Professional Quality of Life and Self-Care in Nursing Faculty

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Nursing faculty shortages restrict the number of applicants nursing schools can admit at a time when the need for registered nurses is growing (American Association of Colleges of Nursing [AACN], 2024). In addition, faculty age, impending retirements, shortage of clinical sites, decreased funding, job satisfaction, work-life balance, and reduced compensation contribute to the faculty shortage (AACN, 2024).

In 2010, the National Advisory Council on Nurse Education and Practice (NACNEP) published a report that focused on the lack of faculty needed to teach and prepare enough nurses to meet the country's demands and requirements in the healthcare sector (NACNEP, 2020). In addition, the NACNEP identified factors that affected the supply of nurse faculty. These factors included noncompetitive salaries, high workload, lack of respect for the faculty role, and a dearth of diversity among nursing faculty (NACNEP, 2020).

Recent surveys show that nursing faculty vacancies are due to faculty retirements, lack of focus on educational pedagogy in doctoral nursing programs, work-life balance, and high workloads, which can lead to stress and burnout (NACNEP, 2020). Compassion fatigue and burnout are components of professional quality of life. Understanding these in nursing faculty can improve the nursing faculty shortage. This study examined and determined the relationship between individual self-care methods and professional quality of life among nursing faculty members in Ohio.

Review of Literature/Background

Professional quality of life (ProQOL) is the balance between compassion satisfaction (CS), secondary traumatic stress (STS) or compassion fatigue (CF), and burnout. There is a documented correlation between ProQOL and work-life balance (Farber et al., 2020). Work-life balance is one reason nursing faculty leave their academic positions (NACNEP, 2020). The nature of nursing, regardless of specialty, and the environment in which the work takes place expose caregivers to stress and burnout. Poor job satisfaction is linked to stressful exposures, negative experiences, and one's intent to leave their current job or place of employment.

Considering the nursing faculty shortage, efforts to support nursing faculty in mitigating the negative aspects of their job are essential in faculty retention. Self-care is instrumental in this aim, as it has been promoted as a method for improving professional quality of life (Farber et al., 2020). According to the World Health Organization (2024), self-care is the ability of individuals, families, and communities to promote and maintain their health, prevent disease, and cope with illnesses with or without medical support. Research has prompted interventions such as self-care activities of meditation, relaxation, and other stress-management techniques, to prevent the development of burnout (Bhutani et al., 2012; Farber et al., 2020; Kravits et al., 2010; Linton & Koonmen, 2020). However, the definition of self-care is broad and allows for personal definition. There is a lack of research regarding how the nursing faculty's ProQOL can be impacted by participating in self-care methods.

Research Questions

In this study, we answered the following questions using Jean Watson's Theory of Human Caring as the theoretical framework:

1. What factors describe professional quality of life among nurse faculty?
2. What factors describe self-care in nursing faculty?
3. What is the relationship between self-care and professional quality of life among nursing faculty?

Methods and Design

A non-experimental, descriptive, cross-sectional correlational design was used to understand the relationship between compassion fatigue, self-care activities, and demographic data self-reported by nursing faculty members in Ohio nursing schools.

The population of interest was represented by a convenience sample of full-time faculty members in nursing programs from accredited nursing schools in Ohio. Based on 2021 census data of self-reported nursing faculty in Ohio, a sample size of 60 participants was needed to determine statistically significant relationships ($z = 90\%$). The inclusion criteria for the participants were (a) full-time faculty members at an accredited nursing school, (b) teaching in a pre-licensure nursing program, and (c) living/working in Ohio. Recruitment and survey were completed electronically. Institutional review board approval was obtained before implementation of the study.

Sample

The sample was comprised of 58 faculty members, with 96.6% identifying as female and 3.4% identifying as male. Most participants (93.1%) identified as white, 5.2% identified as Black or African American, and 1.7% as Hispanic or Latino. Of the participants, 54.4% held a master's degree, 1.8% of the participants had a bachelor's degree, and 43.9% had a doctoral degree. The largest proportion of participants (47.4%) reported a household income of $140,000 or higher. There was a relatively even distribution across age groups, with 3.6% of the participants below 30 years of age.

Among the sample, 7.0% had clinical-only teaching responsibilities, 45.6% had didactic-only teaching responsibilities, 40.4% reported other teaching responsibilities, and 7.0% were involved in supervising clinical students. Regarding teaching mo-

dality, 53.4% of participants were engaged in hybrid teaching, 41.4% taught in-person, and 5.2% taught online. Most participants (51.7%) did not engage in clinical practice, while 48.3% reported practicing clinically as either an Advanced Practice Registered Nurse (36.7%) or Registered Nurse (63.3%). Experience levels varied: 25.5% had five years of experience or less, 30.9% had 6-10 years of experience, 29.1% had 11-20 years of experience, and 14.5% had more than 20 years of experience.

