

When Leaders Don't Walk the Walk: A National Survey of Academic Nurse Leader Perceptions of Staff Burnout

Adrienne Martinez-Hollingsworth, Dawn Goodolf, Nia Martin, Linda Kim, Jennifer Saylor, Jennifer Evans, Annette Hines, and Jin Jun

Abstract

AIM This survey explored nurse leaders' impressions of burnout on college/school of nursing (CON/SON) administrative staff and leadership-facilitated strategies used to promote resilience building/mitigate burnout. **BACKGROUND** Administrative staff are foundational to the success of a university's CON/SON, yet few studies have explored the impact of burnout in this group. **METHOD** Cross-sectional survey distributed to associate dean and business officer attendees of the 2022 American Association of Colleges of Nursing, Business Officers of Nursing Schools meeting (summer 2022) ($n = 64$). **RESULTS** Most respondents lacked a burnout mitigation plan (46/64, 72%); many also lacked a personal strategy for managing their own burnout (46/64, 72%) and did not personally participate in university activities to maintain their well-being (45/64, 70%). **CONCLUSION** This study highlights the impact of nurse leaders who fail to model self-care, which may limit the benefit of costly burnout mitigation activities and resources in their universities. **KEY WORDS** Administrative Staff – Burnout – Colleges of Nursing – Employee Well-Being – Nurse Leaders

The negative effects of employment burnout have been known for decades (Maslach & Leiter, 2016), yet it was not until 2019 that the World Health Organization (WHO) recognized and included burnout in the International Classification of Diseases (ICD-11) as an occupational phenomenon (WHO, 2019). This uncanny timing shifted the view on burnout during a critical period, when the devastating effects of the COVID-19 global pandemic resulted in negative health care provider outcomes, from resignations to increased provider suicides, amplifying critical shortages (Feist, 2021). Specifically, WHO's adoption of Maslach's concept of burnout as "a syndrome" resulting from poorly or unsuccessfully managed chronic workplace stress

(Schelenz, 2020; WHO, 2019) highlighted the great need to support those who provide care and recognize how variations in their personal burnout experience may reflect systemic, community, and personal factors.

Burnout is described as a complex occupational syndrome characterized by emotional exhaustion that leaves individuals feeling detached, disengaged, and unaccomplished (National Academies of Sciences, Engineering, and Medicine et al., 2019; WHO, 2019). Beyond the personal costs, including increased rates of depression and other mental, emotional, and physical challenges, burnout threatens an organization's culture and productivity through increased absenteeism

About the Authors *Adrienne Martinez-Hollingsworth, PhD, MSN, RN, PHN, WAN, is director of research and evaluation, AltaMed Institute for Health Equity, and assistant project scientist, David Geffen School of Medicine, University of California at Los Angeles, Los Angeles, California. Dawn Goodolf, PhD, RN, is associate dean, Helen S. Breidegam School of Nursing and Public Health, and associate professor, Moravian University, Bethlehem, Pennsylvania. Nia Martin, PhD, MSN, RN, is assistant professor, Loma Linda University School of Nursing, Loma Linda, California. Linda Kim, PhD, RN, PHN, is research scientist, Department of Nursing Research, and assistant professor of medicine, Cedars Sinai Medical Center, Los Angeles, California. Jennifer Saylor, PhD, APRN, ACNS-BC, is associate dean for faculty and student affairs and associate professor, School of Nursing, University of Delaware, Newark, Delaware. Jennifer Evans, DNP, RN, NC-BC, is assistant dean and associate professor, University of Southern Indiana College of Nursing and Health Professions, Evansville, Indiana. Annette Hines, PhD, RN, is the Executive Director of the Susan S. Morrison School of Nursing, University of St. Thomas. Jin Jun, PhD, RN, is assistant professor, Center for*

Healthy Aging, Self-Management and Complex Care, College of Nursing, Ohio State University, Columbus, Ohio. The first author received a travel stipend from HRSA 22-109 Health and Public Safety Workforce Resiliency Training Program (U3NHP45414). The authors are grateful to Beth Speidel and Delsa Richards for their engagement and feedback. For more information, contact Adrienne Martinez-Hollingsworth at amhollingsworth@altamed.org.

