BURNOUT AMONG NURSING FACULTY IN TEXAS

DISSERTATION

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Nanci Terese Thomas, M.S., R.N.
Denton, Texas
August, 1992
BURNOUT AMONG NURSING FACULTY IN TEXAS

DISSERTATION

Presented to the Graduate Council of the University of North Texas in Partial Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Nanci Terese Thomas, M.S., R.N.
Denton, Texas
August, 1992
Thomas, Nanci Terese, Burnout Among Nursing Faculty in Texas. Doctor of Philosophy (Higher Education), August, 1992, 73 pp., 11 tables, references, 58 titles.

The study analyzed burnout of nursing faculty to determine the frequency, intensity, and predictors of burnout. Christian Maslach's burnout questionnaire, Maslach Burnout Inventory (MBI), and a demographic data survey were used to measure burnout.

A random selection of 250 nursing faculty was mailed both a burnout questionnaire and a demographic data survey. There were 192 useable responses that were used in the study. Each questionnaire and demographic data survey were reviewed for completeness and rechecked for accurate data entry. The results were presented in summary tables. Data analysis included frequency, means, Pearson r, and downward, stepwise regression analyses.

There was a high frequency and intensity of burnout in all nursing faculty, as measured in the three MBI subscales (depersonalization, emotional exhaustion, and personal accomplishment). There was a significant relationship between the number of hours nursing faculty spend with academic advising and the intensity of emotional exhaustion. None of the demographic data, except hours spent in academic advising, were a predictor of burnout.
Copyright by

Nanci Terese Thomas

1992
ACKNOWLEDGMENTS

This research study is dedicated to my parents, John R. Thomas and Nickie Thomas, who taught me the joy of achievement. Without their continual love and inspiration, this endeavor would not have been possible. Sincere thanks are given to my professors, colleagues, and friends who assisted and encouraged me: Dr. Howard Smith, Dr. Genie Bodenhamer, Dr. Barry Lumsden, Dr. Ray Toledo, Dr. Aileen Arnold, Peter Reyes, Eleanor Green, Mary Kinard, Sharon Dumas, Al Majek, Annette Majek, Lena Faulkner, and Lee Stenback. Special gratitude is given to the Dallas Woman's Club who funded this research.
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>1</td>
</tr>
<tr>
<td>Purposes of the Study</td>
<td>1</td>
</tr>
<tr>
<td>Research Questions</td>
<td>1</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>1</td>
</tr>
<tr>
<td>Delimitations of the Study</td>
<td>1</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>1</td>
</tr>
<tr>
<td>Organization of the Study</td>
<td>1</td>
</tr>
<tr>
<td>II. REVIEW OF THE LITERATURE</td>
<td>10</td>
</tr>
<tr>
<td>Burnout Versus Stress</td>
<td>10</td>
</tr>
<tr>
<td>Nurse Educators and Burnout</td>
<td>10</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>10</td>
</tr>
<tr>
<td>Demographics</td>
<td>10</td>
</tr>
<tr>
<td>Nursing Education</td>
<td>10</td>
</tr>
<tr>
<td>III. RESEARCH METHODOLOGY</td>
<td>32</td>
</tr>
<tr>
<td>Sample</td>
<td>32</td>
</tr>
<tr>
<td>Collection of Data</td>
<td>32</td>
</tr>
<tr>
<td>Analysis of Data</td>
<td>32</td>
</tr>
<tr>
<td>Instrument</td>
<td>32</td>
</tr>
<tr>
<td>Reliability</td>
<td>32</td>
</tr>
<tr>
<td>Validity</td>
<td>32</td>
</tr>
<tr>
<td>IV. PRESENTATION AND ANALYSIS OF DATA</td>
<td>39</td>
</tr>
<tr>
<td>Demographic Data</td>
<td>39</td>
</tr>
<tr>
<td>Question 1</td>
<td>39</td>
</tr>
<tr>
<td>Question 2</td>
<td>39</td>
</tr>
<tr>
<td>Question 3</td>
<td>39</td>
</tr>
<tr>
<td>Question 4</td>
<td>39</td>
</tr>
<tr>
<td>Question 5</td>
<td>39</td>
</tr>
<tr>
<td>Question 6</td>
<td>39</td>
</tr>
<tr>
<td>Question 7</td>
<td>39</td>
</tr>
<tr>
<td>Question 8</td>
<td>39</td>
</tr>
<tr>
<td>Chapter</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>V. SUMMARY DISCUSSION OF FINDINGS, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS</td>
<td>54</td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
<tr>
<td>Findings</td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td>Conclusions</td>
<td></td>
</tr>
<tr>
<td>Implications</td>
<td></td>
</tr>
<tr>
<td>Recommendations for Further Study</td>
<td></td>
</tr>
<tr>
<td>APPENDIX</td>
<td></td>
</tr>
<tr>
<td>A. Letter Requesting Participation</td>
<td>65</td>
</tr>
<tr>
<td>B. Demographic Data Survey</td>
<td>67</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>69</td>
</tr>
<tr>
<td>Table</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>1.</td>
<td>Number of Faculty and Types of Nursing Programs in Texas</td>
</tr>
<tr>
<td>2.</td>
<td>Number of Subjects by Institution</td>
</tr>
<tr>
<td>3.</td>
<td>Demographic Data of Respondents</td>
</tr>
<tr>
<td>4.</td>
<td>Frequency, Percentage, and Level of Burnout</td>
</tr>
<tr>
<td>5.</td>
<td>Intensity of Burnout Among Nursing Faculty in Each Subscale</td>
</tr>
<tr>
<td>6.</td>
<td>Type of Student Contact and Hours Spent with Students Per Month</td>
</tr>
<tr>
<td>7.</td>
<td>Significant Relationship Between Hours Spent in Academic Advising and Burnout</td>
</tr>
<tr>
<td>8.</td>
<td>Types of Burnout Symptoms Experienced by Nursing Faculty</td>
</tr>
<tr>
<td>10.</td>
<td>Significant Predictor Values in Relationship to Burnout</td>
</tr>
<tr>
<td>11.</td>
<td>Relationship Between the Frequency of Emotional Exhaustion and Academic Advising</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

The consequences of burnout are great for employing academic institutions, as well as individuals. The inability of the health care professional to cope with the continuing emotional stress that the job requires in working intensely with people often leads to what is termed "burnout" (Maslach, 1982a). The word "burnout" initially appeared in Freudenberger's (1974) work. Freudenberger conducted studies of helping professionals working in free clinics and identified the symptoms of burnout in those helpers as frequent and intense interactions with people over extended periods of time.

Although the study of burnout is relatively new, considerable attention has been given to its symptomology. There are differing definitions of burnout, but commonalities of feelings of mental and physical exhaustion, detachment (or distancing) of oneself from the situation, and diminished job performance are evidenced in the behaviors of workers (Brill, 1984; Maslach, 1982; Pines, 1981).

Maslach (1982) is a pioneer in the field of study of burnout and defines it as:
a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals to do "people work" of some kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems. It can be considered one type of job stress. Although it has some of the same deleterious effects as other stress responses, what is unique about burnout is that the stress arises from the social interaction between the helper and the recipient. (Maslach, 1982, p. 3)

Stress and burnout are often used interchangeably or in association with one another. However, both terms differ from one another and in their influence upon a person. Selye (1956, p. 32) described the body's physiological "stress response," and a new and heightened awareness of stress has flourished as a result of his findings. Selye is noted for his definition of the relaxation response. This is a condition whereby the body's parasympathetic system creates a natural series of responses, resulting in a relaxed feeling. In opposition to the parasympathetic response is the discovery that when the gateway is open to stress, the autonomic nervous system responds with a tensing and series of reactions which increase stress. This series of actions is referred to as the sympathetic response.

Current literature lacks comprehensive analysis of the burnout among nurse educators. The study of burnout among nurse educators is the first step toward providing a better understanding and ultimately an applicable solution which minimizes and prevents burnout.
Careful analysis of burnout among nurse educators is particularly important considering the increasing need for more nurses and the unique work-setting demands of educational institutions and hospitals. Because the rules and demands of each work setting vary, nurse educators are faced with a dual responsibility, first to the academic institutions' demands and secondly to the hospital's institutional rules and regulations.

Demographic data emphasize the importance of further research on the roles of nursing faculty. Demographic data maintain that nursing educational institutions are facing a shortage of nursing faculty that is acute and increasing exponentially. Across the United States, educational, public, and political sectors are exploring strategies for reducing the nursing faculty shortage. The shortage of nurses is observed in hospitals, as well as in academic institutions. Currently, there are waiting lists of qualified students requesting to enter school, but they are withheld due to the lack of nursing faculty (Muldary, 1983).

