).

Despite the findings of existing literature on the nature of burnout among university academics, some of the aspects of burnout are still unexplored. For this reason, previous researchers like Byrne & Martin, 2014, Goncalves., Fontes., Simaes., & Gomes, 2019, Lackritz (2004), Zhang and Zhu (2008), and Zhang and Feng (2011), recommended that future researchers should focus on identifying the diverse causes and subsequent effects of burnout in academia. In addition, there appeared to be fewer studies and limited knowledge of the association between occupational stress and burnout among Nurse Academics worldwide, especially in Australia.

One of the aims of this study was to determine the potentially important background antecedents and factors of burnout among Australian Nurse Academics. Multiple regression analysis was used to analyse the impact of demographic variables such as *gender, age, hours worked weekly, marital status, highest qualification, workload stress, length of service, resilience, support at work and permanency of work*. The factors identified in this study that explain the distribution of burnout scores include *Contract Worker* (non-permanent staff), *Stressful Workload, Long Work Hours, Resilience, and Support Satisfaction*. Some factors are consistent with previous research findings that identified several common stressors such as heavy workloads, pressures to publish, large class sizes, increasing administrative work, time constraints, management role demands

and expectations as the main issues of concern for Australian Nurse Academics (Gardner, 2014; Roughton et al., 2013; Wilson et al., 2013; Yedida et al., 2014).

An interesting and new finding of this study highlighted the importance of *'political astuteness'* among Australian Nurse Academics. Although there are studies that have examined the notion of political awareness and astuteness within the nursing profession (Benton et al., 2017, Primomo & Björling, 2013; Vande Waa et al., 2019) there is a scarcity of literature on *'political astuteness'* amongst Nurse Academics. Some of the participants indicated that a lack of *'political astuteness'* on the part of the less experienced Nurse Academics found that if the novice academic is not politically aligned with the 'right clique' and 'more experienced senior colleagues' there was a sense of being left out, affecting their professional trajectory. However, this an unexpected, interesting, and important finding of the role of *'political astuteness'* amongst Nurse Academics. It is not well understood and needs further exploration.

Likewise, *Age* and *Gender*—two common factors identified in previous literature—had a negative correlation with burnout in our study. Although several previous studies found women to have higher stress levels as compared to men (Adekola, 2010; Bilge, 2006; Blix et al., 1994; Sharpley, 1994; Boyd & Wylie, 1994; Purvanova & Muros, 2010) this study found no difference between women and men. This unexpected finding of this study resonates with the findings of (Amir, 2020; Abouresie, 1990; Winefield & Jarrett, 2001, Winefield et al., 2003) which found no obvious explanation for these conflicting differences and revealed there was not enough evidence to link male or female respondents to high or low levels of burnout (Amir, 2020).

The study found other factors that explained the distribution of burnout scores. This strong association extended across the MBI data used for this study and the other variables. The findings indicated that there was no relationship between *Stressful Workload* and *Work Hours*. This renders the *Stressful Workload* variable as an independent component of the overall explanation for burnout and is at least relative to the blunt measure of *Work Hours*.

Perhaps, surprisingly, being on a *non-permanent contract* (non-permanent staff) is associated with lower levels of burnout. However, this could be because non-permanent staff may be less likely to take on extra responsibilities such as serving on committees, supervision of students and university community-related activities. They may also choose the hours that they work to suit their other life factors.

The study also found that 43% of participants were satisfied with the *Support* they presently received from their job. *Workplace Support* for stress management can serve to be a protective factor and it works (Sarmiento et al., 2004). For example, *Workplace Support* for stress management appears to reduce burnout. The importance of support resonates well with the literature that greater support and empowerment (Sarmiento et al., 2004) from faculty and feedback could help overcome uncertainty and the lack of confidence (Wyllie et al., 2016). However, our study did not explore the actual type of support received and how this support reduced stress and burnout at work. The reasons as to why the rest of the 57% of the participants felt that they were not supported were also not explored in Phase one of the study. The type and judgement of the support received may not be relevant to their individual needs when feeling most vulnerable and stressed. An example of this could be when a novice Nurse Academic does not feel supported in their early teaching experiences when faced with challenging students and

may need more guidance and support from experienced mentors, whereas, the more experienced academics might feel otherwise and need different types of support, perhaps in chasing and securing research grants. The type of support and empowerment needed by Nurse Academics at different levels needs to be explored further.

An interesting finding and observation of this study indicated that although nearly 83% of Nurse Academics felt that their job was stressful, nearly 84% felt that their personal *Resilience* helped them cope with their job stress and burnout. This is also indicative that not everyone who was stressed experienced burnout, as their personal *Resilience* provided a buffering effect and acted as a protective factor against stress and burnout and level of job satisfaction. It was interesting to note how personal *Resilience* was associated with a much lower average level of burnout (Guo, Y. Plummer, V., Lam, L. Wang, Y., Cross, W.M. Zhang J-P. 2019). Our finding resonates well with the empirical evidence which showed that personal *Resilience* could help individuals adopt coping strategies to minimise distress (Luo, Y.-H., Li, H., Plummer, V., Cross, W.M., Lam, L. Guo Y-F, Yin, Y.-Z., Zhang, J.-P. 2019; Mallak, 1998) and develop problem-solving skills (Rushton et al., 2016). Personal *Resilience* is found to protect against work-related stress and is a crucial component for the individual's well-being and mental and physical health (Cusack L., Smith M., Hegney D., Rees C.S., Breen L., Witt R.R., Rogers C., Williams A., Cross W.M., Cheung K. 2016; Guo et al 2019; McDonald, Jackson, Wilkes, & Vickers, 2013).

Personal *Resilience* is considered as a dynamic process that can positively adjust to adversity and moderate potential damages due to harmful events (Jackson, Firtko, & Edenborough, 2007; Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008) and is associated with a much lower level of burnout. *Resilience* helped individuals to cope with stressful workloads and is often described as the ability to adapt positively when faced

with stress and adversity (Guo et al 2019; Davies, 2019). However, how Nurse Academics perceive, develop, and conceptualise personal *Resilience* as a coping mechanism is not well researched. There is limited research on personal *Resilience* among Nurse Academics (McDermid et al., 2016). The finding indicated that *Resilience* was not associated with *Work Hours* or *Age*. This finding implied that Nurse Academics that embodied *Resilience* coped better with increasing workloads and stressors irrespective of their *Age* and *Work Hours* as compared to those who ‘buckle’ under the daily job stress. Personal *Resilience* appeared to be a significant protective factor that helped individual’s cope with stressful workloads (Guo., Lam., Plummer., Cross., & Zhang., 2020; Reyes et al., (2015). Future research should explore and investigate the features of personal *Resilience* and resilient organisations or the ways in which they protect employers including examining the attributes that can be developed in leaders and managers to safeguard the well-being of their staff (Grant & Kinman, 2014).

