REVIEWS

An integrative review of burnout and related concepts in nursing faculty

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ABSTRACT

Introduction: It is essential to support the health and well-being of nursing faculty. Nurse well-being is imperative for promoting many outcomes in health care and education. In the presence of workplace stressors, nursing faculty may experience negative impacts, including burnout. This integrative review explored the literature on burnout and related concepts in nursing faculty.
Methods: An integrative review guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram was performed. Articles were identified from databases, including PubMed and CINAHL Plus, citation searching, and content expert referral. Key search terms included "nursing faculty", "burnout", and "nursing education". 102 articles were identified and screened for established inclusion criteria and 23 were included in this review.
Results: A total of 23 articles exploring burnout and other related concepts in nursing faculty were appraised. Emergent themes encompassing contributing factors, manifestations, impact, and strategies for decreasing faculty burnout and increasing faculty well-being are illustrated in this review. Although a variety of individual and organizational strategies for decreasing burnout were emphasized in the literature, multiple gaps were identified. These gaps include 1) lack of comprehensive programs to address faculty burnout, 2) integration of skills and practices into nursing education curricula, 3) impact of interventions on educational outcomes, 4) assessments examining faculty needs, and 5) absence of best practices replicated in nursing education.
Conclusions: It is imperative to explore a comprehensive approach to decreasing burnout and supporting faculty and student well-being in nursing education and examine methodological challenges in defining related concepts and measures.

Key Words: Nursing faculty, Nursing education, Burnout, Well-being

1. INTRODUCTION

Supporting the health and well-being of nurses is essential to sustain the nursing workforce and to deliver high quality, safe care. The National Academies of Sciences, Engineering, and Medicine (NASEM)[1] defines well-being as, "an individual's appraisal of physical, social, and psychological resources needed to meet a psychological, physical, or social challenge". Nurse well-being is vital to achieve desired outcomes for patients, their families, the workforce, and the health care system. A multitude of challenges may affect nurse health and well-being, encompassing physical health, occupational safety and health, mental and behavioral health, moral well-being, social health and well-being, and racism and discrimination.[1] Nurses' health and professional well-being is emphasized as a crucial factor to achieve the path outlined in the seminal report, The Future of Nursing 2020-

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2030: Charting a Path to Achieve Health Equity.[1] This also aligns with provision five of the American Nurses Association[2] Code of Ethics for Nursing, which states that the nurse owes the same duties to self and others in the responsibility to promote health and safety.

The evidence of diminished well-being among nurses is captured in a variety of concepts such as burnout, secondary traumatic stress, compassion fatigue and others. Burnout is a syndrome related to chronic work-related stress with multiple definitions.[3,4] Compassion fatigue is described as personal suffering linked to witnessing or sharing of another's suffering that contributes to degraded well-being and common self-protective responses.[5] Originally linked to secondary traumatic stress, compassion fatigue has been embraced as an explanatory model for the emotional depletion experienced by people in caring professions such as nursing.[6] Compassion fatigue and burnout are common issues among nurses and are often conflated, yet conceptually differ. Burnout is a cumulative process from increased workload and institutional stress that directly impacts emotional and physical exhaustion. The sequelae of burnout emerge slowly over an extended period. Compassion fatigue occurs due to exposure to a traumatic event and suffering that places intense emotional demands on the nurse and can lead to emotional fatigue. The repeated exposure to trauma that leads to compassion fatigue often alters a nurse's ability to feel compassion but not in burnout. While burnout does lead nurses to objectify their patients, it doesn't necessarily interfere with their ability to connect with people in other relationships. A stressful, negative work environment causes burnout, whereas the impact of caring for others causes compassion fatigue.[7]

Nurse well-being is imperative to address with the rising prevalence of burnout among nurses. In 2019, the term "burnout" was added to the World Health Organization's[8] International Classification of Diseases (ICD). According to the ICD, burnout is a "syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed".[8] It is characterized by three dimensions: energy depletion or exhaustion, increased mental distance or feelings of cynicism related to one's job, and a sense of ineffectiveness and lack of accomplishment.[8] The addition of burnout to the ICD occurred about the same time of the pandemic when studies demonstrated that one-third of nurses in the United States experienced some form of burnout.[8] Note that the ICD classification of burnout refers to phenomena in the occupational context and not experiences in other areas of life. While the incidence of burnout is noted prior to the pandemic, there has been a marked increase that continues. Results from a 2020 study by the ANA[9] report that 62% of nurses experience burnout symptoms, especially among younger nurses. This contrasts with burnout levels reported prior to the COVID-19 pandemic. In response to the dramatic rise in nurse burnout, several national organizations launched policy, practice standards, and resources to guide understanding to support nurse well-being.