In February, 1991, the Texas Nurses Association reported that 2,000 qualified applicants had been placed on waiting lists because of lack of faculty in Texas schools of nursing. The American Nurses Association echoed a concern which affirmed for the safe and adequate nursing care provided to the civilian population. In response to the national and state nursing associations concern regarding
the shortage of nurse educators, a nursing shortage bill (House Bill 1835 of the 72nd Legislature) was approved; this bill approved the allocation of $2.5 million in appropriations to nursing programs at public institutions. The money provides the means to further examine why nurses do not remain in education; however, the amount is far short of what the schools need to help them hire more faculty to teach the increasing number of qualified nursing students.

In a March, 1991 report on the nursing crisis, the Texas Hospital Council estimated that the Dallas/Fort Worth area will need an additional 350 more nurses, in addition to the 1,700 registered nursing positions already vacant. Nationwide the demand for nurses is expected to increase from the current 16,691 to 18,170 within the next five years. Having adequate nursing faculty is the first step towards gaining the entry of nursing students who will later become the nursing workforce in the community (Doclar, 1991).

Statement of the Problem

The problem of this study was to identify, describe, and analyze factors contributing to burnout among Texas nursing faculty.

Purposes of the Study

Although there have been many studies of burnout conducted on samples of people in the helping professions,
few quantitatively analyze nursing faculty. To enhance this lack of research knowledge, the following purposes were established for this study:

1. To analyze and describe the extent of burnout among nursing faculty;
2. To analyze and describe the intensity of burnout among nursing faculty;
3. To describe the type and amount of student contact linked to burnout among nursing faculty;
4. To describe the combination of burnout symptoms experienced by nursing faculty;
5. To analyze the type of burnout symptoms experienced by nursing faculty; and
6. To analyze the association between the frequency and intensity of burnout among nursing faculty and (a) gender (b) age, (c) employment status, (d) number of years employed in present position, (e) highest academic degree attained, (f) type of institution where the person is employed (community college, private, public), (g) time doing clinicals in the hospital, (h) time doing student counseling, (i) time doing classroom instruction, and (j) time doing academic advisement.

Research Questions

For the purposes of this study, the following research questions were posed:
1. To what degree does burnout exist among Texas nursing faculty?

2. What is the intensity of burnout among Texas nursing faculty?

3. What types of student contact are related to burnout among nursing faculty?

4. To what degree is student contact related to burnout among nursing faculty?

5. What are the types of burnout symptoms experienced by nursing faculty?

6. What are the combinations of burnout symptoms experienced by nursing faculty?

7. What predictors effectively identify potential burnout candidates from among the selected population in this study?

8. What relationship exists between the frequency and intensity of burnout among nursing faculty in Texas and (a) gender, (b) age, (c) employment status (full-time) (d) number of years employed in present position, (e) highest academic degree attained, (f) employed in private institution; (g) employed in the community college; (h) employed in the public institution; (i) percentage of time supervising clinicals in the hospital, (j) percentage of time conducting student counseling, (k) percentage of time in classroom instruction, and (l) percentage of time performing academic advisement.
Definition of Terms

**Academic Advisement:** Any assistance given to students in regard to planning coursework to meet their individual needs.

**Burnout:** A syndrome of emotional exhaustion, depersonalization, and reduced job performance. For this study, burnout was measured using a 22-item questionnaire, the Maslach Burnout Inventory (MBI) scores indicating emotional exhaustion, depersonalization, and job performance.

**Combination of Burnout Symptoms:** The overt behaviorally measurable signs of emotional exhaustion, decreased job performance, and depersonalization.

**Classroom Instruction:** Lectures given, for credit or noncredit, in pharmacology or nursing courses.

**Clinical Instruction:** Assistance given in the hospital with individual patient care, group supervision, and interaction with hospital staff.

**Nursing Faculty:** All nursing faculty employed fulltime in a state-accredited nursing program in Texas. This includes two-year associate degree programs, public programs, and private institutions.

**Personal Counseling:** Assistance provided with individual patient care plans, including personal concerns.

**Type of Student Contact:** Any personal contact by nursing faculty which includes clinical instruction in
hospitals, student counseling, academic advisement, and classroom instruction.

Delimitations of the Study

The participants for this study were limited to nursing faculty in the state of Texas. All were employed full-time in nursing programs which were either state-accredited two-year associate degree programs, public institutions, or private institutions.

Significance of the Study

This study makes a contribution to the study of burnout and more specifically to the study of burnout symptoms in nursing faculty. Further research into the recognition of differences between symptomology of burnout among professionals may identify the precursors of burnout and the effective treatments for each profession.

This study may provide nursing faculty with a heightened awareness of the magnitude of burnout in nursing faculty. Nursing administrators may recognize the symptomology and prevalence of burnout in nursing faculty and conduct further investigations to provide for a supportive working environment for nursing faculty. The results of this study may bridge a working alliance between nursing administrators and nursing faculty in efforts to minimize the symptoms of nursing faculty burnout.
Researchers of burnout have identified causes and symptoms and have reported the effects upon the individual in many different groups. This study provides added information specific to the nature of burnout in nursing faculty and paves the road for research to move forward in identifying effective treatment methods academic institutions can implement to decrease burnout among nursing educators.

The significant contributions of this study (a) advance the existing theoretical literature related to burnout, (b) press academic institutions beyond identifying the symptomology of burnout in nursing faculty to identifying effective methods which may be implemented, thus leading to less burnout, (c) provide research specific to the manifestations of burnout in the select population of nursing faculty, and (d) provide a profile of significant factors which relate to burnout in nursing faculty.

Organization of the Study

Chapter I includes the introduction to the study. Chapter II reviews the related literature, and Chapter III outlines the methods and procedures for the study. Chapter IV deals with the analysis of the data, while Chapter V provides for summary, discussion, conclusions, and recommendations.
CHAPTER II

REVIEW OF THE RELATED LITERATURE

A look at the study of burnout reveals many different definitions. The term was first coined in 1974 when Herbert Freudenberger, a New York psychiatrist, personally experienced burnout while in private practice in a free clinic for drug addicts. He observed the emotional and physical signs in staff members and himself. Having worked 16-hour work days for a prolonged period of time, he suffered the devastating symptoms of what he later identified as burnout. By noting his personal symptoms, he identified the symptomology of burnout which he experienced: physical and mental exhaustion, anger, depression, arrogance, and guilt (Freudenberger, 1980).

According to Cherniss (1980), burnout relates to a change in one's motivation, a psychological withdrawal from work in response to excessive stress or dissatisfaction. It is a process that begins with prolonged job stress that puts strain on the person and, in defense, the person copes with rigidity, negativity, apathy, and withdrawal. Maslach (1982) refers to this symptomology as depersonalization, a phenomena where the worker distances himself from others and becomes callous, unemotional, and hardened towards other people.
There are disagreements over basic definitions and causes of burnout, but a central area of agreement is that it is the chronic daily stressors rather than acute life events that are key factors in producing burnout (Lazarus, 1977). While a single acute event may be more intense, the chronic and repetitive stressors are more costly to the mental and emotional abilities of the worker (Cherniss, 1980; McConnell, 1982; Selye, 1974). The inability of health care professionals to cope with the continual emotional stress that their jobs require in working intensely with people often leads to burnout (Maslach, 1976). One does not suddenly experience burnout; rather, the individual undergoes a gradual physical, emotional, and behavioral process of change. Once burnout is reached, the individual no longer has resources to cope, and the situation becomes threatening. However, early in the process, burnout is thought to be reversible and affected by interventions (Paine, 1982).

One of the most notable and pioneering researchers on burnout is Christina Maslach. Beginning her conceptualization of the term in the early 1970s, she developed a working concept of the burnout process in 1976 (Maslach, 1982). She conceptualized burnout as a continuous variable which necessitates a person's interaction with other people while on the job and which is measured by the commonalities of feelings of mental and physical exhaustion, detachment
(or depersonalization) of oneself from the situation, and diminished job performance (Brill, 1984; Maslach, 1982). Burnout is a self-reinforcing process. Discouragement and depersonalization most likely will lead to more failure in the helping role, because enthusiasm, optimism, and involvement with people are crucial for success.