Though 84% of Nurse Academics considered their present job to be stressful but not all experienced burnout. Being stressed did not equate to being burnt out and stressful workloads did not necessarily entail burnt out workers. Occupational stress is not a weakness but if left unchecked and for long periods of time can progressively cause emotional exhaustion, and depersonalisation (Li., Kan., Liu., Shi., Wang., Yang., Wang., Wang., & Wu, 2015). There is a wide distribution of burnout reported in this study according to the responses of the MBI survey.

The findings of this study highlighted some of the pertinent antecedents and factors that are associated and contributed towards burnout among Nurse Academics within Australia. The study revealed that many do experience burnout and the identified factors that explain the distribution of burnout scores included *Resilience*, *being a Contract*

*Worker, Stressful Workload, Work Hours and Support Satisfaction*. Personal Resilience is associated with much lower levels of burnout and the results of our finding corroborate the findings of other researchers (Cusack., Smith., Hegney., Rees., Breen., Witt., Rogers Williams., Cross., & Cheung, 2016; Luo., Li., Plummer., Cross., Lam., Guo., Yin., & Zhang, 2019; Guo et al 2019). The regression model in this study may not directly represent a casual model from which neat policy prescriptions can be derived. However, personal and employer-led programs that aim to augment personal *Resilience* or improve workplace support may benefit Nurse Academics, many of whom experienced burn out.

The study indicates that one area that clearly needs further exploration and research includes determining the moderating variables that influence the relationship between how Nurse Academics cope with the daily stressful workloads and develop personal resilience to reduce burnout. Further research could help provide a better understanding on how Nurse Academics perceive resilience and what evidence-based strategies could be used to promote personal resilience among Nurse Academics. The findings also support the Job Demands-Resources model (JD-R Model) (Bakker et al., 2003; Bakker & Demerouti, 2007; Bakker., Demerouti., & Hakanen, 2007; Demerouti, Bakker, Nachreiner, & Schaufeli, 2001) that guides and underpins the conceptual model of this study (as discussed in chapter three). At the heart of the JD-R Conceptual Model lies the assumption that, whereas every occupation may have its own causes of employee well-being, these factors can be classified into two general categories, namely, job demands and job resources. According to the Job Demands-Resources (JD-R) Model, every job includes demands and resources (Schaufeli, 2017).

Work engagement and burnout are closely related and reflect one another, and job demands typically refer to aspects of the job that require a considerable amount of effort



and result in psychological costs (Demerouti et al., 2001). Demerouti et al. (2001) defined job demands as “aspects of the job that requires substantial physical or mental efforts and are therefore associated with certain physiological and psychological costs” p.507. More specifically, job demands were originally defined as “psychological stressors involved with accomplishing an employee’s workload” (Karasek & Theorell, 1990, p. 291). Although there is a strong relationship between job demands and the experience of job strain, the amount of job resources an employee has, influence the strength of this demand-strain relationship (Diestel., & Schmidt, 2013). It could be safely assumed that job demands are positively associated and related to burnout and employees who experience occupational stress leading to burnout are often those who have difficulty in managing their personal job stress, due to higher job demands and insufficient job resources made available to them (Adil et al., 2019).

Job resources are physical, emotional, and organisational factors that help employees to achieve goals, reduce the negative physical and psychological costs of job demands, and help to stimulate growth and well-being (Bakker & Demerouti, 2007; Bakker, Demerouti, & Sanz Vergel, 2014). This job demands resources model (JDR- Model) is theoretically congruent with the findings of this study, which showed that the higher the workload demands (undertaking added academic workload, pastoral counselling of students, undertaking additional committee work, pressure to publish, attracting research grants with reduced resources, for example, lack of administrative support and administrative duties that in the past may have been undertaken by support staff), the greater the job stress experienced by academic staff. The findings are well supported by other researchers that academics at university level are experiencing increased stress levels (Adil et al., 2019; Bowen et al., 2016; Gillespie et al., 2001; Kinman, 2014). All the other

demographic variables examined within this study were not significantly related to burnout.

Nonetheless, the findings of this study have direct implications upon how Australian Nurse Academics cope with their daily work stress. If unchecked, this could lead to burnout (Li et al., 2015). The well-being of Nurse Academics in turn influences their daily interaction with nursing students, which affects the students learning needs and clinical practice. If Nurse Academics do not cope with their daily occupational stress leading to burnout, it is therefore safe to assume that they will not perform well in their daily multiple tasks and in turn affect the outcomes and learning needs of nursing students. Being able to cope with their daily job stress and challenging experiences is, therefore, an important factor as academics are fundamental and crucial to the success of universities and to student experience. Occupational stress does not appear to have declined within the university sector and it is therefore crucial for organisations and individuals to develop constructive ways to cope effectively and to protect the well-being of academics (Bowen et al., 2016). This is well summed up by Kinman and Wray (2013, p. 44) who commented that “stress remains a serious concern in higher education” and this is supported by other researchers that academics at university level are experiencing increased stress levels (Gillespie et al., 2001; Kinman, 2014; Thabo, 2010; Tytherleigh et al., 2005; Winefield & Jarrett, 2001).

#### 7.6 Question 4: What are the lived experiences and perceptions of stressors and burnout among Australian Nurse Academics?

Nineteen participants openly voiced their experiences and the findings included the following 12 themes:

- (a) helping students achieve, finding satisfaction through student engagement
- (b) working with challenging students
- (c) increasing workloads coupled with lack of resources and support
- (d) difficulties with retention of newly appointed staff
- (e) lack of work-life balance
- (f) incivility towards staff
- (g) increasing workloads and inequitable distribution
- (h) lack of recognition
- (i) negative workplace culture
- (j) lack of awareness of the importance of political astuteness and the
- (k) lack of leadership skills.

The study showed how these 12 themes and narratives provided further insight into how participants felt about their present job stressors in relation to burnout and examples of such contrasting experiences were discussed in greater depth (in chapter six). Within the twelve themes, extracts that best represented the views and voices of the participants were discussed. Our results support the growing evidence that universities no longer provide the low stress working environments they once did (Bowen et al., 2016). Although a number of the themes identified within the study are well supported by existing literature (Bittner & Bechtel, 2017; Khan et al., 2019; Khaldoun., 2020; Kinman, 2014; Kinman & Wray, 2011; Persson, 2017; McCaffery, 2018; Smeltzer et al., 2015; Thabo, 2010; Yedida

et al., 2011), an important aspect identified in our study was political astuteness, an area not addressed in the literature. The finding indicated that if the novice academic is not politically aligned with the 'right clique' and 'senior colleagues', the individual experienced a sense of being left out, affecting their professional trajectory. However, as mentioned earlier, the role of political astuteness is not well understood and needs further exploration. In addition, some participants seemed to have an unrealistic view of academic life (i.e., two days a week for publications) and perhaps might have expressed a slight undertone of resentment against those who were more successful. This was attributed to 'cliquishness or favouritism' rather than maybe attributing it to how some people worked in different ways. It could be, perhaps, others were better able to prioritise, had better time management skills, or just being prepared to put more into their career. An example of this perception was expressed by a participant who simply did not like publications so chose not to engage in that element of the job.