Prior to the COVID-19 pandemic, several organizations issued guidance to address burnout such as Sigma Theta Tau International's[10,11] Creating Healthy Work Environments. Following COVID, other national organizations followed with crucial guidelines such as the U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being,[12] the National Academy of Medicine's (NAM)[13] National Plan for Health Workforce Well-Being, and the ANA Enterprise's[14] Well-Being Initiative. The ANA[15] Workforce Well-Being-Initiative provides digital resources to help nurses build resilience and strategies to manage the stress and mitigate secondary trauma caused by the COVID-19 pandemic, including rest/sleep, exercise, diet, asking for help, and developing new coping strategies.

It is essential to support the well-being of nurses in all workplace environments, including nursing education. Healthy nursing faculty are foundational to creating learning environments that embody well-being, foster psychological safety and inclusion, and contribute to positive student and faculty outcomes. Burnout is not just an individual issue, but a systems issue stemming from workplace culture, health care policies and regulations, and societal expectations.[16] Building more supportive work environments will help address the serious public health concern of nursing burnout. Melnyk and colleagues[17] conducted a study among a national sample of doctorally prepared nursing faculty and reported that 34.8% of faculty had a positive screening for burnout. Although the study included twice as many research faculty than clinical doctorate faculty, no differences were observed between the tenure and clinical track among rates of anxiety (12.1%), depression (13.4%), and burnout (34.8%). Using thematic analysis from the survey questions, five factors were identified: lack of appreciation, role concerns, time for scholarship, burnout culture, and faculty preparation for teaching.[17] This underscores the importance of creating an inclusive wellness culture to enhance nursing faculty well-being. Therefore, to support a culture of well-being in nursing education, this integrative review sought to explore the literature on burnout among nursing faculty.

Aim

The aim for this integrative review was to: 1) understand the complex syndrome of burnout and related concepts in nursing education, 2) to understand the contributing factors

to burnout, well-being and responses, and 3) based on the findings to propose a model for nursing education that provides faculty with knowledge, strategies, and skills to reduce burnout and promote well-being and integration in nursing curricula for student well-being.

2. METHODS

A comprehensive search, guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)[18] flow diagram (see Figure 1), framed this integrative review which was completed using the following databases: PubMed and CINAHL Plus. Additionally, articles were identified through the referral of content experts and citation searching. Key terms included in the search were "nursing faculty", "burnout", and "nursing education". Exclusion criteria encompassed articles exploring other nursing faculty roles and topics, including advising, faculty shortage, mentoring, and incivility, studies not conducted within the United States, duplicate articles, editorials, and articles published greater than 25 years ago. The articles selected for this review included burnout and other related concepts among nursing faculty. A search of the databases, content expert referral, and citation searching yielded 102 results. After a thorough review, 23 articles were selected for further appraisal (see Appendix 1).