This study uses the following definition of burnout by Maslach (1982):

a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do "people work" of some kind. It is a response to the chronic emotional strain of dealing extensively with other human beings, particularly when they are troubled or having problems. It can be considered one type of job stress. Although it has some of the same deleterious effects as other stress responses, what is unique about burnout is that the stress arises from the social interaction between the helper and the recipient. (p. 3)

Maslach and Jackson (1986) developed and standardized an instrument which measures the amount and intensity of burnout. The Maslach Burnout Inventory (MBI) is the most widely used questionnaire for the assessment of individual occupational burnout in human service workers or other professionals whose work involves interactions with many people. The findings based on this measurement tool have historically provided useful information in the study of burnout. The MBI has three subscales which measure emotional exhaustion, depersonalization, and personal accomplishment. Many studies of burnout have used the MBI. Nagy (1985) conducted a study measuring burnout among
secretaries. Maslach (1976), Murphy (1983), and Ray (1984) also identified clinical nurses as high risk for burnout. The popularity of the topic burnout is becoming widespread, as shown in studies of police officers (Maslach, 1979), adult educators (Zahn, 1980), dentists (Levin, 1980), educational administrators (Noel, 1987), and social workers (Gillespie, 1987).

Pines (1981) identifies the symptomology of burnout and tedium as similar to that of Maslach's definition except in defining the definition's conceptual origin. Tedium can result from any prolonged chronic pressure; burnout results from the constant emotional pressure associated with intense interactions with people over long periods of time (Pines, 1981).

Several researchers contributed to the development of the concept of burnout and agreed that not all the signs and symptoms must be present to say that a person is burning out (Cherniss, 1980; Freudenberger, 1974; Maslach, 1982; Pines, 1981). When the symptomology is present, one should consider the possibility of burnout. The following burnout signs and symptoms were noted by Cherniss (1980), Freudenberger (1974), Maslach (1982), and Pines (1981):
(a) a sense of failure; (b) withdrawal; (c) anger and resentment; (d) emotional exhaustion; (e) mental exhaustion; (f) rigidity in thinking; (g) resistance to change; (h) lowered work productivity; (i) guilt; (j) callousness
towards other people; (k) cynicism; (l) feelings of helplessness; and (m) anxiety.

The process by which burnout occurs has been studied by Cherniss (1980) who identified a three-stage process. The first stage involves an imbalance between human resources and demand. The second stage is the immediate, short-term emotional response to the psychological imbalance, characterized by feelings of anxiety, exhaustion, and fatigue. The third stage consists of a number of attitudinal changes, such as depersonalization with a focus on gratification of one's own needs.

In general, the greater and more chronic the stress and the more helpless the worker is to change the situation, the more likely burnout will occur and the more severe the results. Burnout does not affect all of the people all of the time. There are clear variations in individuals who are more susceptible, and vulnerability to burnout appears to depend on the individual's interpersonal style, method of coping with problems, control of emotions, and self-concept. Many aspects of personality have significance to burnout (Maslach, 1982). Maslach defines the burnout-proned individual as someone who is weak and unassertive in dealing with people. The person tends to be submissive, anxious, and have difficulty setting boundaries within helping relationships. The burnout-prone individual is often impatient, intolerant, and easily angered and frustrated by
obstacles. The individual may also lack self-confidence, lack clearly defined goals, and have a poor self-concept (Maslach, 1982).

Dehumanization, a coping mechanism, is a major symptom and concept of Maslach's definition of burnout (Maslach, 1982). Dehumanization is a particular type of psychic defense mechanism used against painful or overwhelming emotions. Dehumanization requires a reduction in a person's sense of individuality and alters one's perception of how an individual views other people. This misperception ranges from viewing others as subhuman to nonhuman (Monat & Lazarus, 1977). Dehumanization or depersonalization, as termed by Maslach (1982), draw selectively on other defense mechanisms, including unconscious denial and repression.

Depersonalization makes a person reduce an individual's total capacity for feelings and lessens one's sense of self. This reduction limits one's ability to relate to other people. It appears that depersonalization is fed by many of our social changes which contribute to feelings of anonymity, impersonality, and pressure on the individual to constrict one's affective emotions to a script which has been deemed socially acceptable. Dehumanization drains the individual of emotions and is the coping mechanism against prolonged painful and unbearable experiences.
Burnout Versus Stress

Burnout is often confused with stress, but there is a difference. Maslach (1982) defines burnout as one type of job stress. Job stress appears to be a necessary condition for burnout. Many workers experience job stress and do not burn out, but none burn out without experiencing job stress (Muldary, 1983). Burnout should be differentiated from job turnover. While burnout may cause staff to leave jobs, this is not always the case. Many people burn out and remain in their jobs. Burnout is a process that begins with excessive and prolonged levels of job stress. This stress produces strain in the worker and is complete when the worker defensively copes with apathy, negativism, and rigidity (Cherniss, 1980). Cherniss identified burnout as a transactional process, consisting of job strain and psychological accommodation. It was viewed as a process in which professionals disengage from their work in response to stress and strain experienced in the job.

Psychologically, burnout represents a response to an intolerable work situation. The process begins when the individual experiences stress and strain that cannot be resolved through his own decision-making. Changes in attitude and behavior occur but do not provide a successful means of escape from the stressors (Venega & Spradley, 1981).
Burnout has some of the same side effects as other stress responses; however, burnout is unique in that it arises from the social interaction between a provider and recipient. Burnout is different from socialization, the process in which an employee's attitude and behavior change in response to social influence exerted by colleagues. Both burnout and socialization require a change in attitude and behavior over time as a result of one's role in a system, but burnout is an adaptation to stress.

Theorists and researchers are not in agreement about how to define stress. In some aspects they are divided on whether or not stress is a stimulus or a response. The literature states the same confusion regarding whether stress is internal or external to the individual. There exists different levels of analysis from which the concept stress has been approached and identified. For example, stress has been viewed from the psychological level in terms of thoughts, emotions, and behavior. On a social level, stress is approached in terms of alterations in a larger system. Due to all the variations in approaching the concept of stress, some researchers have suggested deleting the concept of stress completely and replacing it with concepts that are more restricted in scope.

Lazarus (1966) defined stress as a generic term for a cluster of problems that included the stimulus that produced stress reactions, the reactions themselves, and many
intervening processes. This definition is broad and includes physiological, psychological, and sociological phenomena. Monat and Lazarus (1977) also stated that stress should be defined as "any event in which environmental demands, internal demands (or both) tax or exceed the adaptive resources of an individual, social system, or tissue system" (p. 3).

Lazarus presented a transactional model of stress and outlined a process whereby emphasis was given to the role of perception in influencing adaptational outcomes. In the model, the interaction between the individual and his environment is carefully studied. Muldary (1983) stated that the individual's perceptions determine whether or not an individual's physiological and psychological responses are positive or negative coping mechanisms.

The first systematic method describing the stress response was given by Selye in 1936. Selye (1974) regarded the stress response as a stereotypical reaction of the body,—"the nonspecific response of the body to any demand made upon it" (p. 14). Considered one of the foremost authorities on stress, Selye (1936) outlined the general adaptation syndrome (GAS), or stress response, which is descriptive of the body's built-in reaction to a wide variety of demanding situations. GAS is a three-step model of adaptation to stressful conditions which are termed
stressors. Stressors refer to factors that produce a characteristic response in the body.

The general adaptation syndrome is based on the premise that the body's response occurs in three phases. The first phase, alarm, is an emergency reaction which activates the body's defensive forces. The second phase is resistance, in which physiological adaptation is at a maximum level of operation in terms of the bodily resources. The third phase is exhaustion, in which bodily resources are depleted and the individual loses the ability to cope with stressors. The last two phases closely relate to the syndrome of burnout.

Selye (1956) has described the body's physiological stress response, and a new and heightened awareness has flourished as a result of his findings. Selye is also noted for his definition of the relaxation response. This is a condition whereby the body's parasympathetic system creates a natural series of responses, resulting in a relaxed feeling. In opposition to this condition is Selye's discovery that when the gateway is open to stress, the autonomic nervous system responds with a tension and a series of reactions which increase the stress.
Nurse Educators and Burnout

Burnout is almost inevitable in many kinds of work settings, but an individual's characteristics may influence the process. Personal characteristics may include personality traits, career-related goals and attitudes, previous experience, and the quality of the person's life outside of work stress and the way in which one copes. Other research indicates that those with an "external locus of control" may be more vulnerable to burnout (Robertson, 1978). This relates to the feeling of helplessness and futility in one's work situation. With prolonged feelings of helplessness the person becomes discouraged, loses motivation, and becomes negative. This process can lead to burnout.