This study also explored how the workplace culture in nursing academia influences the notion of incivility. The study contributed to the body of literature regarding workplace culture and incivility amongst Australian Nurse Academics (Bittner & Bechtel, 2017; Sharma, 2017). Workplace culture was construed to be non-caring, largely hierarchical, lacking a nurturing and caring approach and, as a result, more open to incivility and bullying type behavior and conduct. Various participants in this study also expressed great concerns openly about how uncivil behaviour is a major problem and issue within many schools of nursing within Australia. This has far reaching consequences with leading to occupational stress and burnout including intention to leave. The finding resonates with the findings of Mc Dermid, et al (2012) and the impact it has upon the health of their colleagues and retention of Nurse Academics. In terms of incivil behaviour

and feeling intimidated, the personal experiences of participants in this study highlighted several salient factors including favouritism shown by academic leaders, and unfair distribution of workloads including internal power struggles (Bittner & Bechtel, 2017; Gardner, 2014).

Several participants expressed great concern over the lack of duty of care and leadership towards those who needed guidance, especially the novice academics. This is echoed in previous studies by Dal Pezzo and Jett (2009) and feeling insecure in their positions (Sharma, 2017). This feeling of insecurity and not speaking up for help (Sharma, 2017) is demonstrated by the findings in this study which clearly identified factors such as ‘personal egos’ of senior staff and ‘leaders’ that confirmed ‘personal centeredness’ and allowed their egos to get in their way, rather than being helpful and collegial. As a consequence of this, many participants felt intimidated, and therefore endured and accepted bullying and incivil behavior (Sharma, 2017) rather than reporting it due to feeling insecure. Other related factors included the lack of a nurturing work environment, increased workloads and feeling intimidated and insecure. Many participants also expressed being threatened and unfairly treated coupled with facing personalities who were driven by power struggles. Overall, there appeared to be a sense of powerlessness, that participants were relatively powerless and unable to change their lot. It appears the academic sector operates on the goodwill of staff who continually are expected to work over and above their paid workload – this seems to be the norm, not just for high achievers, but for everyone (Sharma, 2017). Participants equally expressed feelings about how they felt that they could not complain about the increasing workload, and if they did, no-one would listen, and they would be blamed for not coping.

The negative workplace culture of nursing which still tends to hold a historical tradition of being 'hierarchical' and 'authoritarian' have transferred into nursing academia and appears to have influenced the nursing schools' culture within universities. The findings in this study clearly demonstrated how some participants talked about it as an oppressed group behavior and not being very collegial. Some found a marked difference of being more collegial in different faculties. The findings resonate with the familiar saying within nursing that nurses "eat their young" (Stokowski, 2010). This is equally echoed by several participants who stated that historically, nurses tend to be more resigned to authority being imposed and often accept this without any challenge. Australian Nurse Academics felt they are treated as if they lack the skills of being independent. Likewise, an interesting observation by some participants about the traditional nursing culture as operating almost like in the hospital settings was viewed as being a stumbling block towards making progress within nursing academia.

Occupational stress was associated with seemingly unachievable, unrelenting workloads (for example, marking pressure which is very onerous and seems to preclude other valued and important professional activities). Although there are workload metrics which are meant to ensure equity, some aspects of the job remain poorly reflected on these. Participants stated that additional administrative activities are largely unrecognised and not valued and factored in as part of their workload metrics. The findings of the study have reflected and highlighted the concerns of many other international writers and academics (Bittner & Bechtel, 2017; Khan et al., 2019; Khaldoun., 2020; Kinman, 2014; Kinman & Wray, 2011; Persson, 2017; McCaffery, 2018; Smeltzer et al., 2015; Thabo, 2010, Yedida et al., 2011).

Some of the other salient findings indicated that many novice Nurse Academics needed guidance and a good mentor to help guide them through their initial years. Many participants indicated that they were not expecting the sheer overwhelming workload and soon noted that academic life could be brutal. Increasing expectations around PhD, publications, research—in addition to challenges with student numbers and monitoring clinical placements—made it extremely challenging for the novice Nurse Academics. These findings have implications for future recruitment and retention of Nurse Academics (McDermid et al., 2012; Nardi et al., 2013; Roughton, 2013). In addition to this, university academics with higher levels of burnout are more likely to consider job changes (Blix et al., 1994). The longer-term sustainability of the Nurse Academic workforce and issues in recruiting Nurse Academics is an area of great concern (Mc Dermid, et al., 2012).

The findings also highlighted the lack of collegiality and sharing, which often lead most academics to work in silos and this can be extremely isolating. Feeling let down (maybe even betrayed) when things are poorly handled by senior staff and nurse leaders is an area of great concern.

However, the data showed that some participants made seemingly contradictory remarks, such as “I don't like publications” (and hence, doesn't research, write, or publish), but still talked about nursing belonging in university because of their contribution to knowledge. Many participants openly expressed some inherent *inequity* and *lack of transparency* around *workload* and concerns relating to promotion. Unrealistic *teaching workload* even for those with grants and publications was an area of concern. Many participants sensed that research is valued more than teaching and a *lack of support* for research activities that will lead to promotion. For many participants, there was a sense of feeling disillusioned and let down. The lack of autonomy, loss of academic freedom and the

ability to openly express their frustrations (especially the newer and less experienced Nurse Academics) without feeling intimidated by their nurse leaders, were areas of immediate concern.

It was interesting to note that at the end of the interview(s) all the nineteen participants drew my attention and openly mentioned that this was a very timely and important research topic to explore for they felt that the University environment had become extremely toxic, stressful and demanding. Many felt that the interview served as a ‘cathartic’ exercise for them. For most of them the opportunity to speak openly was indicative of the desire to offload and ventilate freely about their ‘pent up’ frustrations, disappointments, increasing work demands, challenges and job factors that contributed to their occupational stress and burnout.

#### 7.7 Question 5: Is there a relationship between burnout and job satisfaction among Australian Nurse Academics?

In addressing the fifth and last question of the study, the collective findings from Phases one and two of the study offered valuable insight into the daily challenges faced by Nurse Academics and reported job dissatisfaction and job stress leading to burnout. The purpose of administering the MSQ was to give participants a chance to relate how they felt about their present job, and what they are satisfied or not satisfied with about their present job. A mixed result was obtained with 50% of the participants reporting low levels of satisfaction in their present job, whilst the other 50% reporting either being satisfied or very satisfied with their present job. Importantly, the findings showed that 30% of the participants were dissatisfied or very dissatisfied with their present job.



However, the findings of this study indicated that several demographic variables had an influence in relation to job satisfaction. An interesting feature of responses to our background was a strong correlation with *Work Hours*: the study found that having *Extra Responsibilities*, being required to do *Supervision* and being *On Committees* were all correlated with increased *Work Hours* and subsequent reduction in job satisfaction.

Though *Age* appears to have a strong correlation with *Stressful workload*, *Added Responsibilities* and a stand-alone relationship with *Qualification*, when the results of the MSQ are taken into consideration, the correlation with *Age* could be explained due to the years and length of time spent on the job (Li et al., 2015). However, *Age* did not correlate with *Job Satisfaction* or *Burnout*.