Instruments

Compassion fatigue was measured by the Professional Quality of Life Measurement Tool (ProQOL), a thirty-item self-report measure of the positive and negative aspects of caring. The tool measures (CS) ($\alpha = 0.912$), burnout ($\alpha = 0.875$), and (STS/CF) ($\alpha = 0.865$). The items are scored from 1 = never to 5 = very often, with five reverse-scored items. Sums of sets of 10 questions provide a measure for each subscale, with higher scores indicating more burnout, secondary traumatic stress/compassion fatigue, and the reverse-scored items measuring compassion satisfaction.

A demographic questionnaire was administered to assess factors that influence the development of compassion fatigue and to describe the sample population. The multiple-choice items included a short-answer, qualitative section where participants listed their self-care activities.

Self-care was measured using the Health Promoting-Lifestyle Profile II (HPLP II) (Walker et al., 1987). This tool consists of a 52-item scale and uses a four-point ordinal response format ranging from 1 (never) to 4 (routinely) to measure the frequency of self-reported health-promoting behaviors. It has six subscales that measure dimensions of health-promoting lifestyles: health responsibility ($\alpha = 0.894$), interpersonal relations ($\alpha = 0.877$), nutrition ($\alpha = 0.771$), physical activity ($\alpha = 0.903$), spiritual growth ($\alpha = 0.889$), and stress management ($\alpha = 0.865$) (Walker et al., 1987).

Results

The findings of this project indicate that participants identifying as Black, Hispanic, or Latino, with strong interpersonal relationships, spiritual practices, health responsibility and advocacy practices, and clinical teaching responsibilities, have greater CS, STS/CF, and decreased burnout.

There was a lack of significance in the level of education, age, income, and years of experience on professional quality of life. Participants identifying as Black, African American, Hispanic, or Latino had higher CS scores.

Based on overall Health Promotion scores on the HPLP II, participants identifying as female, Black, African American, Hispanic, or Latino, aged 50-59, with a Bachelor's degree, teaching online and in-person for more than twenty years with an average household income of more than $140,000 had scores indicating a high level in health-promoting lifestyle and self-care behaviors.

When asked about self-care methods, many participants specified spending time with friends and family. This response was also indicated in the Interpersonal Relationships component of the HPLP II scores. Interpersonal Relationship mean scores were consistently the highest in each category and demographic.

According to the relationship between concepts in Watson's Theory of Caring, there is a reciprocal relationship between nursing faculty, their self-care methods and health, and their professional quality of life. Faculty members with high scores in components of the HPLP II, such as Interpersonal Relationships and Spiritual Growth, also scored relatively low in harmful ProQOL components. CS significantly correlated with all constructs of Health Promotion except Physical Activity and Health Responsibility. Burnout was significantly correlated with all constructs, except for Health Responsibility. Burnout's strongest correlation was with Spiritual Growth.

Implications and Limitations

This study illuminates the significance of physical, mental, and spiritual health on faculty members' professional quality of life and provides information about the external factors that may influence health and professional quality of life. One drawback of this study is the small sample size, which limits the generalizability of the findings. Most participants were white women; there was little sex, gender, and racial/ethnic diversity. The tools used measure faculty perceptions within a limited time frame (30-60 days). The survey was sent at the end of an academic year, when participants may have been completing teaching contracts or end-of-year assignments.

Participants identifying as Black, African American, Hispanic, or Latino had higher CS scores—an unexpected finding. Racial discrimination, gender inequality, perceived stress, intergenerational transmission of stress, and income disparities take their toll on Black and women of color's physical health (Geronimus et al., 2010). Further investigation into this correlation is warranted, but it may be attributable to resiliency. Research posits that traumatic events can bring about positive effects such as resiliency, pride, a sense of community, faith, trust, and hope (Saakvitne et al., 1998). These positive reactions to stress may be why these groups, as well as those who reported maintaining a clinical practice, scored higher levels of CS in addition to Burnout.

Recommendations

The results of this study can help nursing faculty and administration prevent or mitigate the incidence of STS/CF and burnout. Individuals can use the results to implement new practices or bolster current practices. Knowing what factors place nursing faculty at higher incidences of these phenomena can guide individuals and schools in implementing self-care and health-promoting activities to prevent faculty attrition. ■

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