In general, the greater the intensity and the more chronic the stress, plus the more a person is helpless to changing the situation, the more likely burnout will occur and the more severe it will be. Burnout usually refers to chronic job-related stress over time and is a result of frequent and intense interactions with people (Maslach, 1982). The harder and more committed one is to a job, the greater the chances are of burning out. Teachers are often idealists in their views, over-achievers, or workaholics which make them prime candidates for burnout (Beasley, 1983).
Burnout has been linked through research to the nursing profession. Three key symptoms of burnout found in hospital nurses are absenteeism, job turnover, and job dissatisfaction (Farabaugh, 1984). Nursing faculty have been studied and found to have certain values, perceptions, and practices which make them more vulnerable to burnout (Lutz, 1991). Nursing faculty acknowledge the existence of many stressors in their clinical training institutions which interfere with learning (Svetich, 1985). The nurse educator deals with the stress of the hospital environment, physicians, students delivering safe care to patients, academic workload, research, and administrative demands. Nursing faculty are also expected to remain clinically competent in addition to being capable educators (Hinds, 1985).

Nursing faculty present their students with high standards and ideals of nursing practice that often portray nursing so idealistically that students do not see nursing in a realistic light. The American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN), in a joint meeting in 1989, re-examined the central importance of using values as the foundation for planning nursing faculty training. The AACN and the NLN's efforts were focused on helping the faculty understand the role and the teaching of values in nursing practice (Lutz, 1991). Nurse educators push students to succeed. Students are
given example after example of the successful, fulfilled nurse and assume that they too will be leaders and patient advocates, collaborators with all members of the health team, and initiators of change in the hospital setting. When students hold this high expectation level, burnout is imminent (Farabaugh, 1984). In a study by Farabaugh (1984), nurse educators who were enthusiastic and idealistic were most likely to suffer from burnout. Some nursing faculty perceive the completion of their assigned tasks as below their expected standards, and they become disillusioned and dissatisfied (Farabaugh, 1984). Nurse faculty need to strike a balance between their expectations and reality—a balance that is attainable in the work setting. Corwin (1961) identified disillusionment as the result of an almost inevitable inconsistency between a person's initial ideas about reality and his consequent experience with it. In the nurses Corwin studied, disillusionment with the nursing career was evidenced by declining job satisfaction and declining favorableness of the image of nursing.

Several studies have analyzed hospital nurses and burnout in the clinical nurse setting (Farabaugh, 1984; McCranie et al., 1987; Mobily, 1991). Most of the studies analyze the stress or burnout experienced by hospital nurses. One study found that although the nurses were trained and prepared for their work, they were not well-equipped to handle the repeated and intense emotional
interactions with patients, families, and hospital staff. A significant relationship was found between the length of time a nurse worked in the intensive care unit and burnout. Nurses working in general units did not evidence as high an intensity or frequency of burnout as intensive care nurses evidenced (Robertson, 1978).

The work setting in which clinical nursing occurs is highly complex and presents much job stress and intense interactions on a routine basis. Routine, demanding interactions occur between the nurse and physicians, patients, other staff, and the students; these interactions occur within an environment of death and dying, emotional strains of patients and families, inadequate staffing, and an increasingly demanding field of technology. All of these factors are important considerations regarding the occurrence of burnout in the work setting (Robertson, 1978).

There is a gap between nurses’ expectations and the work setting. Cherniss (1980) identified four key stressors of nurse faculty in the work setting.

1. The first stressor is the critical crisis of feeling incompetent in the clinical area. Faculty often felt inadequate and uncertain about the quality of their performance in the clinical setting.

2. The students and patients were not always motivated or appreciative of the efforts made to assist them.
3. Faculty were unprepared for the bureaucratic interference in the hospitals which interfere with their professional autonomy. The institutional demands also include more routine tasks; many faculty become discouraged by the lack of challenge, variety, and intellectual stimulation in their jobs.

4. Nurse faculty were disheartened by the elusiveness of supportive and rewarding relationships with their peers and administration. Rather than being a positive support, interactions with peers became a source of conflict. Nursing faculty need a strong sense of personal accomplishment in institutional work. This sense of personal accomplishment outweighs the negative stressors of work.

Personal Accomplishment

Nursing faculty have traditionally been motivated by their jobs more than by financial awards. They expect their work to increase their feelings of fulfillment and achievement and provide them with a sense of purpose. A study of 17,000 nurses indicated that the opportunity for personal growth and accomplishment was the most important job consideration (Pick, 1991).

Nurse faculty employed in universities have a commitment to a mission that is generally tripartite, encompassing teaching, research, and service. They are
expected to be excellent teachers, to engage in significant research, and to participate in institutional, professional, and community service. Along with these are further expectations that they keep current in their area of clinical specialty, take part in student advising, perform administrative roles, and be active in professional organizations. These multiple expectations leave nursing faculty with overwhelming demands on faculty time, energy, and priorities. Langemo (1988) surveyed 208 nurse educators and identified overload or inequality of workload and lack of positive reinforcement as the major stressors and causes of faculty burnout. Mobily (1991) studied role overload, which is a set of expectations too complex for the time and energy available. In Mobily's study of 102 nurse faculty, role overload was the primary role strain. This study shows that the workload of university nurse faculty becomes a major administrative concern. Administrators need to recognize that many faculty nurses do not recognize a sufficient balance between the amount of work, the quality expected, and the time needed to accomplish the work.

Nurse faculty have a major task in keeping up with the fast pace of change in technology and nursing practice in their clinical specialty. They now have more knowledge and more tasks to be mastered and a greater responsibility to care for the increasing number of more complexly ill patients.
Some faculty function under what is termed a joint appointment. The number of these joint appointments has multiplied rapidly, being held by teachers who are also practitioners. These positions are paid for and managed jointly by the education and service sides of nursing. Superficially, it makes good sense to bridge the gap between practice and teaching by having the joint appointment position. However, combining the roles of teacher and practitioner raises many conflicts. The joint appointee who combines the roles of teacher and nurse has double the daily dose of interpersonal conflicts (Wright, 1988). This increase in frequency and intensity of personal interactions leads to burnout.

Nursing faculty are caught in a crunch. On one side there are increasing demands for research and publication, participation in self-governance, and creative teaching in the classroom and the hospital. On the opposing side, administrators are pressured to cut the administrative costs of running an academic institution and to justify the existing faculty positions. Oftentimes this justification is made by increasing faculty workload. In light of financial pressure and faculty burnout, there needs to be an accurate method to evaluate faculty workload. By analyzing faculty workloads, one may be able to identify the stressors which lead to burnout. A workload needs to attain a balance wherein a faculty can allocate his or her energies to the
maximal level of performance for the institutional needs and the faculty person.

"Faculty workload" can be defined broadly as the "sum of all activities which take the time of a college or university teacher and which are related either directly or indirectly to one's professional duties, responsibilities, and interest" (Kirkpatrick, 1987, p. 84). Four broad categories identified by Kirkpatrick (1987) divide the nursing faculty responsibilities into areas which may identify faculty workload; these categories are teaching, service, research/publication, and administration/advising.

In this study, Kirkpatrick (1987) cites that in the 1950s, 20 weekly contact hours with students was the norm. Currently, work time of individuals varies from 30-80 hours per week, with an average of approximately 55 hours per week. By analyzing faculty workloads one is allowed to study the comparison of workloads to help achieve realistic expectations and assignments. Accurate workloads provide measures for granting merit and promotion and identifying individual accomplishments. By careful analysis of demographic descriptive of nurses, an individual may be able to identify the magnitude of the importance of burnout to the nursing profession.
Demographics

Shortages of nurses in the United States can be traced to many past and present social trends. One disturbing current trend is the number of nurses leaving the profession. Another trend is the tendency of those who stay in the profession to complain of low salaries, lack of personal accomplishment, emotional and physical exhaustion, poor working conditions, and, finally, burnout. These complaints overshadow the profession's attempts to raise the image and professionalism of nurses (Muldary, 1983).

In attempting to meet the immediate needs of hospital care, hospitals and other institutions have improved benefits, pay, and scheduling. However, these attempts only mask the underlying reasons nurses are leaving nursing or deciding not to enter the nursing profession. The challenge for today's nurses is to come to realistic terms with their role and to establish a personal and professional group commitment to analyze and to find solutions to the current problems with the nurse educator's role (Cahill, 1989).