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and turnover (National Academies of Sciences, Engineering, and Medicine et al., 2019). Antecedents to burnout include increased productivity demands, shortened timelines, technology challenges, moral and ethical dilemmas, and insufficient resources (American Association of Colleges of Nursing [AACN], 2023). In academic environments with traditionally hierarchical leadership structures that stratify faculty from administrative support staff, burnout management and mitigation strategies must account for variations in personal resources and organizational culture that can devalue the contributions of administrative staff (Nugent et al., 2022).

BACKGROUND

In colleges and schools of nursing (CONs/SONs), as in other settings, leadership is a key driver of healthy work environments and has a direct relationship with both burnout rates and workforce outcomes (Raso & Fitzpatrick, 2021; Raso et al., 2021; Rollins et al., 2021). According to the American Association of Critical-Care Nurses (2016), authentic leadership requires that (nurse) leaders “fully embrace that imperative of a healthy work environment, authentically live it, and engage others in its achievement.” It is unclear how academic nurse leaders are themselves shouldering the increased demands and staffing challenges associated with the global pandemic and recovery. Yet, strong concerns about a looming shortage of academic leaders in nursing (Flynn & Ironside, 2018) and the associated financial implications for CONs/SONs persist. A recent study indicated that many academic nurse leaders planned to leave their positions in the next year because of heavy workloads and excessive demands that damaged work-life balance and contributed to burnout (Flynn & Ironside, 2018).

The pandemic has heightened the discussion around nurse faculty burnout (Leaver et al., 2022); however, this discussion in nursing education has failed to recognize the critical role of nurse leaders and the administrative support staff they supervise. A paucity of current research exists on whether CON/SON staff are experiencing burnout at a disproportionate rate compared with their faculty contemporaries or other administrative positions outside the field. It is imperative that we explore this phenomenon as smaller, preliminary studies have indicated burnout among support staff can negatively influence nurse faculty and student experiences, as well as the overall functioning of a nursing program.

The purposes of this survey were threefold: 1) to examine the perceptions of CON/SON leaders on burnout in their administrative staff; 2) to identify leadership-facilitated strategies used for burnout mitigation in CONs/SONs; and 3) to highlight the impact of the COVID-19 pandemic and what has been described as the “great resignation” on staff, an essential component of the CON/SON workforce.

METHOD

For this cross-sectional exploration, we used a two-step process. First, we employed an online survey to collect data from academic leaders about their perceptions of burnout in their staff. Next, a self-selected group of survey respondents, “the group” ($n = 16$), met to support narrative data analysis.

Sample Recruitment

Participants were associate deans and business officers who attended the AACN Business Officers of Nursing Schools (BONUS) annual meeting in April 2022 (AACN, 2022). The BONUS meeting is a unique event where those who work in the administration of nursing

education and provide education in areas of business, technology, financial, and administrative management of nursing schools meet to network and stay informed (AACN, 2023). Two announcements were made on the AACN website after the BONUS 2022 meeting to solicit participation from those who attended and from those who were unable to attend but represented CONs/SONs as academic nurse leaders and/or business officers.

A Qualtrics link to the survey was provided in the posts, along with a short description of the survey. Participants were invited to both respond to the survey and join the data analysis/dissemination as a conscious, collaborative effort to generate a “snapshot” of the phenomenon. Those who wished to be contacted after survey completion to participate in subsequent analysis were asked to provide their email address; addresses were not downloaded with the data when prepared for analysis and could not be connected to specific participant responses. Among 865 AACN member schools offering a variety of programs from baccalaureate through postgraduate programs, 64 academic nurse leaders from 64 CONs/SONs completed the survey in summer/fall 2022. The study was granted exempt status by the Samuel Merritt University Institutional Review Board (Application No. 2023-004).