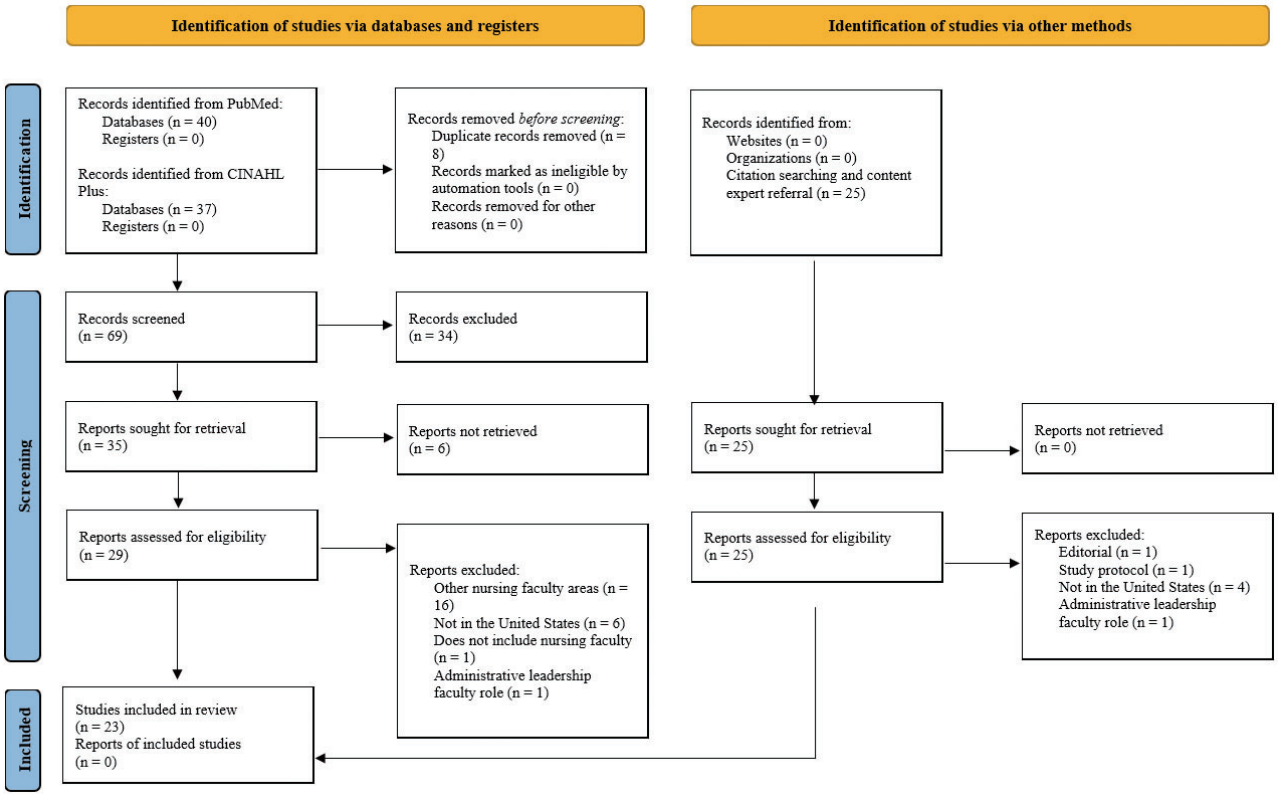

Figure 1. PRISMA flow diagram

3. RESULTS

The 23 articles selected for this integrative review comprised non-experimental studies, systematic reviews, mixed methods studies, literature reviews, a scoping review, and a quality improvement project. The articles included a variety of nursing faculty roles, encompassing doctoral faculty, baccalaureate or post-baccalaureate nursing program faculty, graduate program faculty, nurse scientists, associate degree nursing program faculty, and clinical nursing faculty. Additionally, the articles included full-time, part-time, and adjunct faculty. The articles were published between 1998 and 2023. Emergent themes illustrated in the literature encompassed contributing factors, manifestations, and the impact of burnout and related concepts among nursing faculty and strategies for preventing burnout and supporting nursing faculty well-being (see Appendix 2). The primary focus was on faculty burnout as an outcome.

3.1 Contributing factors

In exploring the literature on nursing faculty burnout, a variety of factors impacting nursing faculty well-being, work-life balance, and professional quality of life were illustrated.

Contributing factors to degraded well-being included individual characteristics, academic role responsibilities, workplace culture and environment, workload, and external challenges.

3.1.1 *Individual characteristics*

Responses to factors that degraded faculty well-being encompassed individual characteristics, including faculty education preparation level, gender, age, marital status, and faculty experience level.[3, 19–26] For example, PhD-prepared faculty experienced higher burnout and emotional exhaustion scores compared to non-PhD faculty.[3, 17, 21] In a predominately female profession, females had an increased susceptibility to burnout.[25] Kinser et al.[20] highlighted enhanced challenges and demands for "women and faculty of color in midcareer". Others concluded that faculty age had a significant relationship with intent to leave[3, 20, 21, 26] and was a predictor for faculty burnout;[24] younger faculty experienced higher rates of burnout.[25] Moreover, marital status was highlighted as having a significant relationship with burnout due to emotional exhaustion.[19] Faculty on a tenure or tenure-earning track and more experienced faculty are associated with higher levels of burnout.[17, 22] In contrast, Sacco and Kelly[23] and Shirey[27] reported that faculty who are new or with less experience reported lower well-being scores related to feelings of vulnerability and idealistic expectations.