The Texas State Board of Nursing reported that the total number of full-time nursing faculty in Texas was 1,287 for the fall 1991-1992 calendar year. The following statistics (Table 1) reflect the number of faculty and types of nursing programs in Texas.
Table 1

<table>
<thead>
<tr>
<th>Nursing Programs</th>
<th>Total Number of Programs</th>
<th>Total Number of Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Degree</td>
<td>44</td>
<td>587</td>
</tr>
<tr>
<td>Private Degree</td>
<td>7</td>
<td>98</td>
</tr>
<tr>
<td>Public Degree</td>
<td>24</td>
<td>602</td>
</tr>
</tbody>
</table>

In a national study focusing on registered nurses, the Seventh Report to the President and Congress (1989) was conducted. The U.S. Department of Health & Human Services Report (1989) was an extensive study of the current and future supply and distribution of nursing personnel in the United States and within each state. The report numerically described about 4 million individuals, identifying major characteristics of nurses including formal education and characteristics of different nursing specialties. The population survey data is helpful in determining the importance of the nursing workforce in relation to the needs of society. The first step in responding to the demand for nurses is to have sufficient formal educational programs to prepare the student for the registered nurse licensure examination.
Nursing Education

Registered nurses are prepared in formal educational programs. The nursing student programs exist for both introductory and advanced or post-RN levels. Entry level programs which prepare students for a registered nurses licensure are reviewed and approved for the preparation of individuals by each of the State Boards of Nursing. To take the licensure examination the educational programs take place in various settings. And within each setting, the programs vary in length and provide different credentials. All graduates, however, take the same national licensing examination which licenses the graduate as a registered nurse.

As of October 1988, there were 1,443 basic nursing education programs preparing nursing students for licensure. This number has decreased from 1,477 in 1984, due to a decline in the number of diploma nursing programs.

Associate degree programs, usually 2 years in length and located in community colleges, were first established in the 1950s. Of the programs in the United States in 1988, 792 (55%) were associate degree programs.

The number of baccalaureate programs has increased. In 1988, there were 480 programs. Baccalaureate programs are typically in colleges or universities and require at least four years of academic preparation (U. S. Department of Health & Human Services, 1989).
In March 1988, there were 2,033,032 students licensed to practice as registered nurses. The median age of employed nurses in March 1988 was 38 years. Nursing faculty constituted an estimated 30,000 registered nurses employed in positions in formal nursing education. Half of those employed by nursing education programs are in baccalaureate or higher degree programs, 28% are in associate degree programs, and 13% are in practical nursing programs, and 10% are in diploma programs. Three-quarters of the 30,000 nurses in teaching programs had at least a master's degree, with 11% having a doctoral degree (U. S. Department of Health & Human Services, 1989).

The projected demand for the supply of nurse educators for the year 2010 indicates a need for more nurse educators in response to the increased enrollment numbers for programs. Even though hospitals project a need for 35% percent more hospital nurses, the current numbers of nurse educators in Texas are decreasing. A major effort to study the problems in retaining, promoting, and recruiting nurse educators is vital to meeting the future needs of our health care system.
CHAPTER III

RESEARCH METHODOLOGY

This study examined burnout among nursing faculty in Texas. The method of research for this descriptive study was the survey method using the questionnaire technique.

Sample

According to demographic data cited by the Texas State Board of Nurse Examiners, the state of Texas has 10,561 registered nurses and 70 nursing programs. In this study, a table of random numbers was used to select 250 nursing faculty from a computer-generated list of all full-time nursing faculty in Texas.

Collection of Data

The Texas Board of Nurse Examiners provided a request form for the community to help determine demographic information on Texas nurses and nursing programs. This requisition form was completed requesting that the State Board of Texas mail the names and addresses to this investigator, on labels, of all full-time nursing faculty with a minimum of a Master's or Doctoral degree. (It is a statutory requirement in Texas that a full-time nursing faculty member have the minimum of a Master's degree in Nursing). Using a table of random numbers, 250 nursing
faculty were selected from a computer-generated list of faculty in public, private, and associate degree nursing programs. A letter requesting consent and a brief description of the survey study were attached to a copy of the Maslach Burnout Inventory). Each faculty member was mailed a copy of the 22-item questionnaire and demographic data sheet, along with a numerically coded, self-addressed, stamped envelope (see Appendix B). Each envelope contained specific directions to each nurse faculty member for filling out the survey, and the individual was requested to return the survey to the investigator within 2 weeks. After the questionnaires were returned, they were checked both for the appropriate numerical code against each participant's name and for completion, and each was coded for date and numbered in the order they were received. A second mailing was made 4 weeks after the initial mailing to those who had not responded. This second mailing provided a sufficient number of returns to satisfy return requirements for this study. The cut-off date for questionnaires was made 10 weeks after the initial mailing (March 31, 1992). The return rate was 77%. Upon receipt of the surveys, data were reviewed for completeness and organized for statistical treatment. A total of 192 useable responses from the possible 250 questionnaires was received.
Analysis of Data

For the purposes of this study, the following procedures were used to analyze data:

1. The 22-item data from each individual survey were coded with a number and entered into the computer. All data were verified for correct data entry.

2. Questions number 1 and 2 of the study were analyzed using descriptive statistics (means, standard deviations, and frequencies). Question 3 of the study was computer analyzed by using descriptive statistics (mean, standard deviation, and the range). Question 4 was analyzed by finding the Pearson-Product-Moment-Ratio. Descriptive statistics (frequency data) were used to analyze Question 5. The Pearson-Product-Moment-ratio was used to analyze Question 6. Downward, stepwise multiple regression statistical techniques were used to analyze data for Questions 7 and 8.

3. A correlation matrix on all data was generated using Pearson r, and a stepwise multiple linear regression was applied to the data. The regression analysis used SPSS/PC+V2.0 (SPSS, 1988). The comparison of R values against 0 (zero) using an F test at the .05 level determined the level of significance for regression.

Burnout was not viewed as a bifurcated phenomenon which is either present or absent. Burnout was conceptualized as a continuous variable, ranging from low to high degrees of
experienced feelings, as rated by the burnout rating key. A high degree of burnout is reflected in high scores on the Emotional Exhaustion and Depersonalization subscales and in low scores on the Personal Accomplishment subscale of the MBI. A moderate degree of burnout was reflected by moderate scores on all three subscales, and low degree of burnout was reflected by low scores on the Emotional Exhaustion and depersonalization subscales and high scores on the Personal Accomplishment subscale.

Given the limited knowledge about the relationships among the three aspects of burnout—emotional exhaustion, depersonalization, and personal accomplishment—the scores of each subscale were analyzed separately and not combined into a single total score. The frequency and intensity scores for each subscale were considered separately. Thus, six scores were computed for each participant: Emotional Exhaustion—Frequency; Emotional Exhaustion—Intensity, Depersonalization—Frequency; Depersonalization—Intensity; Personal Accomplishment—Frequency; and Personal Accomplishment—Intensity. The higher the degree of experienced burnout, the higher the scores were on the first four subscales and the lower the scores were on the last two subscales (Maslach, 1986).

Nagy (1985) indicated that the MBI was easy to administer and required approximately 25 minutes to
complete. It was a self-administered instrument, and full instructions were provided to each respondent.

Instrument

Maslach initially used the Maslach Burnout Inventory in her 1976 study. The questionnaire is designed to assess three aspects of the burnout syndrome: emotional exhaustion, depersonalization, and lack of personal accomplishment. Each aspect is measured by a separate subscale. The emotional exhaustion subscale evaluates feelings of being emotionally overextended and exhausted by one's work. The depersonalization subscale looks at unfeeling and impersonal responses toward recipients of one's instruction or care. The personal accomplishment subscale assesses feelings of competence and successful achievement in one's work with people. Each subscale has two dimensions: frequency (how often subjects have these feelings) and intensity (the strength of these feelings).

Reliability

Internal consistency of the MBI was estimated by Cronbach's coefficient alpha (N = 1,316 for frequency; N = 1,789 for intensity). The reliability coefficients for the subscales were presented as: Emotional Exhaustion, frequency r = .90, intensity r = .87; Depersonalization, frequency r = .79, intensity r = .76; and Personal Accomplishment, frequency r = .72, intensity r = .73.
The standard error of measurement for each subscale was 3.8 (frequency) and 4.99 (intensity) for Emotional Exhaustion, 3.16 (frequency) and 3.96 (intensity) for Depersonalization, and 3.73 (frequency) and 3.99 (intensity) for Personal Accomplishment (Maslach, 1986).

Test-retest reliability coefficients were obtained (N = 53). The two testing sessions were separated by an interval of 16 weeks. The test-retest reliability coefficients for the subscales were frequency \( r = .82 \) and intensity \( r = .60 \) and intensity \( r = .69 \) for Depersonalization, and frequency \( r = .80 \) and intensity \( r = .68 \) for Personal Accomplishment. All coefficients were reliable at \( p > .0001 \) (Maslach, 1986).