Conceptual Model

In this exploration, our group used the job-demands resources model (Bakker & Demerouti, 2007) for conceptualizing burnout in staff in higher education settings, specifically CONs/SONs. This model was originally developed to describe burnout among teachers, a comparable population shouldering similar demands and challenges in terms of organizational structure and focus on student success (Hakanen et al., 2006). The job-demands resources model has two parallel processes. The first process is the job demands (i.e., work overload or emotional demands) that can exhaust employees’ mental and physical resources, leading to depletion of energy or state of exhaustion, and eventually to health problems. The second process is job resources (i.e., motivational processes) that lead to high work engagement, low cynicism, and excellent performance (Bakker & Demerouti, 2007). Bakker and colleagues have posited that job resources may buffer the impact of job demands on job strain, including burnout (Bakker et al., 2023). For purposes of this study, job demands include any stressors encountered by staff in CONs/SONs; evidence of burnout is low productivity, lack of engagement, and/or resignation; and job resources are any personal or university-level activities to maintain well-being.

The data we collected align with the concepts in the job-demands resources model. Participants were asked to rate staff burnout and level of engagement among peers and their commitment to the university or organization. Participants also rated their own use of university-wide activities (job resources) aimed at promoting well-being. Narrative questions on the survey were aimed at better understanding the manifestations of burnout on leadership style and any mitigation strategies (job resources) that were implemented.

Survey Development

The group developed a survey consisting of five Likert-like scale questions (multiple choice) and three narrative survey questions (see Supplemental Content for the survey, <http://links.lww.com/NEP/A579>). This approach yielded response counts for each question and allowed us to see how most participants felt their CON/SON was managing in terms of staff well-being in the post-pandemic era. Respondents were not given the option of selecting “I don’t know” or “not applicable” for

Questions 2 and 7. As the purpose of this survey was to inform group discussion, we did not seek to establish statistical or clinical significance associated with a summary score.

Weekly Content Discussion

The second phase of the study was a virtual, weekly, one-hour meeting for member checking (respondent validation) activities to determine the accuracy of survey data and resonance with personal experiences and to consider a dissemination strategy. These meetings began immediately following the 2022 BONUS meeting and continued weekly. Over time, these weekly meetings evolved into a space for discussing shared challenges with staff burnout and effective (or ineffective) mitigation strategies, as well as noting the impact on faculty and students in CONs/SONs. We ultimately elected to expand the scope of the group, which we renamed the National Coalition on Staff Wellbeing in Health Sciences Universities (NCSW), to be more inclusive and to reflect the full purpose of these regular discussions. The evolution of the workgroup from its beginning as a meeting of like-minded individuals looking to implement and review a survey to a national coalition has been a multiphase, beneficial process. Details about the group's development and evolution will be reported in another publication.

Data Analysis

As this survey was an extension of conference proceedings, our group prioritized open discourse over confidentiality. Although individual responses were deidentified at the point of data collection, many of our academic nurse leader participants chose to self-identify during our analysis to further explain or contextualize their narrative responses, enhancing our understanding of the data.

The three narrative questions were analyzed using a modified Braun and Clarke (2006) thematic analysis strategy. Classic application of this method involves an iterative process consisting of six steps, which the group undertook. We familiarized ourselves with the data by sharing deidentified responses (Step 1); generated initial codes and searched for and reviewed potential themes through open discussion (Steps 2–4); collectively defined and named the themes using a group-shared worksheet (Step 5); and produced a report via first creating an abstract for presentation at a national conference (Step 6) and the subsequent creation of this article. In our analysis, group members departed from the thematic analysis tradition by performing these steps both in the open group forum and by doing work individually, bringing it to the group for review. We also collectively voted on which data were irrelevant (did not address the question) and could be removed. This often occurred when respondents focused on students, faculty, or other CON/SON populations that did not reflect the purpose of the survey. Although our intention was to use Braun and Clarke's method as a guide, we chose to embrace and prioritize the open and robust discussion of our NCSW group's collaboration over strict adherence to the six-step method.

RESULTS

We received responses from a total of 64 individuals from CONs and SONs across the United States. Twenty-five percent of these respondents (16/64) chose to participate in the NCSW and contributed both personal and institutional context to the data. This involvement provided valuable insights into the collected information.