3.1.2 *Academic role responsibilities*

Additional contributing factors included academic role responsibilities, including teaching, service, and scholarship.[17, 20, 25, 27–31] Within these role responsibilities, factors such as expectations for tenure and promotion and maintaining clinical competence contributed to degraded faculty well-being.[17, 22, 25, 27–33] For example, Owens[33] shared that additional demands of a tenured or tenure-track position were expressed as demands associated with the inability to achieve work and life balance. In addition, in exploring nursing faculty life balance, professional quality of life, and reasons for leaving the institution, Farber et al.[28] shared, "more than half of participants (52%) reported there were always demands for faculty to reach and/or maintain tenure through conducting research, clinical practice, and teaching". Furthermore, Oermann[32] emphasized the pressure to maintain clinical competence as a stressor impacting clinical nursing faculty.

3.1.3 *Workplace culture and environment*

Workplace culture and environment challenges were also identified as a contributing factor.[17, 19, 20, 24, 25, 33–35] For example, authors highlighted the presence of faculty and student incivility, bullying, and lack of respect in nursing education.[24, 25, 28, 33, 34] In addition, the presence of toxic leadership behaviors, including abusive supervision and authoritarian leadership was highlighted.[36] For example, Hudgins et al.[36] reported that micromanagement was the most reported toxic leadership behavior contributing to faculty attrition. A systematic review by Hosseini et al.[19] highlighted management style as having a significant relationship on nursing faculty burnout but did not elaborate on specific characteristics. Within workplace culture and environment, challenges related to a lack of organizational support and empowerment were illustrated as contributing factors.[17, 19, 22, 24, 25, 27, 28, 33, 37] For example, Thomas et al.[25] included lack of administrative and collegial support as contributors leading to faculty burnout. Faculty note that these factors are compounded by lack of empowerment structures within hierarchical organizations of higher learning.[27]

3.1.4 *Workload*

Challenges related to workload including faculty-to-student ratio, demands of advising students, nursing faculty shortages, work schedule, salary, and work-life balance were emphasized as contributors to degraded well-being.[17, 19, 20, 23–33, 37] For example, Melnyk et al.[17] highlighted burnout cultures and a high workload as contributors to negative mental health outcomes. Challenges related to working schedule comprised working long hours, weekends, and breaks.[19, 30] Moyer[30] highlighted workload challenges, encompassing student advisement, grading, and email management, as responsibilities that require large amounts of time and may not be accounted for in faculty workload calculations. Additionally, Owens[33] detailed the impact of salary and workload on nursing faculty life balance. Low salaries and high workload contribute to the perception of decreased life balance and faculty maintaining clinical practice.

3.1.5 *External challenges*

Other contributors to degraded well-being included external challenges encompassing the COVID-19 pandemic and the sociopolitical climate.[23, 29] For example, Luckett[29] emphasized the presence of organizational changes and service expectations of the organization such as committee work, mentoring and faculty support, clinical placements, student support, and admission interviews as faculty stressors during a crisis. In addition, Sacco and Kelly[23] shared faculty experiences of uncertainty due to work and life responsibilities during the COVID-19 pandemic and emphasized the presence of faculty stress and anxiety due to sociopolitical concerns.

3.2 Manifestations

The articles illustrated a variety of common manifestations of burnout and related concepts like compassion fatigue. While the focus of this review is on burnout, compassion fatigue is commonly used when examining and describing burnout in

several studies.[31,37]

3.2.1 *Burnout characterization*

Using Maslach's definition, three common dimensions of burnout are described in the literature: emotional exhaustion, depersonalization, and personal accomplishment. Instruments to measure burnout encompassed in the articles include the Maslach Burnout Inventory (MBI), Maslach Burnout Inventory Educator Survey (MBI-ES), Copenhagen Burnout Inventory (CBI), and the Professional Quality of Life (ProQOL). From a methodological perspective, a variety of instruments that differ conceptually are used to measure faculty burnout. The MBI was the most used to measure burnout.[4] The MBI has three subscales: emotional exhaustion, depersonalization, and personal accomplishment. Emotional exhaustion consists of nine items measuring the perception of being used up, frustrated, tired, or stressed. Depersonalization includes five items pertaining to perceptions of treating others impersonally, becoming callous, and becoming hardened emotionally. Personal accomplishment comprises eight items measuring perception of having an influence on others, working well with others, and dealing well with clients and with problems. High emotional exhaustion and depersonalization and low personal accomplishment are indicative of burnout. Like the MBI, the MBI-ES is designed for individuals in education and focuses on the work environment.[38] The MBI-ES assesses emotional exhaustion, depersonalization, and personal accomplishment, including educators' feelings about their students, their work, and their successes.[38] The CBI assesses three areas that include: personal burnout, work burnout, and patient burnout.[39] The ProQOL measures the negative and positive effects of working with those who have experienced traumatic stress and has sub-scales for compassion satisfaction, burnout, and compassion fatigue.[40]

In addition to the outcome of burnout, the articles included contributors to burnout including compassion fatigue, secondary traumatic stress, professional quality of life, life balance, mattering, resiliency, and well-being. This is reflected in the measures cited in the articles.