## 7.8 Strengths and Limitations

### 7.8.1 Strengths:

There were several strengths to this research study. First, an important strength is the representativeness of the sample in relation to the target population. Though the sample obtained in this study is a relatively small fraction of the total number of nursing faculty in the country, faculty respondents from every program type, both full-time and part-time faculty, and faculty from throughout all states and territories of Australia, participated in the study. These varied settings increased the quality and depth of data collected, analysis and findings (Onwuegbuzie & Collins, 2007).

Second, the strength of the study is the likelihood that this is the first time that faculty occupational stress and burnout as a distinct construct has been studied in the nursing faculty population within Australia.

Third, undertaking the surveys during Phase one of the study, a strength was making use of established surveys tools, namely; the Maslach Burnout Inventory (MBI) and the short version of the Minnesota Survey Questionnaire (MSQ), including established face and content validity and reliability (Schneider et al., 2014).

Fourth, the decision to examine the relationship between *Burnout* and *Job Satisfaction* provided a greater understanding of the findings, particularly in relation to how some of the antecedents, for example, personal *Resilience* and *Support Received*, influenced the outcome of *Job Satisfaction* and *Burnout* scores. The findings of Phases one and two of this study has added significant depth to the notion of *Job Stress* and *Job Satisfaction* in relation to the concept of *Burnout*.

#### 7.8.2 Limitations:

One limitation of the study is that the results may not be generalisable to other faculties and schools within Australian universities and globally for the findings may not be reflective of the unique characteristics of each different discipline area.

Another limitation is the potential for researcher bias. This bias refers to the researcher having prior knowledge and feelings, often unconsciously, about the topic. This may impact of data collection and analysis due to the researchers preconceived ideas or assumptions, resulting in a tendency to see what they expect or want to see (Mahtani et al., 2018). In this research study data collection was undertaken by an experienced Nurse Academic who had prior knowledge and experience of the role of Nurse Academics. However, researcher bias was reduced with the use of a structured approach with pre-prepared questions during the semi-structured interview phase and during data analysis during each of the two phases of this study (Mahtani et al., 2018).

Finally, it is acknowledged that responses may have been influenced by the format, construct and interpretation of the survey items, as the survey was self-reporting (de Vaus, 2014) and personal views and narratives of the participants were collected at a specific point in time of their personal experiences.

### 7.9 Methodological Strengths

This study had several methodological strengths that have enabled detailed findings in order to address the aims of this research.

First, the mixed methods design, more specifically, the use of a ‘Sequential Explanatory Design’ has enabled the exploration of the phenomenon of burnout more comprehensively than would be using quantitative or qualitative methods alone. A more general understanding of the problem may be provided by using quantitative data. However, when both methods are utilised, they often provide a wider and greater understanding of the research problem than either approach by itself (Creswell, 2009; Creswell & Plano-Clark, 2011). By countering the strengths and limitations of quantitative and qualitative data approaches (Creswell & Plano Clark 2011; Tashakkori & Teddlie, 1998), the overall study provided an in-depth understanding of occupational stress and burnout among Nurse Academics within Australian universities. This design also allowed for data from one phase to inform data collection in subsequent phases (Creswell & Plano-Clark, 2011); findings from the initial key surveys in Phase one guided development of the semi-structured interview questions in Phase two of the study.

Second, the decision to use the ‘interview method’ and individual interviews subsequent to the survey method used in Phase one to measure the frequency and level of burnout proved to be an invaluable addition that provided an in-depth and greater understanding

of the personal views of the participants in relation to occupational stress and burnout. Nearly 75% of Nurse Academics felt that their work was stressful. However, 85% felt that their *Resilience* helped them cope with the stress. This was indicative that not everyone who was stressed experienced burnout, as their personal *Resilience* provided a buffering effect and acted as a protective factor against stress and burnout. This was in tandem with the findings of previous researchers which showed the buffering effects of a hardy disposition (Kobasa., Maddi., & Kahn, 1982; Kobasa, Maddi, Puccetti, & Zola, 1986; Bartone, Ursano, Wright, & Ingraham, 1989; Maddi, 2006) helped with the long-term effects of stress on both the physical and mental health of the individual. The finding is further supported by additional research on the protective and buffering effects of *Resilience* (Matsen, 2001; Curtis & Cicchetti, 2003; Guo, Y. Plummer, V., Lam, L. Wang, Y., Cross, W.M. Zhang J-P. (2019).

In addition, in response to question 25 in the demographic questionnaire, many respondents felt that they were not satisfied with the support that they were presently receiving in their present jobs. To explore these responses in greater depth it was deemed necessary to explore these questions within the qualitative section of the study. The individual interviews provided an opportunity to clarify such important issues indicated by participants within the survey and Phase one of the study. The qualitative phase built on the quantitative phase and the two phases joined to explain the research questions more comprehensively.

Third, at the time of this study there were no published studies addressing the issues related to occupational stress and burnout among Nurse Academics within Australia. Most of the studies were from other countries including the United States, England, Canada and Asia (Khaldoun, 2020; Kinman & Wray, 2013; Kizilci, 2012; Lockanadha et

al., 2012; McCaffery, 2018; Persson, 2017; Tourangeau et al., 2014; Wang & Liesveld, 2015; Wilson et al., 2013; Wyllie et al., 2016; Yedida et al., 2014). The findings of this study contributed and added to new knowledge.

### 7.10 Methodological Limitations

There are methodological limitations associated with this study that should be addressed in future research.

First, because of the cross-sectional study design, it was not intended to demonstrate causal relationships. Although the participants were recruited from all states and territories of Australia the purposeful sample was more metropolitan focused with more participants from the city campuses resulting in findings that may not necessarily be representative.

Second, the study sample was only selected from within Australian universities which may limit the global generalisation of the findings. In view of this, a wider geographical range is recommended, and future studies be conducted using longitudinal research methods and randomised sampling.

Third, a more equitable number of participants from rural/regional campuses within Australia could be more useful to determine any 'unique characteristics' or 'lack of resources' that may have impacted upon the findings of this study. Perhaps this could be a consideration for future research to undertake a comparative study of Nurse Academics in metropolitan and rural campuses in relation to occupational stress and burnout in Australia.

Fourth, given that the nursing profession is largely female, the sample derived for this study was predominately female with a higher ratio of female to male Nurse Academics. This appeared to be an unavoidable limitation that was difficult to overcome. As mentioned earlier, although several previous studies found women to have higher stress levels as compared to men (Adekola, 2010; Bilge 2006; Blix et al., 1994; Sharpley, 1994; Boyd & Wylie, 1994; Purvanova & Muros, 2010), this study found no difference between women and men. Although, this was an unexpected finding, it has a basis in the literature and was consistent with the more recent findings by Amir (2020). The results in the present study are further supported by similar results found by others (Abouresie, 1990; Winefield & Jarrett, 2001; Winefield et al., 2003) indicating there was no evidence of gender differences in the levels of burnout in their studies on teaching professionals. A more equitable representation of the sample size of male Nurse Academics might have a different outcome on the influence of gender in relation to stress and burnout.