Quantitative Results

Most participants (44/64, 67%) indicated staff burnout was either a "problem/notable challenge" or "major problem/major challenge" at their CON/SON, resulting in "resignations" (44/64, 67%), "reduced engagement with supervisor/peers at the individual level" (39/64, 62%), "reduced commitment to the university across teams" (38/64, 60%), and "low productivity" (36/64, 57%). Many noted their CON/SON lacked a burnout mitigation plan (46/64, 72%) and that they, as leaders, lacked a personal strategy for managing their own burnout (46/64, 72%). The majority noted that they did not personally participate in university-wide activities designed to maintain well-being (45/64, 70%).

Qualitative Results

In this section, we describe qualitative responses from the survey, with content from weekly group discussions added for analytic context when possible. Only 41 participants responded to the first narrative question, which allowed participants to expound upon manifestations of burnout: "What other ways (not listed in the previous question) has staff burnout manifested in your CON/SON?" Only about one third (11/41, ~27%) elected to answer the question and describe staff burnout; others focused on students or faculty (11/41, ~27%). During weekly group discussion, we considered why so many participants skipped this question or answered a different interpretation of the question, excluding or ignoring staff as the population of interest. The focus code that emerged in relation to this question was Failed Communication, which the group defined as "any sort of negative interaction patterns including incivility, bullying, complaining, clique-forming, or being reactive among staff, which may impact faculty and/or students." One participant described this as staff having "short tempers [with] less listening and more reactionary responses." In terms of staff creating cliques with negative consequences, one participant felt this created an "us against them mentality"; another saw this specifically among "top performers" who they felt "resent the low performers."

Most participants ($n = 52$, ~81%) responded to the second narrative question, which asked, "What effect (if any) has staff burnout had on your leadership style?" Some participants focused on holistic changes they perceived in themselves, including recognition of a "personal toll" related to their job and negative "changes in (their) compassion" that transcended their professional role. The focus code that emerged was Teambuilding and Cheerleading; this was defined as "efforts of leadership to create a supportive environment including meaningful recognition." One participant noted, "I'm gentler, more thoughtful about my communication." Another described the importance of purchasing comfort items: "[I] seek opportunities to acknowledge [their] contributions, [by] having snacks and meals for them at my own, not organization's, expense."

Of our 64 participants, only 23 (~36%) responded to the final narrative question, which asked: "If you have engaged in burnout mitigation with staff, what activities have been effective?" The focus code that emerged across the data was Gratitude and Appreciation, described by our workgroup as reflecting "efforts of leadership to recognize and/or praise staff's work or accomplishments, including giving incentives." Working from home, telecommuting, or having a hybrid schedule was mentioned as frequently as attendance at university-supported wellness activities (including attending moral injury workshops or programming on stress first aid) but were not the most frequent or significant responses across those who answered the

question. When considering these responses in relation to the job-demands resource model, narrative responses (focus codes) can be organized according to the two parallel processes impacting the phenomenon (job-demand or resources) (see Supplemental Content for a summary of qualitative results and how they relate to the model, <http://links.lww.com/NEP/A580>).

LIMITATIONS

There are several limitations to this study. First, a convenience sample was used so there may be differences in participant interest in burnout as compared to those who did not participate. This was an anonymous survey, so no demographic data were collected about participants and the CON/SON. Although the sample size of 64 is large enough for the descriptive and qualitative analysis that was performed, the results are not adequate for generalization to all AACN member schools. The participants are all part of AACN and may not represent nurse leaders with other accreditation affiliations.

The survey was created for this sole effort and does not have measured reliability and/or validity. Respondents were not able to select “I don’t know” or “not applicable” for Questions 2 and 7. Although many chose to skip certain questions and/or manually input “N/A” or similar into the free-text response, the lack of this option may have influenced their selections. In future iterations of the survey, this option will be available in all questions. Lastly, we examined the perception of nursing academic leaders on their staff’s burnout. Thus, there may exist differences may exist between perceived degree of burnout by leaders compared to staff perceptions of burnout.