3.2.2 *Compassion fatigue*

Compassion fatigue is conflated with and used interchangeably with burnout, although there is a relationship between compassion fatigue and burnout. Miller[37] and Mullins and McQueen[31] emphasized compassion fatigue as a manifestation leading to burnout. However, neither article measured compassion fatigue and burnout concurrently. Miller[37] measured compassion fatigue with the Professional Quality of Life5 (ProQOL5). Compassion fatigue may develop in nursing faculty from caring for individuals in education, practice, and themselves, including students, patients, and co-workers.[31] In exploring the factors leading to faculty compassion fatigue, Miller[37] highlighted institutional qualities as the most reported contributor emphasized by faculty in the qualitative narrative responses. It is important to note that the literature reports compassion fatigue to describe a manifestation or antecedent of burnout due to overlapping features, but these are distinct concepts as described earlier.

3.2.3 *Secondary traumatic stress*

Closely aligned with compassion fatigue is secondary traumatic stress and cumulative stress. Owens[33] and Rothacker-Peyton et al.[22] highlighted the presence of secondary traumatic stress within nursing faculty. Secondary traumatic stress may occur due to caring for others experiencing traumatic events.[37] Using the Bride Secondary Traumatic Stress Survey, Rothacker-Peyton[22] reported that nursing faculty experienced secondary traumatic stress, including arousal, intrusion, and avoidance symptoms. Although nursing faculty may experience secondary traumatic stress, Farber et al.[28] reported that faculty experienced moderate life balance, low secondary stress, and moderate levels of burnout; therefore, highlighting that stronger perceptions of life balance are correlated with less burnout and experience with secondary traumatic stress. While secondary traumatic stress is a defining characteristic of compassion fatigue,[5,6] it is also reported in the literature with burnout. Farber et al.[28] used the ProQOL scale to measure compassion satisfaction, burnout, and secondary traumatic stress. Rothacker-Peyton et al.[22] also measured professional quality of life and resilience and highlighted that nursing faculty had similar resilience scores to the U.S. population; however, emphasizing that 42% of nursing faculty scored within the lowest quartile.

3.2.4 *Physical and emotional expressions*

Specific manifestations of burnout identified in the literature review included numerous physical and emotional expressions of burnout, encompassing frustration, anger, cynicism, apathy, impatience, avoidance, isolation, anxiety, depression, helplessness, hopelessness, exhaustion, lack of concentration, undereating, sleeping challenges, cardiac, respiratory, and gastrointestinal symptoms, and an increase in illnesses.[25,27,29] In addition, the impact of burnout and degraded well-being symptoms were described as decreased productivity, resilience, well-being, healthy lifestyle habits, and self-caring practices.[22,23,28–30,34] Farber et al.[28] highlighted gaps in self-care which encompassed physical, psychosocial, and financial well-being. Oermann[32] highlighted that clinical nursing faculty reported feeling emotionally and physically drained after teaching a day in the clinical setting. Additionally, Melynk et al.[17] reported that 12.1% of nursing faculty experienced anxiety and 13.4% of nursing faculty experienced depression.

3.3 Impact

The literature review on faculty burnout and related concepts in nursing education revealed several areas of impact encompassing intent to leave the role, organization, and profession, attrition, and career dissatisfaction.[3,20,21,24–26,28,36,37] For example, Aquino et al.[3] reported that 68.2% of nursing faculty planned to leave academia within the next six years. Lee et al.[21] examined factors influencing faculty intent to leave academia, highlighting degree type, age, emotional exhaustion, and depersonalization as predictors. Additionally, Thomas et al.[25] highlighted the negative impact of nursing faculty burnout on the nursing faculty and nursing shortage: "Burnout and job dissatisfaction among nurse faculty, in turn, contributes to the already troublesome nurse faculty shortage and overall nursing shortage".