Validity

Validity of the MBI was studied by distinguishing it from measures of other constructs which might be presumed to be confounded with burnout. A comparison of health care workers' scores (N = 91, social service and mental health workers) on the MBI and on the Job Dissatisfaction Scale measure showed that job satisfaction had a moderately negative correlation with both Emotional Exhaustion (\( r = -.23; p < .05 \)) and Depersonalization (\( r = -.22; p < .02 \)), as well as a slightly positive correlation with Personal Accomplishment (frequency only, \( r = .17; p < .06 \)) (Maslach, 1986).
In a study conducted by Nagy (1985), the MBI was administered with burnout constructs being positively correlated with each other (p = zero). The items analyzed were assessed by a panel of five experts as having a face validity and yielded a Cronbach's alpha of .88 (Maslach, 1978).
CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

This chapter presents the findings of the research and analyses utilized to interpret the data. To study burnout among nursing faculty, 250 questionnaires were mailed to full-time nursing faculty in public, private, and associate degree nursing programs in Texas, of which 195 questionnaires were returned for a 78% return. From the number returned, 192 (77%) were used in the data analysis. Three respondents were dropped from the study because the questionnaires were received too late, incorrectly completed, or because the participant was not employed full-time. The analysis was performed on an IBM computer system utilizing the SPSS statistical program (SPSS, 1989). The data provided by each institution were entered as one variable per row in the data entry. A column was assigned for each answer. This process enabled analysis of each participant's response to any particular option.

The analysis of data was performed using two approaches. First, the questionnaires were analyzed for descriptive and correlational information. Next, the demographic data were categorized by the number of responses. These approaches were used in order to determine
the analysis of burnout in nursing faculty. The Pearson Product-Moment Ratio analyses were used to determine if there were relationships between the intensities and frequencies of burnout in three subscales: depersonalization, emotional exhaustion, and personal accomplishment. The stepwise multiple regression analyses were used on the demographic data to determine if there was a significant relationship between any one of the demographic data responses and burnout. Also row and column charts are used to illustrate comparisons of the various data.

Demographic questions were designed and asked of each respondent on a data sheet (see Appendix B). Questions were designed to determine the respondent's gender, level of education, number of years employed, type of activities, and number of hours spent in contact with students. The Demographic Data Sheet was provided to give a description of the sample and to study the relationships of the data to the levels of respondents burnout.

The Maslach Burnout Inventory (MBI) (Maslach, 1986) is a 22-question questionnaire designed to measure three aspects of burnout: depersonalization, personal accomplishment, and emotional exhaustion. The items in the questionnaire are written in the form of statements about personal feelings or attitudes. Each statement is rated on two dimensions: frequency and intensity. The frequency
scale is labeled at each point and ranges from 0, meaning "never," to 6, meaning "every day." The intensity scale ranges from 0 meaning "never," to 7, meaning "very strong" (Maslach, 1981). The number of nursing faculty by nursing institutions are shown in Table 2. The breakdown by institution of useable data for the study were: 17 from private institutions, 90 from public institutions, and 85 from community colleges. The total number of useable data response rate was 77% of the total mailed.

Table 2

<table>
<thead>
<tr>
<th>Type of Institution</th>
<th>Total Sent</th>
<th>Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Institution</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Public Institution</td>
<td>123</td>
<td>90</td>
</tr>
<tr>
<td>Community College</td>
<td>107</td>
<td>85</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>250</strong></td>
<td><strong>192</strong></td>
</tr>
</tbody>
</table>

Demographic Data

The demographic data of the nursing faculty are presented in Table 3. In the Fall of 1991, the State Board of Nursing for the State of Registered Nurse Examiners reported 1,287 fulltime nursing faculty.
### Table 3

**Demographic Data of Respondents**

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulltime Nursing Faculty in Texas</td>
<td>1,287</td>
<td>---</td>
</tr>
<tr>
<td>Full-time Nursing Faculty in Study</td>
<td>192</td>
<td>---</td>
</tr>
<tr>
<td>Number of Nursing Programs By Type:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>7</td>
<td>---</td>
</tr>
<tr>
<td>Public</td>
<td>602</td>
<td>---</td>
</tr>
<tr>
<td>Associate</td>
<td>44</td>
<td>---</td>
</tr>
<tr>
<td>Number of Nursing Faculty At Each Institution:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>98</td>
<td>---</td>
</tr>
<tr>
<td>Public</td>
<td>24</td>
<td>---</td>
</tr>
<tr>
<td>Associate</td>
<td>587</td>
<td>---</td>
</tr>
<tr>
<td>Employment Length:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>18</td>
<td>9.4%</td>
</tr>
<tr>
<td>1-3 years</td>
<td>52</td>
<td>27.0%</td>
</tr>
<tr>
<td>3-7 years</td>
<td>46</td>
<td>24.0%</td>
</tr>
<tr>
<td>More than 7 years</td>
<td>76</td>
<td>40.0%</td>
</tr>
<tr>
<td>Highest credential:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td>158</td>
<td>.82%</td>
</tr>
<tr>
<td>Doctorate</td>
<td>34</td>
<td>.18%</td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>186</td>
<td>.97%</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>.03%</td>
</tr>
</tbody>
</table>

Of the 192 (15%) responding nurses, 3% were males and 97% were females. A total of 195 nursing faculty responded to
the study; however, three subjects were dropped from the study. Two participants were part-time nursing faculty; therefore, they were not included in the study. A third participant did not complete the questionnaire correctly and was excluded from the study. After reviewing all the data for completion, 192 questionnaires and 192 demographic data sheets were entered into the study. Each questionnaire was paired with the corresponding respondent's data sheet upon data entry.

Only 9.4% of the respondents were employed less than one year, 27% were employed 1-3 years, and 24% were employed 3 to 7 years, in contrast to a large 40% employed more than 7 years. One finding not anticipated was the number of nurse faculty employed greater than 7 years.

Eighty-two percent of the nursing faculty held a master of science degree as their highest credential. This compared to 18% who held a doctoral degree.

**Question 1**

Question 1 of the study asked: To what extent is burnout prevalent among Texas nursing faculty? The number and percentage of responses are presented in Table 4.

The respondents' responses to the MBI questionnaire were utilized to answer the question regarding the frequency of perceived feelings of burnout. Because the questionnaire analyzes three dimensions of burnout, frequencies are
reported for each subscale: depersonalization, personal accomplishment, and emotional exhaustion. The MBI scoring key was utilized to determine the frequency level which determines low, moderate, and high levels of burnout (Maslach, 1982).

Table 4
Frequency, Percentage and Level of Burnout

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Frequency</th>
<th>Percent</th>
<th>Level of Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depersonalization</td>
<td>192</td>
<td>100.0%</td>
<td>High</td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>5</td>
<td>2.6%</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>187</td>
<td>97.4%</td>
<td>High</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>25</td>
<td>13.0%</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>8.3%</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>151</td>
<td>78.6%</td>
<td>High</td>
</tr>
</tbody>
</table>

Based on the responses to the MBI, it is remarkable that the majority of the nursing faculty scored in the high level for burnout on each subscale. As seen in Table 4, 100% of the nursing faculty perceived high levels of depersonalization. In the emotional exhaustion subscale, 2.6% of the respondent's experienced a moderate level of exhaustion, while 97.4% experienced a high level of emotional exhaustion. The responses to feelings of personal
accomplishment with work indicated that 78.6% were high on the burnout scale, meaning that the majority of faculty experienced low levels of personal accomplishment. In addition, a moderate level of burnout was experienced by 8.3% to personal accomplishment, while a low burnout level was experienced by 13% of the remaining respondents.

Question 2

Question 2 of the study asked: What is the intensity of burnout among Texas nursing faculty? The intensity of burnout is shown in Table 5.

Table 5
Intensity of Burnout Among Nursing Faculty in Each Subscale

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Frequency</th>
<th>Percent</th>
<th>Level of Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depersonalization</td>
<td>192</td>
<td>100.0%</td>
<td>High</td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>192</td>
<td>100.0%</td>
<td>High</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>192</td>
<td>31.8%</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13.5%</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>54.7%</td>
<td>High</td>
</tr>
</tbody>
</table>

Based on the responses to question 2 (Table 5), analyses indicated that 100% of the nursing faculty ranked in the high level of burnout in relation to their perceived
intensity to emotional exhaustion and depersonalization questions. In addition, responses to feelings of personal accomplishment indicated that 54.7% were high on the burnout scale, meaning that the majority of faculty experienced low levels of feelings in personal accomplishment with their work. In addition, a moderate level of burnout was experienced by 13.5% in personal accomplishment, while a low burnout level was experienced by 31.8% of the respondents. In summary, the majority of all faculty ranked high for level of burnout on each of the three subscales.