DISCUSSION

This study is, to our knowledge, the first national exploration of nurse leaders’ perceptions of burnout among administrative staff in CONs/SONs. Most nurse leader participants reported that burnout among administrative staff is a serious and persistent concern and identified its manifestations in a variety of ways. Our results indicate the great need for further examination of burnout in academic communities, including the administrative staff who support them.

Our data reveal connections between heightened burnout, reduced work engagement/commitment, and low productivity, correlations that were previously established (Bakker et al., 2023; Barkhuizen et al., 2014; Bilotta et al., 2021; Patrick & Mukherjee, 2018). However, a recent concept, often described as “quiet quitting” (Salvucci, 2023), may offer a comprehensive view of this response. This concept encapsulates the decline in mental, emotional, and physical well-being in the aftermath of the COVID-19 global pandemic.

Quiet quitting is defined as doing only the minimum required by a job or, as Salvucci (2023) further explained in his article on the topic, “the middle ground between underperforming and overperforming.” During an era of widespread staffing shortages, as noted in our findings on increased resignations and across the literature (Bureau of Labor Statistics, 2023), it is possible that employees use quiet quitting as a response to requests for coverage of vacant positions and/or additional burdens associated with lost human infrastructure. In this way, our identification of reduced commitment (reduced engagement with supervisors/peers) at the individual and university level may reflect staff practicing internal limit-setting as a self-protective mechanism (Riley, 2023) when job demands exceed their mental, emotional, and physical bandwidth.

Although we explored leaders’ perception of staff burnout, our findings imply that nurse leaders may not “walk the walk” in promoting and

maintaining their own health and well-being. Many academic leaders reported experiencing a “personal toll” related to their job, including negative “changes in (their) compassion” that transcended their professional role. Yet, three out of four participants (72%) reported that they did not personally participate in activities to maintain their own well-being and lacked a personal strategy for managing their own burnout. A deeper exploration is needed to understand why nurse leaders did not engage in onsite free or low-cost programmatic support designed to maintain their well-being (Legislative Analyst’s Office, 2021).

Leaders contribute to support staff’s well-being by implementing strategies to support healthy work environments and have a direct and critical role in modeling positive work-life balance and self-care (Caputo et al., 2023). There is strong evidence that deans/directors who display transformational leadership can directly or indirectly influence satisfaction and mitigate risk of burnout by creating an inclusive and supportive work environment (Boamah, 2022). Unfortunately, nursing leaders were challenged with novel operational issues during the pandemic, with reduced time to focus on their own personal self-care or setting boundaries on daily responsibilities. Such additional demands/concerns included challenges associated with the transition of nursing curricula to a virtual format, maintaining safe practice for students, maintaining program accreditation standards, and student progression to graduation (Leaver et al., 2022), all of which may have superseded their participation in wellness activities.

Prior to the pandemic, the medical academic community reported poor health behaviors leading to poor physical and mental health, indicating that this issue may not be exclusive to nursing (Howie et al., 2022). Leaders across all settings are advised to engage in self-care practices such as peer support, allocating time and space for reflection, taking breaks from email, exercising, and employing other stress-reducing strategies (Prochnow et al., 2021). Such measures are essential if leaders wish to inspire their staff to adopt similar healthy habits.

The study analysis revealed narrative responses that reflected participants’ experiences of high job demands or “failed communication or negative interaction patterns,” including incivility, bullying, complaining, clique-forming, or being reactive among staff. The health care workforce culture of hiding perceived weaknesses, including a culture of service and stoicism and stigma attached to mental health needs and personal limitations of all kinds (Bassue, 2023; Feist, 2021), and the hazing nursing culture of “eating our young” (Gillespie et al., 2017) help contextualize our findings. It is also possible that a tradition of supposed neutrality, wherein health care providers are encouraged to disregard personal bias (e.g., as a reflection of one’s own nuanced background, including history of personal and historical trauma related to one’s affinity groups [ethnic/racial, urban/rural, first generation]) may preclude our identification of those who may be at higher risk for harm in certain environments (Zacarias et al., 2023). For example, bullying may reflect the highly hierarchical nature of the modern health care delivery and educational systems, wherein some individuals are given higher status if they are able to generate revenue for their services (i.e., are billable) versus those who cannot bill and are often lower paid administrative staff (Martinez-Hollingsworth et al., 2023).