3.4 Strategies reported

In addition to the themes of contributing factors, manifestations, and the impact of burnout on nursing faculty, the articles detailed several strategies for supporting faculty well-being, mainly as recommendations. The strategies highlighted in the articles encompassed both organizational- and individual-focused initiatives. Note that the authors proposed strategies as recommendations and the initiatives were not evaluated in the articles.

3.4.1 *Organizational initiatives*

Organizational initiatives highlighted to support faculty well-being comprised a healthy work environment and culture, leadership support and style, mentorship, decreasing workload, improving teamwork, and amplifying resilience. However, the majority are practice-based rather than education-based initiatives.

3.4.2 *Healthy work environment and culture*

Organizational initiatives for supporting nursing faculty well-being included creating a positive and healthy work environment and culture.[3,17,20,25,29–31,34–36,41] For example, Luckett[29] and Thomas et al.[25] highlighted the American Association of Critical-Care Nurses[42] standards for a healthy work environment, encompassing skilled communication, collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership. Additionally, Ruth-Sahd and Grim[41] emphasized a work environment that promotes faculty empowerment; therefore, supporting job satisfaction.

3.4.3 *Leadership support and style*

Additionally, the articles illustrated the importance of leadership support and style, including transformational leadership.[25,31,36] For example, Kinser et al.,[20] Melnyk et al.,[17] Mullins and McQueen,[31] Oermann,[32] and Thomas et al.[25] emphasized the incorporation of recognition and rewards for nursing faculty. Recognition and rewards are valuable for supporting professional mattering; therefore, leading to decreased burnout and increased engagement.[17] Melnyk et al.[17] illustrate mattering as "a concept that describes the perception that an individual makes a difference in the lives of others and is significant to their work".

3.4.4 *Mentorship*

Furthermore, the articles highlighted mentorship for nursing faculty as a strategy for increasing well-being and decreasing burnout.[20,24,25,27,28,30–32] The articles illustrated the importance of mentorship for new and experienced faculty throughout their careers.[20,24,27,28,30,32] For example, Shirey[27] highlighted the benefit of mentorship in supporting new faculty to navigate their role and the university system. In addition, Kinser et al.[20] emphasized the importance of mentoring, encompassing formal programs, workshops, and peer mentoring groups, to advance midcareer nurse scientists. Also, Kinser et al.[20] elaborated on the benefit of career workshops in providing a space for reflection for faculty experiencing burnout that can help scientists identify their strengths and creativity and identify fulfilling aspects of work that can be integrated in their daily work lives.

3.4.5 *Decreasing workload*

Additional organizational initiatives encompassed strategies for decreasing workload and supporting work-life balance.[20,22,24,25,28–30,43] For example, Kinser et al.[20] highlighted the development of organizational policies for decreasing workload and others offered strategies such as establishing a workload calculation and incorporating team teaching and co-authoring.[22,25]

3.4.6 *Teamwork*

Moreover, communication, collaboration, and relationship building were emphasized as beneficial in supporting nursing faculty well-being.[20,22,24,28–31] For example, Kinser et al.,[20] Luckett,[29] and Rothacker-Peyton et al.[22] recommended implementing clear communication strategies, transparent communication, and effective communication skills. Additionally, Moyer[30] and Farber et al.[28] highlighted promoting intergenerational faculty collaborations. Lastly, Singh et al.[24] emphasized the benefit of "collaborative and collegial relationships" in decreasing burnout and improving work satisfaction.

3.4.7 *Resilience*

Lastly, building resilience among nursing faculty and students through the implementation of evidence-based programs and training was highlighted as an organizational initiative in the literature.[17,23,24,30] Resilience strategies in the literature encompassed "being supportive, forming collegial

relationships, embracing positivity, and utilizing reflection and transformative growth".[24] Additionally, Singh et al.[24] shared the importance of faculty and management partnerships in building resilience among novice nurse academics.

3.4.8 *Individual initiatives*

In addition to organizational initiatives, the articles highlighted a variety of individual-focused strategies for preventing burnout. For example, strategies comprised stress management and self-care practices, including art therapy, debriefing, support groups, exercise, aromatherapy, journaling, meditation, spirituality, hobbies, identifying internal motivations, and implementing renewal techniques.[25,27,30,31,33,41] For example, Ruth-Sahd and Grim[41] emphasized the importance of scheduling daily self-care practices.