Fifth, no wider inferences can be made as it involved assessment at only one time point.

## 7.11 Recommendations:

### 7.11.1 Implications for Education

In view of the findings, strengths, and limitations of this study several pertinent implications for faculty practice and education are suggested:

- (a) further ongoing education is needed to empower the novice and less experienced Australian Nurse Academics, to become more confident and competent in their career trajectory.

- (b) for every '*novice academic*' appointment there needs to be a chosen designated experienced 'mentor' attached for the first two years to help guide the less experienced Australian Nurse Academics through their early years. This will help with unprecedented challenges and 'political astuteness' of academia which at times can be extremely toxic and difficult to handle, especially for the novice nurses.
- (c) it is equally important to educate and equip newly appointed heads of Australian nursing schools, with appointed supervisors and managers with the relevant training that equips them to confidently lead and facilitate the various education programs which reflects leadership who can recognise and nurture talented people.
- (d) providing a safe and sounding 'space' for small designated teams and group meetings led by more experienced and supportive colleagues to share, reflect on and learn about their concerns, fears, and challenges of the less experienced staff will assist in ameliorating workplace stress. Vander Elst et al. (2016) acknowledged that organising team meetings where staff can talk about emotionally stressful situations is associated with a low level of burnout. This is supported by Tourangeau et al. (2014), stating that organised team meetings on a regular basis can promote social support from supervisor and colleagues.
- (e) initiating open and honest communication between staff to instil more confidence and reduce feelings of being disillusioned and disappointed by their superiors and or peers.

(f) hearing academic voices to reduce the lack of autonomy and perceived loss of academic freedom so that staff are able to ventilate their true feelings and job concerns without feeling 'intimidated' or fear of being reprimanded.

(g) promoting, encouraging and establishing strong support networks and social connections at work for all staff so that they feel more inclusive and attached to a successful and more experienced group in the workplace.

A positive working culture where personal ethics and integrity/moral compass are practiced and the senior members and leaders (who won't promote self at the expense of their junior colleagues) is imperative for the well-being of their staff. The importance of good leadership is paramount, as in, those who can recognise, value their staff and nurture talented people and learn to differentiate between what counts and what doesn't in terms of promotion and workload allocation and genuinely help the less experienced to have a career plan.

Resilience building and enhancing job satisfaction should be an essential part of the strategy. Policy makers should also devise strategies for increasing the amount of financial resources allocated to the universities, as lack of resources and support is one of the significant determinants of burnout and job satisfaction. Many of the remarks made by the participants who expressed a sense of dissatisfaction are extremely concerning for any nurse intending to undertake a career as a Nurse Academic and urgent attention to areas such as apparent 'horizontal bullying', lack of 'recognition' and 'increasing



workloads' needs to be addressed to help reduce job stress and burnout and increase job satisfaction and retention among Nurse Academics.

With available instruments which measure burnout, such as the Maslach Burnout Inventory (MBI), and job satisfaction, Minnesota Job Satisfaction (short version), periodic administration of such tools would allow management to anticipate burnout and job satisfaction rather than waiting for it to happen.

There are significant implications for university administrators, who should equally be interested in the strategies and policies that need to be revised for greater inclusiveness, academic freedom, institutional autonomy, and a better work-life balance. Azeem and Nazir (2008) claimed that university administrations must regularly observe the factors which may have adverse effects on the effectiveness of academics and take remedial actions to develop education.

Strategies and policies need to be revised for greater inclusiveness, academic freedom, institutional autonomy, and a better work-life balance. The imbalance of work life, additional workload, lack of recognition, time pressure and higher job demands, create a toxic environment leading to greater stress and burnout which could have serious implications upon the well-being of Nurse Academics.

#### 7.12 Implications for future research

Because of the recent surge, concern and interest in the shortage and retention of future Nurse Academics globally, more research needs to be undertaken on both the negative consequence of job stress and burnout. Investigations and interventions that address

occupational stress and burnout with intention to leave among Nurse Academics is paramount.

In addition, further research in the field of cross-cultural differences in job stress and burnout could be undertaken and their relation to personality variables could be identified. This could help enhance a better understanding between the relationship of cultural and personality variables, and the resulting occupational stress and burnout.

More longitudinal research in relation to what moderating factors and the role of *Resilience* and hardiness has on the phenomenon of burnout among Nurse Academics needs to be explored and examined further. Some important questions that need exploring include: What are the most important job stressors to faculty in different kinds of undergraduate and post graduate educational programs? How does the present changing landscape of university education with added stress of unprecedented stress factors like COVID 19 impact upon the needs of Nurse Academics and the learning needs of students. What impact does it have upon the work-life balance of staff and students alike?

Further work is needed that examines the ‘specific types of support systems’ that nurse leaders could initiate to reduce job stress leading to burnout. Ongoing evaluation is crucial to ensure the appropriateness, efficacy, and effectiveness of the support systems.

To investigate in greater depth the role of interventions and strategies like ‘resilience’ ‘hardiness’ and ‘mindfulness’ in overcoming job stress. Mindfulness is one of the most effective strategies that can be used for this matter (Kinser., Braun., Deeb., Carrico., & Dow, 2016). There is strong correspondence between mindfulness and resilience. Mindfulness education, such as stress reduction, has gained attention for its effect on stress, anxiety and depression reduction and enhancement of life quality (Kinser et al.,

2016). The importance of this finding should be examined with future research to isolate which strategies are especially beneficial in reducing burnout outcomes.

Do nursing faculty learn resilience and hardiness over the course of their faculty experience, or are they a hardy group, perhaps from their clinical nursing experiences, before they become faculty members? Can resilience alone help to protect Nurse Academics from physical or psychological stressors? How effectively can resilient attitudes be taught, and how quickly can they be learned? How durable is the protection resilience provides; is there a plateau of protection after which the protective effects diminish?

### 7.13 Chapter summary

To my knowledge, this is the first study in Australia which examined and explored burnout risk factors and job experiences among nurse academics within the University setting regardless of their role and level of seniority. Using a sequential explanatory mixed methods design, this study has contributed new knowledge on occupational stress and burnout among Nurse Academics within Australian universities. The overall aims of this study were to investigate the prevalence, extent and explore the experiences of Nurse Academics in Australia in relation to job satisfaction and burnout. This research study contributes to the ongoing body of work on the experiences of Nurse Academics globally and gives a further insight and deeper understanding of the personal experiences of Nurse Academics within Australia in relation to occupational stress and burnout. The study findings provided useful data and a rich narrative of their personal experiences. The findings resonate with the multidimensional conceptual model of burnout utilised in this study which incorporated the JD-R Model. Specifically, participants noted that reduced

resources coupled with higher job demands lead to high levels of occupational stress and burnout leading to reduced job satisfaction. However, the results of this study also supported the notion that those with more personal preventive coping resources such as ‘resilience’ and those who perceived greater support and job satisfaction, may be at reduced risk for experiencing stress outcomes including burnout.