The number of survey responses that addressed student or faculty burnout (discarded during data analysis) were substantial across all narrative questions. This may indicate an underlying tendency to ignore or overlook the experiences of those at the bottom of the academic nursing hierarchy. In this study, that would be the hourly wage

administrative staff for whom there is rarely a path for advancement and/or participation/inclusion in institutional decision-making bodies (Nugent et al., 2022). Explorations of how the structural design of academic nursing institutions value and represent the needs of administrative staff, in relation to their perceived contribution to nursing education, may yield deeper insight into whether this hidden population within health care is considered during the creation of well-being initiatives.

Individual-level strategies to address burnout (e.g., job resources) pervaded the literature during the early part of the 21st century (Abenavoli et al., 2013; Luken & Sammons, 2016). It is important to note that institutional/systems-level interventions, such as increased autonomy, improved communication, and workload management, have demonstrated impact beyond that of one person or one group of employees (Kennedy et al., 2022). Academic institutions can move the needle on burnout mitigation by creating and fostering a transformational leadership model within their organizations that provides training and mentorship to nurse leaders who function as role models and influencers among their staff (Boamah, 2022). In their recent study, Tripathi and Bharadwaja (2020) found that such a demonstration of institutional commitment can be interpreted by employees as a larger commitment to workers and help attract and retain talent.

Individually, nurse leaders can also look beyond their institutions to professional organizations that can offer support. These organizations can be accessed according to nurse leaders' personal preference by role, for example, the AACN features a variety of targeted groups, such as the BONUS group for business officers of CONs and SONs. Nurse leaders can also connect with national local, regional, or national groups via spaces of shared identity (e.g., National Association of Hispanic Nurses, Black Nurses' Association, Asian American Pacific Islander Nurses Association) or related to their practice background (e.g., Rural Nurse Association, Association of Peri-Operative Registered Nurses). Many of these organizations have fellowships and informal training that can help nurse leaders play a key role in addressing factors that lead to burnout and barriers to well-being among their employees (Prochnow et al., 2021).

IMPLICATIONS FOR PRACTICE AND RESEARCH

Given investment in recruiting and training nursing leaders, the prevention of burnout should be a goal for institutions (Flynn & Ironside, 2018). Although burnout has personal consequences, the growing body of evidence supporting the need for an organizational approach (Kennedy et al., 2022), including a focus on the impact of the nursing hierarchy (Price et al., 2014) and the critical role of transformational, institutional leadership (Boswell et al., 2017), is a growing and worthy pivot in this work. In this way, positive investment in well-being support can transcend the individual and will pave the way for a healthier, more resilient and engaged health care workforce needed to address future challenges in the field.

CONCLUSION

Administrative staff are the backbone of the successful operation of a university's CON or SON. This brief survey sheds light on current challenges facing this essential workforce from the perspective of their supervising nurse leaders and highlights the need for resilience building and pandemic recovery in this often-overlooked group. When designing initiatives that improve well-being among the health care workforce, the perspectives of nonfaculty administrative employees should be explicitly included so that their unique needs and preferences can support more robust and cost-effective program design.

When nurse leaders fail to model self-care, including the development of resilience building skills, they fail to "walk the walk" or personally demonstrate commitment and beneficial results of these activities. This failure may reduce the acceptance of these activities among administrative staff and directly damage department well-being via leaders who are personally shouldering the negative mental, emotional, and physical impacts of burnout, making them less ready, nimble, and equipped to perform in their role. However, to simply say that nurse leaders need to "walk the walk" is insufficient to address the systematic underuse of available resources, just as a lack of structural support that builds/maintains organizational well-being infrastructure may continue to limit the benefit of costly burnout mitigation activities and resources.

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