3.5 Gaps

3.5.1 *Comprehensive programs to address faculty burnout*

The articles reviewed recommended comprehensive individual and organizational strategies; however, comprehensive programs encompassing initiatives at the university, school, and individual levels were not suggested. To create a comprehensive approach, the American Academy of Nursing emphasizes the importance of strategies to support nurse well-being at the legislative, system, and organizational levels, including policy recommendations that support healthy work environments, inclusivity, diversity, protection from discrimination, and the health and well-being of nurses.[44] Therefore, to support faculty well-being, it is essential to explore strategies woven throughout all levels, including institutionalizing faculty well-being, creating positive work and learning environments, addressing barriers and burdens, and supporting mental health.[13]

3.5.2 *Lack of integration of skills and practices into nursing education Curricula*

Strategies focused on reducing faculty burnout were highlighted but did not include comprehensive strategies to incorporate similar content into nursing education curricula to help students develop resiliency and well-being skills to carry them into practice. None of the articles reported integrating skills to address common sources and to prevent burnout in nursing education curricula for nurse educators.

3.5.3 *Absence of impact of interventions on educational outcomes*

Also, a gap in the literature included no studies exploring the impact of nursing faculty burnout on educational outcomes of their students. Although educational outcomes were not directly studied, articles did emphasize the impact of nursing faculty burnout on the teaching-learning environment and student learning outcomes.[24,35] It is vital to explore the impact of nursing faculty burnout on educational outcomes to identify areas for improvement.

3.5.4 *Assessment of faculty needs*

While studies may measure stress and burnout, none of the studies examined nursing faculty desired needs from the faculty perspective, only the adverse impact and measurement such as reported stress. From a methodological perspective, a variety of assessment tools were used to measure burnout. To improve scholarship, it is important to use consistency and report findings using validated instruments.

3.5.5 *Best practices implemented in practice settings were not replicated in nursing education*

There are many studies in clinical nurse literature that examine the effectiveness of formal resilience building interventions, such as Brief Mindful Self-Care and Resilience program,[45] Mindfulness-Based Stress Reduction Intervention,[46] and Stress Management And Resilience Training (SMART) program[47] on improving resilience[46,47] and reducing burnout, emotional distress, and depression.[45] Most of the formal resilience building intervention programs with clinical nurses involved only a single study, but the SMART intervention consistently demonstrated improved resilience in clinical nurses in several studies.[47,48] Furthermore, in a pilot study of medical faculty, the SMART training enhanced physician resilience, quality of life and decreased stress and anxiety.[49] Strategies and evidence reported in practice settings and in interprofessional faculty education are not reflected in the nurse faculty education literature. It is time to translate some of the formal resilience training programs to the nursing faculty context. Research is needed to investigate formal resilience training program effects on nurse faculty burnout and addressing the lack of consistent measurement of concepts and lack of clear understanding of the relationships of common concepts such as compassion fatigue and secondary stress.

4. Discussion

The state of the science related to well-being, burnout and related concepts among nurse educators is in early development. There are a variety of conceptual and methodological issues that require further refinement. Use of standard definitions of concepts with corollary measures would enhance understanding of complex relationships and their impact on nurse educator well-being. Compassion fatigue and burnout, for example, are common issues among nurses and often used interchangeably, yet conceptually differ. The affective and behavioral responses are similar but develop in response to different work conditions and experiences.[50] Burnout is typified by emotional exhaustion, pessimism, depersonalization of patients and others, and feelings of perceived

insufficiency and accomplishment.[4,5] Compassion fatigue is characterized by diminished empathy, avoidance, anxiety, anger, or feelings of dread.[6] Compassion fatigue and burnout differ in three areas – cause, onset, and context.[51] Compassion fatigue is caused by secondary trauma associated with vicarious attunement to and adoption of others suffering whereas burnout is caused by repeated stressful workplace events or patterns not directly linked to suffering or trauma. Compassion fatigue can have an acute onset after exposure to an intense exposure to suffering that precipitates a traumatic response whereas burnout occurs gradually due to cumulative effects of prolonged work-related stress. For nursing, there is an overlap for the context in which compassion fatigue and burnout occurs. Critics of the concept of compassion fatigue postulate that the mechanism of depletion may be mischaracterized and more accurately reflect empathy fatigue or empathic over-arousal.[5,52] Differentiating these terms conceptually and empirically is vital to understand these complex phenomena.