The narratives provided further insight into how participants faced daily workplace challenges and stressors experienced by Nurse Academics that had an influence and impact upon student teaching and learning which, in turn, contributes towards the student’s clinical experiences and patient care. This study highlights the importance of acknowledging daily interpersonal challenges and stressors faced by Nurse Academics within their occupation. Negative consequences of occupational stress and burnout on both the nurse academics and management call for preventive measures in identifying the risk factors to reduce the impact of burnout including recruitment and retention of newly appointed nurse academics.

It remains to be explored in future research with a greater sample size whether the same would be found among Nurse Academics in other countries. If supported with further research, preventive coping skills and resources may represent cost efficient and effective strategies to reduce the long-term impact of occupational stress and burnout among Nurse Academics nationally and globally. Having a better insight and appreciating the role of job stress, burnout, better support and healthier work culture will help leaders and faculty across the country set better policy than is possible without this knowledge. Occupational stress leading to burnout is still considered an important factor and predictor of job satisfaction and intention to leave among Nurse Academics.

The findings of this study have global implications upon the recruitment and sustainability of Nurse Academics and identifies several important themes which include: a lack of work-life balance, negative workplace culture, perceptions of feeling undervalued, intimidated and not recognised, lack of awareness of the importance of political astuteness, and lack of leadership skills. Little is yet known about the features of resilient organisations or the ways in which they protect employees.

It would therefore be safe to assume that leaders and heads of nursing schools within Australia and globally would be well-served in evaluating their present work environments to ensure the unprecedented, changed, educational-university landscape is as inviting and stress-controlled as possible in order to retain their academic faculty members. Several negative cultural practices amongst senior Nurse Academics need to be urgently addressed to enhance a more cohesive, valued, and collegial working environment. Effective mentoring and leadership styles that promote a sense of belonging, being valued, heard, and recognised, are areas of priority. When occupational demands are high, job resources and support could serve as a “buffer” in achieving personal and organisational goals. The results and findings support the growing evidence that universities no longer provide the low stress working environments they once did. Strategies and policies should be revised for greater inclusiveness, academic freedom, institutional autonomy, and a better work-life balance. The findings have important global implications in terms of recruitment and retention of Nurse Academics.

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## **Appendix A            EXPLANATORY STATEMENT**

### **School of Nursing & Midwifery**

**Project Title: An Investigation of Burnout among Nursing Academics in Australia**

#### **Please note that this information sheet is for you to keep.**

My name is Charanjit Singh and I am conducting a research project under the supervision of Professor Wendy Cross, Head of School of Nursing & Midwifery, Monash University and Professor Debra Jackson, Faculty of Health, University of Technology Sydney, towards a PhD at Monash University. This means that I will be writing a thesis based upon the findings of the research project.

You are invited to take part in this study. Please read this Explanatory Statement in full before deciding whether or not to participate in this research. If you would like further information regarding any aspect of this project, you are encouraged to contact the researchers via the phone numbers or email addresses listed at the end of the document.

#### **Why were you chosen for this research?**

This study is open to all Registered Nurse Academics who:-

- are employed within any of the Universities in Australia.

#### **The aim/purpose of the research?**

The aim of this research is to investigate the prevalence of burnout among Nursing Academics in Australia. In the present academic climate, there is a great deal of 'hearsay' that Nursing Academics and their colleagues alike are under a great deal of 'stress and pressure' with increased workloads and research related activities. To this end this research project is concerned with investigating the prevalence of burnout among Nursing Academics within Australia. Although the literature is replete with well documented studies on occupational stress and burnout among various occupations like nursing, teaching, occupational therapy, oncology, medicine, dentistry, police, the clergy and many others that involve human interaction, very little research has been carried out specifically on burnout among Nursing Academics within Australia.

This raises a number of questions and important issues related to workplace occupational stress and possible burnout in the workplace. In spite of this long standing concern, it is surprising to note the paucity of literature on the prevalence and degree of burnout among Nursing Academics in Australia. In view of the above, it is envisaged that this research project will add to the existing knowledge of stress and burnout among Nursing Academics in Australia.

#### **Possible benefits**

There is a strong possibility that you will be able to recognise and reflect upon your own level of occupational stress and burnout by participating in this research. This will hopefully enable you to take the necessary steps to overcome any recognised stress and burnout experienced, and help you to create a better balance between work and your home/social life.

#### **What does the research involve?**

Participants will be required to complete an on line three instruments namely:

- 1) A 26 itemed demographic questionnaire.
- 2) The Maslach & Jackson Burnout Inventory MBI-HSS version (1981), to measure the frequency and intensity of burnout
- 3) The Minnesota Job Satisfaction Survey –short version.
- 4) Potential participants will also be invited to participate in a semi-structured in-depth interview to explore their lived experiences of academia.

The survey is completely anonymous and it will not be possible to identify any individual from the survey results. All information gathered will be coded and deidentified.

#### **How much time will the research take?**

The surveys are completely voluntary and it is envisaged that it will take about 40 minutes. Should you chose to be interviewed I anticipate it will take another 30 minutes for the in depth interview.

#### **Inconvenience/discomfort**

Apart from the time that you will contribute in completing the surveys and participating in the in depth interview (if you wish to participate) it is envisaged that there will be no foreseeable risk to you. However, If you do feel distressed at any time, you can discontinue the survey. Counselling services are available for any participant who requires it as a result of participating in this research study. These services will be made available via your employer.

#### **Payment**

There is no payment involved for your participation.

#### **Participation**

Your participation in this research study is voluntary. You are under No obligation to participate. However, once you have answered all or part of the survey, your responses will not be able to be withdrawn.

Participation in the in depth interview is also voluntary and participants will be asked to complete a consent form prior to undertaking the in depth interview.

#### **Confidentiality**

The data and transcripts will be de-identified before being viewed by the Supervisors. Confidentiality will be maintained at all times. Your identity and contact details will not be disclosed to anyone. Your identity will be decoded and de-identified. Your identity will not be known.

However, should any illegal activity be disclosed it will be reported as Mandated by the law.

#### **Storage of data**

All data collected will be stored in accordance with Monash University regulations, kept on University premises, in a locked filing cabinet for a period of 7 years. A report of this research study may be submitted for publication purposes but no individual participants will be identifiable in such a report or any oral presentation.

#### **Use of data for other purposes**

The data collected as part of this research study will not be used for any other purpose.

## Results

The overall results of this research study will be made available to participating individuals on request. It is anticipated that the results will be reported in the thesis of the student researcher, and a report of the research study may be submitted for publication purposes. The data collected as part of the study will not be used for any other purpose.

## Complaints

Should you have any concerns or complaints about the conduct of the project, you are welcome to contact the

Executive Officer, Monash University Human Research Ethics  
(MUHREC):

Executive Officer  
Monash University Human Research Ethics Committee (MUHREC)  
Room 111, Building 3e  
Research Office  
Monash University VIC 3800

Tel: +61 3 9905 2052 Email: [muhrec@monash.edu](mailto:muhrec@monash.edu) Fax: +61 3 9905  
3831

Or the Chief Investigator :  
Professor Wendy Cross  
Head, School of Nursing & Midwifery,  
Monash University.  
Email: [wendy.cross@monash.edu](mailto:wendy.cross@monash.edu)  
Telephone: +61 3 9905 4839

Thank you and your help and participation is much appreciated.