Question 3

Question 3 of the study asked: What types of student contact are related to burnout among nursing faculty? The types of student contact that relate to burnout are shown in Table 6. The demographic data sheet dealt with student contact by specifying descriptors of clinical hours with students, lecture hours, and academic advising with students. The mean and standard deviation was performed for each category in Table 6. The findings indicated that the mean for clinical hours was 29 hours per month, with a standard deviation of 17.5 and a range of 0-75 hours per month.
Table 6

Type of Student Contact and Hours Spent with Students Per Month

<table>
<thead>
<tr>
<th>Category of Student Contact</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Hours per month</td>
<td>29</td>
<td>17.5</td>
<td>0-75</td>
</tr>
<tr>
<td>Lecture Hours per month</td>
<td>20</td>
<td>13.0</td>
<td>0-90</td>
</tr>
<tr>
<td>Academic Advising</td>
<td>12</td>
<td>12.0</td>
<td>0-70</td>
</tr>
<tr>
<td>Student Counseling</td>
<td>15</td>
<td>8.0</td>
<td>0-50</td>
</tr>
<tr>
<td>Meetings</td>
<td>13</td>
<td>11.0</td>
<td>1-70</td>
</tr>
</tbody>
</table>

Lecture hours evidenced a mean of 20, a standard deviation of 13, and a range of 0-90 hours per month. Also, academic advising showed a mean of 12 hours per month, a standard deviation of 12, and a range of 0-70 hours. Hours spent in student counseling had a mean of 15 hours, a standard deviation of 8, and a range of 0-50. Meetings showed a mean of 13 hours per month, a mean of 11, and a range of 1-70.

Question 4

Question 4 of the study asked: To what degree is student contact time related to burnout among nursing faculty? The relationship of academic advising to burnout is illustrated in Table 7.
Criterion scaling was used to prepare the data for the downward stepwise regression analyses. Academic advising was the only predictor on burnout which was retained after the downward stepwise regression analyses were performed. The results of testing for significant interactions between academic advising and burnout are reported in Table 6. The significance is reported at .01.

Table 7

**Significant Relationship Between Hours Spent in Academic Advising and Burnout**

<table>
<thead>
<tr>
<th>Academic Advising</th>
<th>Multiple R</th>
<th>Significant F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.18</td>
<td>.01</td>
</tr>
</tbody>
</table>

Table 7 illustrates that a significant relationship exists between academic advising and burnout. Multiple R was significant at the .01 level of interaction.

**Question 5**

Question 5 of the study asked: What are the types of burnout symptoms experienced by nursing faculty with burnout? Frequency information of each subscale is given in Table 8.
Table 8

Types of Burnout Symptoms Experienced by Nursing Faculty

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Frequency</th>
<th>Percent</th>
<th>Level of Burnout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depersonalization</td>
<td>192</td>
<td>100.0%</td>
<td>High</td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>5</td>
<td>2.6%</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>187</td>
<td>97.4%</td>
<td>High</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>25</td>
<td>13.0%</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>8.3%</td>
<td>Moderate</td>
</tr>
<tr>
<td></td>
<td>151</td>
<td>78.6%</td>
<td>High</td>
</tr>
</tbody>
</table>

The nursing faculty responded to the questionnaires and the MBI scoring key was used to find the types of burnout score of each person. It was found that the majority of faculty scored high on burnout for each of the three subscales. As indicated in Table 8, the majority of faculty were high on the burnout scale for each of the three subscales: depersonalization, emotional exhaustion, and personal exhaustion. Analyses of depersonalization indicated that 100% of the faculty were high on level of burnout. Emotional exhaustion had 2.6% of the faculty in the moderate level of burnout and 97.4% measuring high levels of burnout. Personal accomplishment had 13% low, 8.3% moderate, and 78.6% measuring high levels of burnout.
Question 6

Question 6 of the study asked: What are the combinations of burnout symptoms experienced by nursing faculty? The relationship between the burnout subscales is shown in Table 9.

Table 9
Pearson-Product-Moment-Relationships Between Each of the Burnout Subscales

<table>
<thead>
<tr>
<th>Correlations Between</th>
<th>Pearson r value</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion and Depersonalization</td>
<td>( r = .76 )</td>
<td>.01</td>
</tr>
<tr>
<td>Emotional exhaustion and Personal Accomplishment</td>
<td>( r = .60 )</td>
<td>.01</td>
</tr>
<tr>
<td>Depersonalization and Personal Accomplishment</td>
<td>( r = .85 )</td>
<td>.01</td>
</tr>
</tbody>
</table>

Analyses using the Pearson Product Moment Ratio indicated a significant relationship between combinations of the subscales for burnout. As shown in Table 9, emotional exhaustion was significantly related to depersonalization at the .01 level of significance, \( r = .76 \). Emotional exhaustion was significantly related to Personalization at the .01 level of significance, \( r = .60 \). Depersonalization
was significantly related to personal accomplishment at the .01 level of significance, \( r = .85 \).

Question 7

Question 7 of the study asked: What predictors may be effectively used when identifying potential burnout candidates from among the selected population in the study? The predictor of burnout as evidenced by the analyses is presented in Table 10.

The downward stepwise multiple regression was used to identify what predictors may predict burnout. The analyses indicated no significant correlation coefficients from the demographic data related to burnout. However, as shown in Table 10, the use of criterion scaling with the multiple regression analyses indicated that the number of hours a faculty member has in student contact with academic advising is related to burnout. Multiple regression analyses indicated that there was a significant relationship between the frequency of emotional exhaustion and the number of hours spent in student contact. The Multiple R for academic advising and emotional exhaustion was .18 with a Significant F of .01 level of significance.
Question 8 of the study asked: What relationship exists between the frequency and intensity of burnout among nursing faculty in Texas and (a) gender, (b) age, (c) employment status (fulltime), (d) number of years employed in present position, (e) highest academic degree attained, (f) employed in private institution, (g) employed in the community college, (h) employed in the public institution, (i) percentage of time doing clinicals in the hospital, (j) percentage of time doing student counseling, (k) percentage of time doing classroom instruction, and (l) percentage of time doing academic advisement?

As illustrated in Table 11, the only relationship which existed between the demographic data and burnout was related to the number of hours spent in contact with students in academic advising and the frequency of emotional exhaustion.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Value</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours Spent With Academic Advising</td>
<td>Multiple R .18</td>
<td>Sig. F .01</td>
</tr>
</tbody>
</table>

Table 10

Significant Predictor Values in Relationship to Burnout
Table 11

Relationship Between the Frequency of Emotional Exhaustion and Academic Advising

<table>
<thead>
<tr>
<th>Relationship between:</th>
<th>Multiple R</th>
<th>Sig. F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional exhaustion and Hours spent in academic advising</td>
<td>.18</td>
<td>.01</td>
</tr>
</tbody>
</table>

The Multiple R for emotional exhaustion frequency and hours spent in academic advising was .18 with a Significant F at the .01 level of significance.
CHAPTER V

SUMMARY, FINDINGS, DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Summary

The previous chapters have presented the introduction of the study, background and review of the literature, methodologies and presentation, and analysis of the data concerning burnout among nursing faculty in Texas. This chapter provides a summary of the study, discussion of limitations, and discussion of the findings, implications, and recommendations for further research.

A review of literature concerning burnout emphasized the need for further research. The use of a valid instrument and appropriate analysis of data, which dealt with the effects of burnout in nursing faculty has not been conducted in the past.

Nursing faculty working full-time in programs of nursing are a homogenous group with a commonality of beliefs, activities, and practices, which may affect their relationship with students and their own personal health. This descriptive study surveyed a group of 250 nursing faculty whose institutional affiliations included private, public, and associate degree nursing programs.
A questionnaire and demographic data sheet were utilized to examine the attitudes and feelings of three burnout factors upon the nursing faculty in this study.

The criteria for inclusion in the study required that the nursing faculty work full-time at either a private or public four-year program of nursing, a graduate program, or a two-year associate degree program. The faculty names were randomly selected, using a table of random numbers, from a printed list of all full-time nursing faculty in Texas.

Questionnaires and demographic data sheets with instructions were sent to 250 randomly selected nursing faculty; 195 were returned and 192 were completed correctly for use in the study. Each questionnaire and data sheet was reviewed and rechecked for correctness after data entry.

Findings

The research questions that guided this research provide a suitable framework for discussion of the findings of this study.

Question 1. To what degree does burnout exist among Texas Nursing faculty?

This question focuses on the frequency of burnout, as measured in three subscales, among nursing faculty. Each subscale (depersonalization, emotional exhaustion, and personal accomplishment) was measured by the MBI scoring key resulting in three scores for each respondent. The overall
frequencies were analyzed in this study. The pattern of burnout in this study clearly indicated that the majority of the nursing faculty scored in the high level of all three burnout subscales.

Question 2. What is the intensity of burnout among Texas nursing faculty?

For each subscale there was a measurement of intensity and frequency. This question was to analyze the specific degree of attitudes and feelings the respondent had for each of the three subscales which predict burnout.