Many of the studies discussed previously offer interventions for stress reduction that may impact burnout. What is lacking is a comprehensive, threaded model to address faculty burnout that intervenes at the individual level, deployed systematically, and is supported on an organizational level. A multifocal, person-centric intervention, as guided and supported by the larger organization overall, has the potential to target and improve nursing faculty resilience and support professional growth. This could include adopting the recommendations outlined by the National Academies Committee focusing on system approaches to clinician well-being.[16] These include: 1) develop, implement and evaluate programs that positively contribute to the learning environment and support faculty and learner well-being, 2) invest in a leadership level role within the learning structure to improve the well-being of those in the system, 3) align incentives, reward structures, professional development to role model and foster well-being, 4) create broad systems of support and resources, 5) routinely assess student and faculty well-being and absence of well-being using validated measures to inform continuous quality improvement and culture change, 6) monitor and adjust student and faculty workload to support well-being, 7) use data to guide the development and refinement of individual and system interventions to foster well-being, 8) remove barriers to access and utilization of well-being resources by students and faculty and 9) design system and strategies to reduce stigma associated with receiving support and resources by students and faculty.

On the individual level, resilience techniques can be employed but may not be sufficient for navigating the workplace without concurrent systemic reforms. Rather, organizational strategies must also be adopted and implemented for true culture change to be sustainable. This includes assessing systemic factors that contribute to degraded well-being among faculty and students, assessing alignment and constructive collaboration among organizational priorities, and designing targeted interventions to dismantle them. Methods that can support faculty well-being include fostering communication among faculty[53] and fostering collaboration on teaching research and publishing endeavors.[25,54] Mentoring younger faculty with veteran faculty, and pairing faculty can also reduce the burden of the unknown and help novice faculty wade through their professional experience with confidence.[25] Mentoring also allows faculty to experiment, make mistakes, and seek guidance when tackling new curriculum content, classes, and experiences.

Issues and strategies relating to faculty burnout should be integrated into orientation and ongoing professional education so that well-being behaviors are embodied by faculty and integrated into existing nursing education curricula such as courses and content dealing with roles of the academic nurse educator and ethical dilemmas faced by nurse educators.[55] This can include demands unique to the type of institution, faculty track, and performance expectations and strategies for achieving balance and support. Furthermore, faculty and education programs should consider integrating well-being strategies in all levels of curricula. Faculty who practice and model well-being skills and strategies can assist students to develop coping behaviors that will benefit the students in education and clinical practice. For example, the R3: Resilient Nurses Initiative, Maryland (2021) Preparing Nurses to Practice with Resilience & Integrity report recommends incorporating healthy coping, resilience, well-being, and self-care into nursing curriculum to support students and nurses in the future.[56]

Models from nursing practice, such as the Mindful Ethical Practice and Resilience Academy (MEPRA) have demonstrated sustained improvements in ethical confidence, moral competence, resilience, mindfulness, work engagement, and decreases in depression, anger, burnout (emotional exhaustion) and turnover intention.[57,58] Building corollary programs customized for nurse educators' needs offers a promising direction. Melnyk and colleagues[17] call on college leaders to address systemic issues contributing to faculty and student stress and build wellness cultures to support faculty well-being. Action collaboratives like those created by the National Academies offer fruitful models for nursing faculty to create robust communities of practice focused on addressing burnout among nursing faculty.

Nursing faculty burnout is important because it can nega-

tively impact the quality of education provided to future nurses. Burned-out faculty members might struggle to effectively teach, mentor, and engage with students, ultimately affecting the students' learning experience and preparedness for real-world nursing practice. It also influences faculty retention, institutional reputation, and overall morale within nursing programs. Addressing faculty burnout is crucial for maintaining a skilled and motivated nursing workforce. In spite of what is known about the impact of faculty burnout, strategies are few and insufficient.

5. Conclusion

There are methodological issues surrounding faculty burnout, including concept clarification and use of terms between compassion fatigue and burnout and consistent use of validated instruments. Conditions that contribute to burnout are multi-level from the individual faculty member to the department and university/college executive level such as policies, resources, and culture. Strategies to improve faculty work environments and create a wellness culture can lead to nurse faculty well-being and help address factors that contribute to burnout. Incorporating resilience skills and practices as a vital part of curricular content can improve the culture for both faculty and students. Thus, best practices found in nursing practices that include comprehensive programs should be replicated in nursing education.

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