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Charanjit Singh RN, RMN, RMN, M.M.Hlth, B.Ed., PGCEA, Dip Adult Cog Beh Psychotherapy.

## CONSENT FORM

**Project: An Investigation of Burnout among Nursing Academics in Australia**

**Chief Investigator:** Professor Wendy Cross

**Ph.D. Candidate:** Charanjit Singh

I have been asked to take part in the Monash University research project specified above. I have read and understood the Explanatory Statement and I hereby consent to participate in this project.

| I consent to the following:                       | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Audio and/or video recording during the interview | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Participant: \_\_\_\_\_

Participant Signature : \_\_\_\_\_ Date \_\_\_\_\_

## Appendix B ETHICS APPROVAL - MUHREC Human Ethics of Approval – An Investigation of Burnout among Nursing Academics in Australia.



Monash University Human Research Ethics Committee (MUHREC)  
Research Office

### Human Ethics Certificate of Approval

This is to certify that the project below was considered by the Monash University Human Research Ethics Committee. The Committee was satisfied that the proposal meets the requirements of the *National Statement on Ethical Conduct in Human Research* and has granted approval.

Project Number: CF14/901 - 2014000364  
Project Title: An Investigation of Burnout Among Nursing Academics in Australia  
Chief Investigator: Prof Wendy Cross  
Approved: From: 26 March 2014 To: 26 March 2019

**Terms of approval - Failure to comply with the terms below is in breach of your approval and the Australian Code for the Responsible Conduct of Research.**

1. The Chief investigator is responsible for ensuring that permission letters are obtained, if relevant, before any data collection can occur at the specified organisation.
2. Approval is only valid whilst you hold a position at Monash University.
3. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval and to ensure the project is conducted as approved by MUHREC.
4. You should notify MUHREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
5. The Explanatory Statement must be on Monash University letterhead and the Monash University complaints clause must include your project number.
6. **Amendments to the approved project (including changes in personnel):** Require the submission of a Request for Amendment form to MUHREC and must not begin without written approval from MUHREC. Substantial variations may require a new application.
7. **Future correspondence:** Please quote the project number and project title above in any further correspondence.
8. **Annual reports:** Continued approval of this project is dependent on the submission of an Annual Report. This is determined by the date of your letter of approval.
9. **Final report:** A Final Report should be provided at the conclusion of the project. MUHREC should be notified if the project is discontinued before the expected date of completion.
10. **Monitoring:** Projects may be subject to an audit or any other form of monitoring by MUHREC at any time.
11. **Retention and storage of data:** The Chief Investigator is responsible for the storage and retention of original data pertaining to a project for a minimum period of five years.

Professor Nip Thomson  
Chair, MUHREC

cc: Prof Debra Jackson, Mr Charanjit Singh

Postal – Monash University, Vic 3800, Australia  
Building 3E, Room 111, Clayton Campus, Wellington Road, Clayton  
Telephone +61 3 9905 5490 Facsimile +61 3 9905 3831  
Email [muhrec@monash.edu](mailto:muhrec@monash.edu) <http://www.monash.edu.au/research/office/human/>  
ABN 12 377 614 012 CRICOS Provider #00008C



## Appendix C Maslach Burnout Inventory (MBI -HSS)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout. *(Thank you to the Association des médecins vétérinaires (AMVQ) en pratique des petits animaux for providing us with a copy of this tool).*

| Questions   | Never    | A few times per year | Once a month | A few times per month | Once a week | A few times per week | Every day |
|---|----------|----------------------|--------------|-----------------------|-------------|----------------------|-----------|
| <b>SECTION A</b>  | <b>0</b> | <b>1</b>             | <b>2</b>     | <b>3</b>              | <b>4</b>    | <b>5</b>             | <b>6</b>  |
| I feel emotionally drained by my work.                            |          |                      |              |                       |             |                      |           |
| Working with people all day long requires a great deal of effort. |          |                      |              |                       |             |                      |           |
| I feel like my work is breaking me down.                          |          |                      |              |                       |             |                      |           |
| I feel frustrated by my work.                                     |          |                      |              |                       |             |                      |           |
| I feel I work too hard at my job.                                 |          |                      |              |                       |             |                      |           |
| It stresses me too much to work in direct contact with people.    |          |                      |              |                       |             |                      |           |
| I feel like I'm at the end of my rope.                            |          |                      |              |                       |             |                      |           |
| <b>Total score – SECTION A</b>                                    |          |                      |              |                       |             |                      |           |

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.

| Questions  | Never    | A few times per year | Once a month | A few times per month | Once a week | A few times per week | Every day |
|--|----------|----------------------|--------------|-----------------------|-------------|----------------------|-----------|
| <b>SECTION B</b>   | <b>0</b> | <b>1</b>             | <b>2</b>     | <b>3</b>              | <b>4</b>    | <b>5</b>             | <b>6</b>  |
| I feel I look after certain patients/clients impersonally, as if they are objects.             |          |                      |              |                       |             |                      |           |
| I feel tired when I get up in the morning and have to face another day at work.                |          |                      |              |                       |             |                      |           |
| I have the impression that my patients/clients make me responsible for some of their problems. |          |                      |              |                       |             |                      |           |
| I am at the end of my patience at the end of my work day.                                      |          |                      |              |                       |             |                      |           |
| I really don't care about what happens to some of my patients/clients.                         |          |                      |              |                       |             |                      |           |
| I have become more insensitive to people since I've been working.                              |          |                      |              |                       |             |                      |           |
| <b>Total score – SECTION B</b>   |          |                      |              |                       |             |                      |           |

| Questions   | Never    | A few times per year | Once a month | A few times per month | Once a week | A few times per week |
|---|----------|----------------------|--------------|-----------------------|-------------|----------------------|
| <b>SECTION C</b>  | <b>0</b> | <b>1</b>             | <b>2</b>     | <b>3</b>              | <b>4</b>    | <b>5</b>             |
| I accomplish many worthwhile things in this job.                          |          |                      |              |                       |             |                      |
| I feel full of energy.  |          |                      |              |                       |             |                      |
| I am easily able to understand what my patients/clients feel.             |          |                      |              |                       |             |                      |
| I look after my patients'/clients' problems very effectively.             |          |                      |              |                       |             |                      |
| In my work, I handle emotional problems very calmly.                      |          |                      |              |                       |             |                      |
| Through my work, I feel that I have a positive influence on people.       |          |                      |              |                       |             |                      |
| I am easily able to create a relaxed atmosphere with my patients/clients. |          |                      |              |                       |             |                      |
| I feel refreshed when I have been close to my patients/clients at work.   |          |                      |              |                       |             |                      |
| <b>Total score – SECTION C</b>  |          |                      |              |                       |             |                      |

## SCORING RESULTS - INTERPRETATION

### **Section A: Burnout**

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, “exhaustion would be the key component of the syndrome.” Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

### **Section B: Depersonalization**

“Depersonalization” (or loss of empathy): Rather a “dehumanization” in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

### **Section C: Personal Achievement**

The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

**A high score in the first two sections and a low score in the last section may indicate burnout.**

**Note:** Different people react to stress and burnout differently. This test is not intended to be a scientific analysis or assessment. The information is not designed to diagnose or treat your stress or symptoms of burnout. Consult your medical doctor, counselor or mental health professional if you feel that you need help regarding stress management or dealing with burnout.