The results indicated that the majority of faculty had high levels of intense feelings in each of the three subscales. By analyses of the intensity a relationship could be made between frequency and intensity data on all three subscales.

The intensity data also provided a descriptive picture of the emotional perceptions and feelings of the nursing faculty. It was shown that the higher the frequencies of hours spent in academic advising the greater the intensity of emotional exhaustion in the nursing faculty.

The demographic data also indicated a wide variation in the range of hours faculty spent with academic advising.

Question 3. What types of student contact are related to burnout among nursing faculty?

This question indicated the specific type of student-faculty interactions which predict burnout.
Academic advising proved to be a very intense, frequent, and emotionally exhausting experience for the majority of faculty in this study.

Question 4. To what degree is student contact time related to burnout among nursing faculty?

The focus of this question was to measure the intensity of the different types of student contact as defined in the study. There was a wide range in the amount of time spent in each area of student contact. Only time spent in academic advising of students proved to be significantly related to burnout.

Question 5. What are the types of burnout symptoms experienced by nursing faculty with burnout?

This question asked for frequency analyses of all three subscales and the frequency and intensity level of each subscale. The results were clear in showing that the majority of all faculty evidenced a high level of burnout in all three subscales for both intensity and frequency measurements.

Question 6. What are the combinations of burnout symptoms experienced by nursing faculty?

The relationship between the burnout subscales evidenced significant relationships. All combinations were significant at the .01 level of significance. The majority of nursing faculty measured high burnout on emotional exhaustion, depersonalization, and personal accomplishment.
By analyses of each relationship the correlation results indicated that the results of one subscale is a high predictor of the other subscales for determining burnout.

Question 7. What predictors may be effectively used when identifying potential burnout candidates from among the selected population in the study?

This question sought to analyze specific demographic predictors of burnout. Analyses supported the definition of burnout by Christina Maslach. Intense interaction with students during academic advising was significant at the .01 level of significance in predicting high levels of emotional exhaustion. This chronic occurrence of intense interactions, by definition, leads to burnout. The analyses supported the literature review on the definition and process of burnout.

Question 8. What relationship exists between the frequency and intensity of burnout among nursing faculty in Texas and (a) gender, (b) age, (c) employment status (fulltime), (d) number of years employed in present position, (e) highest academic degree attained, (f) employed in private institution, (g) employed in the community college, (h) employed in the public institution, (i) percentage of time doing clinicals in the hospital, (j) percentage of time doing student counseling, (k) percentage of time doing classroom instruction, and (l) percentage of time doing academic advisement?
This question asks for demographic data information which will further define the specific population of nursing faculty. The current literature lacks quantitative analyses of the specific population. The predominantly female population evidenced a wide variation in the amount and types of activities spent with students. None of the demographic categories except time spent in academic advising proved significant in predicting burnout.

Discussion

This study focused on burnout among nursing faculty in Texas. The findings of this study relate to current research in the following:

1. Although definitions of burnout vary, there is a consensus as to the intense impact of interactions with people and burnout. The findings of this study support the implication that nursing faculty experience high levels of burnout in all three subscales related to their job-related interactions with students.

2. In every burnout subscale of the MBI (depersonalization, emotional exhaustion, and personal accomplishment) nursing faculty indicated that they were experiencing high levels of burnout. This adds to current literature by providing analyses of a specialized population--nursing faculty.
3. Literature identified nursing faculty as burnout-proned because of their values, perceptions, and practices (Lutz, 1991). This study did identify this group of nursing faculty as burned out in every subscale as measured by the MBI.

4. Current literature has not quantitatively analyzed burnout and predictor variables in nursing faculty. This study measures and describes the relationship of demographic data as predictor variables on burnout. This study showed that the number of hours spent in academic advising was significantly related to the burnout symptom of intense emotional exhaustion. The demographic data also indicated a wide range in the hours faculty spend in academic advising.

5. This study adds to the literature by providing descriptive statistics of burnout in nursing faculty.

6. The findings of this study add to current research by indicating the relationship of burnout symptoms in nursing faculty. Emotional exhaustion was significantly related to depersonalization. With symptoms of high depersonalization and emotional exhaustion, and low feelings regarding a sense of personal accomplishment, the question arises as to whether or not these symptoms may interfere with the respondent's work and interaction with students. By analyses of each relationship, the findings support that one subscale is a high predictor of the other subscales for predicting burnout.
Conclusions

Based on the findings of this study, the following conclusions may be drawn:

1. The majority of nursing faculty in Texas have a high level of burnout; and
2. The number of hours spent in academic advising is a significant predictor of intense emotional exhaustion burnout.

The following major themes and relationships also emerged from the analyses of the questionnaires and demographic data:

1. The nursing faculty experienced the syndrome of burnout factors as a common phenomena with their work;
2. The nature of work among nursing faculty has unique activities and practices which make the person susceptible to burnout; and
3. Nursing faculty are experiencing symptoms of burnout, at high levels, which may be affecting their interactions with students, the quality of their work, and their personal health.

Implications

There exists a high level of burnout among Texas nursing faculty. The information shared by the respondents surveyed in this study suggests the following implications for those professionals who may need to evaluate the impact
of burnout or any further decisions that may be directed at burnout of nursing faculty in higher education:

1. Academic administrators, governing boards, and nursing faculty need to be educated on burnout. Academicians need to be aware of the nature and process of burnout, and how it affects personal health and job performance. Most academicians prefer to not analyze the psychological attitudes and perceptions of faculty about their work. Unfavorable evaluations might be viewed as a source of embarrassment to the individual, department, and institution. However, this study indicates the magnitude of burnout in academic nursing faculty, and the need for a better understanding of the nature of burnout.

2. Academic administrators and nursing faculty need to understand and respond to the intense nature of student interactions with academic advising. Faculty workloads need to be analyzed for the amount and types of time spent in student interaction.

Recommendations for Further Study

This study focused primarily on the perceptions of burnout among nursing faculty in Texas. The following recommendations for further research are based on the readings and the findings of this study:
1. This study should be replicated in the same content area using a larger sample which eliminates regional differences.

2. This study should be replicated comparing differences within nursing faculty specialties (i.e., nursing administrators, graduate nursing faculty, two-year associate degree nursing faculty, and four-year nursing program faculty).

3. Correlational studies should be conducted measuring the burnout of nursing faculty and the students with whom they interact with at work.

4. Additional studies should be conducted using instruments other than the MBI to determine the effects of burnout.

5. Studies should be conducted to determine the burnout reported by the nursing faculty and the student perception of the nursing faculty's level of burnout.

6. Further studies should be done to determine types of effects of burnout on job productivity.

7. Additional study needs to focus on the specific activities and descriptors of the role of nursing faculty.

8. Higher education administrators should develop methods to better assist nursing faculty in coping with job stress.
9. Experimental research needs to be conducted on nursing faculty to determine effective methods of decreasing burnout.

10. Studies should be conducted on other factors which may be predictors of burnout in nursing faculty (i.e., personality factors, internal versus external locus of control, and faculty workload).
APPENDIX A

REQUEST TO PARTICIPATE LETTER
November 21, 1991

University of North Texas
P. O. Box 13857
Denton, TX 76203-3857

Dear Nursing Educator:

You have been chosen to participate in a study being conducted by myself, Terrie Thomas, a doctoral student in the Department of Higher Education at the University of North Texas. This study focuses on many areas of nursing faculty, the enclosed survey being one part of the full study. Rest assured that all individual data and institutions will be kept strictly confidential. The information you provide will be analyzed as a part of collective data.

I appreciate your filling out the enclosed survey which should take approximately 15 minutes of your time. Please return the questionnaire in the self-addressed, stamped envelope by (date).

Your support of this effort to provide research in nursing education is greatly appreciated.

Sincerely,

Terrie Thomas, M.S., R.N.
Fill in all blanks:

1. You work at (check only one): ___ private institution  ___ public institution  ___ community college

2. Your employment status is: ___ full-time

3. The number of years you have worked in your present position is: ____ (if months, please indicate).

4. Your highest academic degree: _______________________

5. Your date of birth is: Month ____  Day ____  Year ____

6. Gender: Female ___  Male ___

7. Please indicate the estimated percentage of time that you spend during one month with the following activities:

   Estimated percentage of time doing clinicals in the ___ hospital (This includes interactions with patient care, and hospital staff.)

   Estimated percentage of time doing classroom instruction (lectures, demonstrations) ___

   Estimated percentage of time doing academic advisement (This includes student program plan.) ___

   Estimated percentage of time doing student counseling (This includes care plan evaluation, and advisement on personal concerns.) ___

   Estimated percentage of time in meetings ___

It is not the intent to measure all your activities, so your total score may be below 100%, but should not exceed 100%.
REFERENCES