## Appendix D

### Minnesota satisfaction questionnaire (MSQ) -short version

The purpose of this questionnaire is to give you a chance to tell **how you feel about your present job**, what things you are **satisfied** with and what things you **are not satisfied** with. On the basis of your answers and those of people like you, we hope to get a better understanding of the things people **like and dislike about their jobs**.

On the next page you will find statements about your **present** job.

- Read each statement carefully.
- Decide **how satisfied you feel about the aspect of your job** described by the statement.
- Keeping the statement in mind:
  - If you feel that your job gives you **more than you expected**, check the box under “Very Sat.” (Very Satisfied)
  - If you feel that your job gives you **what you expected**, check the box under “Sat” (Satisfied);
  - If you **cannot make up your mind** whether or not the job gives you what you expected, check the box under “N” (Neither Satisfied nor Dissatisfied)
  - If you feel that your job gives you **less than you expected**, check the box under “Dissat.” (Dissatisfied);
  - If you feel that your job gives you **much less than you expected**, check the box under “Very Dissat.” (Very Dissatisfied).
- Remember: Keep the statement in mind when deciding **how satisfied you feel about that aspect of your job**.
- Do this for **all** statements. Please answer **every** item.

**Be frank and honest.** Give a true picture of your feelings about your **present job**.

*Ask yourself: How **satisfied** am I with this aspect of my job?*

**Ver Sat.** means I am very satisfied with this aspect of my job.

**Sat.** means I am satisfied with this aspect of my job.

**N** means I can't decide whether I am satisfied or not with this aspect of my job.

**Dissat.** Means I am dissatisfied with this aspect of my job.

**Very Dissat.** Means I am very dissatisfied with this aspect of my job.

---

**On my present job, this is how I feel about .....**

|  | <b>Very<br/>Dissat.</b>  | <b>Dissat.</b>           | <b>N</b>                 | <b>Sat.</b>              | <b>Very<br/>Sat.</b>     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Being able to keep busy all the time                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The chance to work alone on the job                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The chance to do different things from time to time         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The chance to be "somebody" in the community                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The way my boss handles his/her workers                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The competence of my supervisor in making decisions         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Being able to do things that don't go against my conscience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The way my job provides for steady employment               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The chance to do things for other people                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The chance to tell people what to do                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The chance to do something that makes use of my abilities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The way company policies are put into practice             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. My pay and the amount of work I do                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The chance for advancement on this job                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. The freedom to use my own judgment                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. The chance to try my own methods of doing the job          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. The working conditions                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The way my co-workers get along with each other            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The praise I get for doing a good job                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. The feeling of accomplishment I get from the job           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Appendix E – Demographic Questionnaire for research project.

### Research Project: An Investigation of Burnout among Nursing Academics in Australia

Demographic Data Questionnaire: Please answer all questions. Your cooperation is appreciated.  
Thank you.

1. Your Gender? (please tick one)
  - (1) Male
  - (2) Female
  
2. Your Post Code? \_\_\_\_\_
  
3. Your Age: \_\_\_\_\_ years
  
4. Where were you born?
  1. Australia
  2. England
  3. America
  4. Canada
  5. Asia (From any Asian country)
  6. New Zealand
  7. India
  8. Other \_\_\_\_\_
  
5. What is your Marital Status?
  1. Single
  2. Married
  3. Divorced
  4. Widowed
  5. Defacto relationship
  6. Other \_\_\_\_\_
  
6. How many children do you have?
  1. None
  2. \_\_\_\_\_ child/children
  
7. Do you live with your (please tick one)
  1. Partner
  2. Partner & children
  3. Partner and parents
  4. Alone
  5. Friends in shared accommodation
  6. Relatives
  7. Other \_\_\_\_\_

8. Highest Qualification attained (tick one)
1. Diploma
  2. Bachelor's Degree
  3. Post/Graduate Diploma/Certificate
  4. Masters
  5. PhD
  6. Other \_\_\_\_\_
9. Are you presently undertaking any further study?
1. Yes
  2. If yes please specify \_\_\_\_\_
  3. No
10. What is your present job level as an academic? Please tick one.
1. Casual/Sessional (Staff /Marker/Labs)
  2. Contract Lecturer
  3. Lecturer
  4. Senior Lecturer
  5. Associate Professor
  6. Professor
  7. Associate Researcher
  8. Senior Researcher
  9. Any other level \_\_\_\_\_
11. Are you employed on (please tick one)
1. Contract or
  2. Tenured
12. Are you on employed (please tick one)
1. Part Time
  2. Full Time
13. How long have you been in your present job?  
\_\_\_\_\_ years
14. How many total hours do you work in a week? Please tick one.  
\_\_\_\_\_ hours a week
15. How many of these hours in a week do you work from home?  
\_\_\_\_\_ hours a week.
16. How would you describe your main academic work?
1. Tutoring
  2. Lab work
  3. Lecturing

4. Research
5. Mixture of any of the above

Please provide the breakdown below:

17. For Lecturing & Research works please specify the percentage (%) of each that you would normally undertake?

1. Lecturing \_\_\_\_\_ %
2. Research \_\_\_\_\_ %
3. Other \_\_\_\_\_ % \_\_\_\_\_ %

18. Do you undertake any of the following responsibilities? Please tick all that applies to you.

1. Subject/Unit Coordinator
2. Chief Examiner and Subject/Unit Coordinator
3. Chief Examiner
4. Year Coordinator
5. Program/Course Coordinator
6. Deputy Head of School
7. Head of Campus
8. Dean/Head of School
9. Any other please specify \_\_\_\_\_

19. Do you supervise any post Graduate students? Please state the number of hours for each

1. Honours Supervision \_\_\_\_\_ hours
2. Masters Supervision \_\_\_\_\_ hours
3. PhD Supervision \_\_\_\_\_ hours

20. How much time does this activity take each week?

1. Honours Supervision \_\_\_\_\_ hours
2. Masters Supervision \_\_\_\_\_ hours
3. PhD Supervision \_\_\_\_\_ hours

21. Do you represent your School/Faculty on any Committees?

1. Yes
2. No
3. If yes please specify how many \_\_\_\_\_

22. How much time do you spend in meetings each week? \_\_\_\_\_ hours

23. Do you consider your present workload to be stressful?

1. No
2. Yes
3. Not sure

24. Do you feel your resilience helps you cope with your workload and stress?

1. Yes

